

Supporting population health management: workforce

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

From April 2021, PCNs can recruit paramedic practitioners as part of the ARRS.

This guide explains the ARRS and highlights how paramedics can support population health management through on-the-day demand and access with hear and treat telephone triage; treatment of minor ailments and injuries; and medicines supply via patient group directions (PGDs). They can also undertake home visits and support the Enhanced Health in Care Homes Service.

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

Deployment arrangements for paramedics

- Paramedics are employed by the PCN and reimbursed at 100 per cent of actual salary, plus defined costs.
- Work with ambulance trusts to develop the workforce in a sustainable way.
- Indicative reimbursement level is band 7. Where the paramedic cannot demonstrate working at level 7 or equivalent, they must work as part of a rotational model with an ambulance trust with access to support and supervision from level 7 practitioners.
- Advanced practitioners can be reimbursed at band 8a, providing they fulfil the requirements for the level, and will be limited to 1 whole-time equivalent (WTE) advanced practitioner per PCN with a registered population of 99,999 or under and 2 WTE practitioners for larger PCNs.

Paramedic benefits to PCN

- Prescribe, issue and review medications.
- Perform and interpret ECGs.
- Undertake the collection of pathological specimens.
- Lead certain community services i.e. monitoring blood pressure and diabetes risk for elderly patients in sheltered housing.
- Perform urgent and same-day home visits.
- Practitioner works as part of the PCN MDT.

Paramedic benefits to patients

- Reduced waiting times.
- Greater access to home visits.
- Access to advice on general healthcare and self-management.
- Alternative to visiting A&E.



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 clinical director

“Almost ten years ago my wife, a GP, came out on an ambulance shift with me and remarked how similar many of our patients’ presentations were to the home visits she often did. A few years later she became a partner in a rural practice and we composed a business case to have paramedic(s) undertake all of the practice’s home visits, many of which were a 45-minute drive to villages and farms. The business was a financial success, but the partners were unwilling to lose their home visits.

“In 2021 we are in a remarkably different world. In the last 12 months, primary care has evolved its service offering and technology to support a new way of working.

“We are now on the brink of another change: the opportunity to employ paramedics across PCNs in order to support the workforce. Paramedics have value to add, but the success or failure of this workforce addition will depend on getting the service provision and workforce management correct.

“Almost every year for the last 20 years, paramedics’ scope of practice has grown and successful paramedics are those who have embraced these changes. To work within PCNs, paramedics will have to deepen their understanding of pathophysiology, learn to perform clinical examinations not normally undertaken in pre-hospital emergency care, understand the treatment options and form new frames for decision-making.

“To have a chance of making this process successful, paramedics will need mentoring and coaching along with formal supervision and training. Employing authorities must also have a very clear view of where they want their paramedic workforce’s service provision to be in two years and a clear roadmap as to how to get there.”

Drew Carroll, Clinical Director, GTD Healthcare

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.