

Supporting population health management: workforce

Recruiting advanced practitioners through the Additional Roles Reimbursement Scheme (ARRS)

From April 2021, PCNs can recruit advanced practitioners into six specific roles that are reimbursable at the indicative Agenda for Change band 8a, as part of the ARRS.

This guide explains the ARRS and highlights how advanced practitioners can support population health management.

It is part of a series of guides focusing on population health management and the key themes of workforce, digital, system working, regulation and finance.

Deployment arrangements for advanced practitioners

- Employed by the PCN and reimbursed at 100 per cent of actual salary, plus defined costs, via the ARRS.
- One whole-time equivalent (WTE) advanced practitioner per PCN with a registered population of 99,999 or under.
- Two WTE practitioners for larger PCNS.

Advanced practitioner roles

- Clinical pharmacist.
- Occupational therapist.
- Podiatrist.
- Physiotherapist.
- Dietician.
- Paramedic.

Training requirements

- Educated to Master's degree level in a relevant area of expertise.
- Has the capabilities of advanced clinical practice laid out in Section 1 of the Framework.

Clinical responsibilities

- Assess and triage patients, including same-day triage.
- Provide definitive treatment, including prescribing medications following policy, patient group directives, NICE (national) and local clinical guidelines and local care pathways.
- Make necessary referrals to other members of the primary care team.
- Manage undifferentiated undiagnosed conditions, identify red flags and underlying serious pathology and take appropriate action.
- Use complex decision-making to inform the diagnosis, investigation, and complete management of episodes of care within a broad scope of practice.
- Take a personalised care approach and population-centred care approach to enable shared decision-making with the presenting person.
- Completed the relevant training in order to provide multi-professional clinical practice and CPD supervision to other roles within primary care, for example first contact practitioners and personalised care roles.

About the ARRS

- Provides funding for additional roles to create bespoke multidisciplinary teams.
- PCNs can use roles under the ARRS to support delivery of the PCN services, as well as providing support to practice teams and services.
- Each PCN is entitled to an additional roles reimbursement sum, based upon weighted population share.
- Each PCN has the freedom to engage the number and mix of staff based on its workforce needs, up to their additional roles reimbursement sum, with a maximum reimbursable amount for each role.
- Should a PCN wish to amend its workforce plan, or its indicative workforce plan, to incorporate new roles, it can do so at any time providing it is shared with the commissioner.
- All roles are covered by the PCN additional roles reimbursement sum for the full year 2021/22. Where PCN spending on ARRS roles exceeds the sum initially allocated to CCGs, there will be a process for CCGs to access additional funding from NHSEI, based on need.

A view from a paramedic advanced community practitioner

Byron PCN collaborated with [PICS](#) (Primary Integrated Community Services) in Hucknall, Nottinghamshire, to expand its multi-disciplinary primary health and social care team with the appointment of Maddi Connelly, a PCN paramedic advanced community practitioner. Maddi explains:

“The role supports care for the complex needs of frail or elderly people within their own home, helping them to live well with long-term and chronic conditions and meet their acute/urgent needs.”

Dr Adam Connor, clinical director at Byron PCN, says: “The role is an important part of our holistic approach to care for frail or elderly people. Maddi works closely with residents, families, care home staff and GP practice staff to ensure our patients receive quality care and avoid unnecessary hospital admissions.”

Maddi says: “I’m medically trained, so I understand patients’ conditions. I can undertake medical assessments, see how they’re responding to treatment, and put them on the right care pathway. I can call the GP to get advice and manage a prescription referral, and also make direct referrals to the occupational therapist.”

Maddi’s induction involved visiting care homes and accompanying practitioners on patient visits.

“I got to know the community pathways and the people who provide social and health care so I could learn what support I could bring in to a patient’s care plan.

“I’m a friendly face who the patients are aware of. Seeing the same person all the time is really important for a lot of people, and particularly with people living with dementia.”

Further information

Find out more about the role in this [letter from NHS England and NHS Improvement](#), and on the [Future NHS platform](#).

Access other briefings in the [ARRS series](#).



About us

The PCN Network is the membership body for primary care networks, empowering and supporting PCNs to be effective, work collaboratively to improve population health, deliver high-quality care and reduce health inequalities. We represent the views of PCNs and influence the development of policy, connect PCNs with each other and key partners to develop innovative solutions to challenges in the health and care system, and support PCNs to share ideas, insights and best practice to respond to the challenges they face – both as leaders of organisations and in an individual leadership capacity.