

REPORT TO: Health Policy & Performance Board

DATE: 29th November 2022

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health and Wellbeing

SUBJECT: Primary Care Networks – Additional Roles

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To describe the additional staff roles Primary Care Networks (PCNs) may recruit to, and the plans in place to implement this in Halton.

2.0 RECOMMENDATION: That:

i) The Board note the additional staff roles being employed by PCNs to support General Practice in Halton.

3.0 SUPPORTING INFORMATION

3.1 PCNs are groups of GP practices and other healthcare staff and organisations who work together to provide integrated services to the local population. In Halton there are two PCNs; one in Runcorn and one in Widnes, aligning to the geography of the Borough.

3.2 The national PCN contract includes an Additional Roles Reimbursement Scheme (ARRS) which provides funding to create bespoke multi-disciplinary teams. PCNs assess the needs of their local population and, working with local health services, recruit additional staff to make support available to people where it is most needed.

3.3 The table below details the staff roles which may be recruited to and indicates by PCN where the roles are either already in place or there is a plan to recruit during 2022/23.

Role	Runcorn PCN	Widnes PCN
Clinical Pharmacist	✓	✓
Pharmacy Technician	✓	✓
Social Prescribing Link Worker	✓	✓
Health and Wellbeing Coach		✓
Care Coordinator	✓	✓
Physician Associate		✓
First Contact Physiotherapist	✓	✓
Dietitians		
Chiropodists / Podiatrists		✓
Occupational Therapists		✓
Trainee Nursing Associate		✓
Nursing Associate		✓
Community Paramedic	✓	✓
Advanced Practitioner		✓
Mental health practitioners	✓	✓
GP Assistants *		
Digital and Transformation Leads *		

*New roles added to the scheme September 2022

3.4 Whilst the scheme facilitates a greater range of staff available to care for patients in the General Practice setting there are several challenges which impact on the ability to implement the scheme. For example:

- The above roles are in demand across the NHS in England therefore recruitment can be challenging.
- Many of the roles have not worked in the General Practice setting before and so require mentorship and support to embed into general practice teams.
- Pathways and ways of working need to be established so that all staff are aware of their role and when skills may be best utilised.
- Patients are not used to receiving care from these roles in the General Practice setting and may require further understanding of the roles to feel confident in the care they receive.

3.5 To address the above challenges, the PCNs are developing plans to maximise recruitment opportunities and embed the roles. For

example, Runcorn PCN are working with Warrington and Halton Teaching Hospitals to recruit First Contact Physiotherapists on behalf of the PCN, aligning the roles to the ICB commissioned First Contact / MSK pathway. Widnes PCN plans to utilise several care co-ordinators to support patients to access care during the winter period. Both PCNs are developing plans to ensure mentorship and support is provided and are supporting practices to communicate these additional staff roles to patients.

3.6 Further information on each of the ARRS roles is available here: [NHS England » Expanding our workforce](#)

4.0 **POLICY IMPLICATCONS**

4.1 The national PCN contract and ARRS forms part of a long-term, larger package of general practice contract reform originally outlined in Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan (2019.)

4.2 The scheme also supports the development of Integrated Neighbourhood Teams and the recent requirements outlined in the Next Steps for Integrating Primary Care - Fuller Stocktake (2022) and Responding to Our Plan for Patients – Secretary of State announcement (2022.)

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 Funding for the scheme is available via the Primary Care budget, which is delegated from NHS England to NHS Cheshire & Merseyside ICB.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

The new roles may improve access and delivery of care for children and young people.

6.2 **Employment, Learning & Skills in Halton**

The new roles may provide employment opportunities for local residents.

6.3 **A Healthy Halton**

The new roles may improve access and delivery of care for patients with a range of clinical conditions. They may also improve access and delivery of preventative health and social care by improving links with wider place partners.

6.4 **A Safer Halton**

No implications.

6.5 **Halton's Urban Renewal**

No implications.

7.0 **RISK ANALYSIS**

7.1 There are no risks to Halton Borough Council.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no known Equality and Diversity implications arising as a result of implementing the PCN ARRS.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF
THE LOCAL GOVERNMENT ACT 1972**

N/A