



**Healthy London
Partnership**

Embedding new roles in Primary Care Networks

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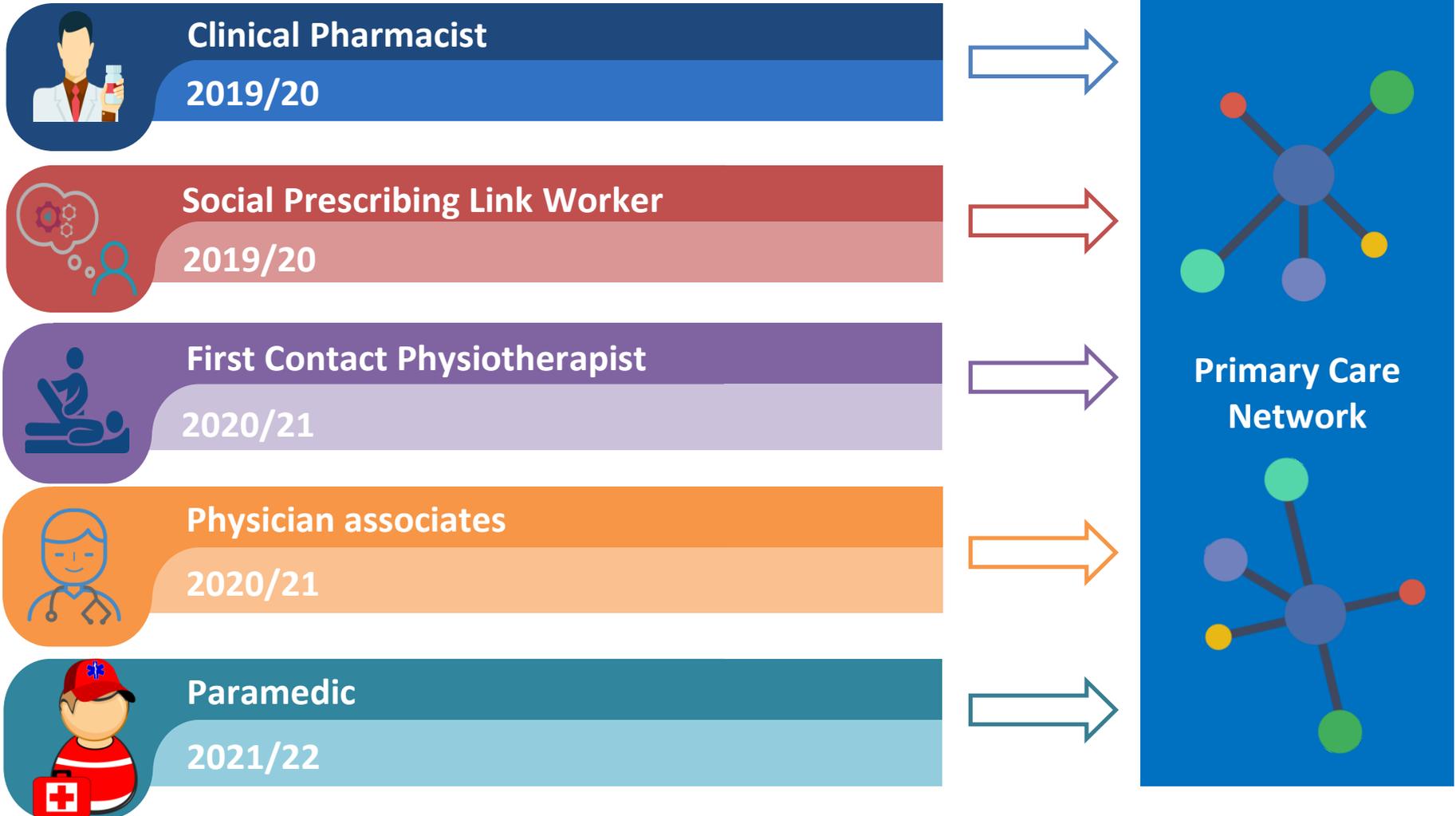


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London's NHS organisations include all of London's CCGs, NHS England and Health Education England

PCNs: building the primary care workforce

Through the Additional Roles Reimbursement Scheme, PCNs across England are guaranteed funding for up to 20,000 additional staff by 2023/24 - approximately 15 roles per PCN.





Role in GP Practice

Helps patients to manage chronic disease, and undertakes clinical medication reviews to manage those with complex polypharmacy, particularly the elderly, people in care homes and those with multiple co-morbidities

Provides leadership on person centred medicines optimisation and quality improvement, including upskilling Clinical and Non Clinical staff

Provides specialist expertise in medicines as well as safe and cost effective prescribing. Integrates with community and hospital pharmacy teams

Supports practices with QOF, and works closely with local Medicines Management Teams

With training and support can run minor ailment clinics , chronic disease clinics and prescribe independently once IP status is obtained

Role in PCN

Develops relationships and works closely with other pharmacy professionals across PCNs and the wider health and social care system

Helps to address both the public health and social care needs of patients at the PCN's practice(s) and to help tackle inequalities

Conducts structured medication reviews, and leads on medication-related audits and quality improvement projects for PCNs

Takes responsibility for the care management of people including the elderly, and those with learning disabilities or autism (through STOMP)

Takes a central role in the clinical aspects of shared care protocols and clinical research with medicines

Provides strategic insight to help enable PCNs to design and deliver National, Regional and Local specifications

Social prescribing link workers will be embedded within primary care network multi-disciplinary teams to give time to people who lack the confidence or knowledge to get involved in community groups or to approach agencies on their own.

The role will include:

- providing **personalised** support to individuals, their families and carers
- taking a **holistic** approach, based on the person's priorities, and the wider determinants of health
- **co-producing** a simple personalised care and support plan to improve health and wellbeing
- **connecting** people to community groups and services
- **recording** referrals within GP clinical systems using the national SNOMED social prescribing codes
- supporting the delivery of a **comprehensive** model of personalised care

Fig 1. Model for social prescribing





Physician associates

2020/21

PAs are healthcare professionals with a biomedical science background, and an intensive two-year training programme in the medical model specifically to work under the supervision of GPs to provide medical care as an integral part of the multidisciplinary team.

Not be confused with:

Physician assistants, medical assistants, etc which are non-clinical support roles

What they can do:

- Patient consultations - same day acute illness and booked routine appointments
- Telephone triage
- Residential, nursing and home visits
- Managing chronic conditions lists (such as COPD or diabetes patients)
- Running clinics (sexual health, family planning or minor surgery for example)
- Reviewing, analysing and actioning diagnostic test results
- Support to meet clinical targets
- Providing health/disease promotion and prevention advice for patients

What they cannot do:

- Prescribe
- Request ionising radiation diagnostics - eg chest X-rays
- Provide care or treatments to patients in an unsupervised setting

Regulation of PAs

In July '19 the Government asked the GMC to regulate PAs; the GMC will scope out the role and develop the policies and operational systems needed to support regulation for PAs. Secondary legislation will be required for the new regulatory framework.



First Contact Practitioners (Physiotherapists) will be able to:

- assess, diagnosis, triage and treat patients either via patient self-referrals or referrals from a professional within network and take responsibility for managing a complex caseload
- request investigations (such as x-rays and blood tests) to facilitate diagnosis and choice of treatment regime.
- develop integrated and tailored care programmes in partnership with patients and provide a range of treatment options, including self-management, exercise groups or individual treatment sessions.
- develop and make use of their scope of practice and clinical skills, including those relating to independent prescribing, injection therapy and imaging referral rights (where qualified/experienced)
- provide learning opportunities for the whole multi-professional team within primary care and work across the multi-disciplinary team to develop more effective and streamlined clinical pathways and services.
- liaise with secondary care MSK services, as required, to support the management of patients in primary care.



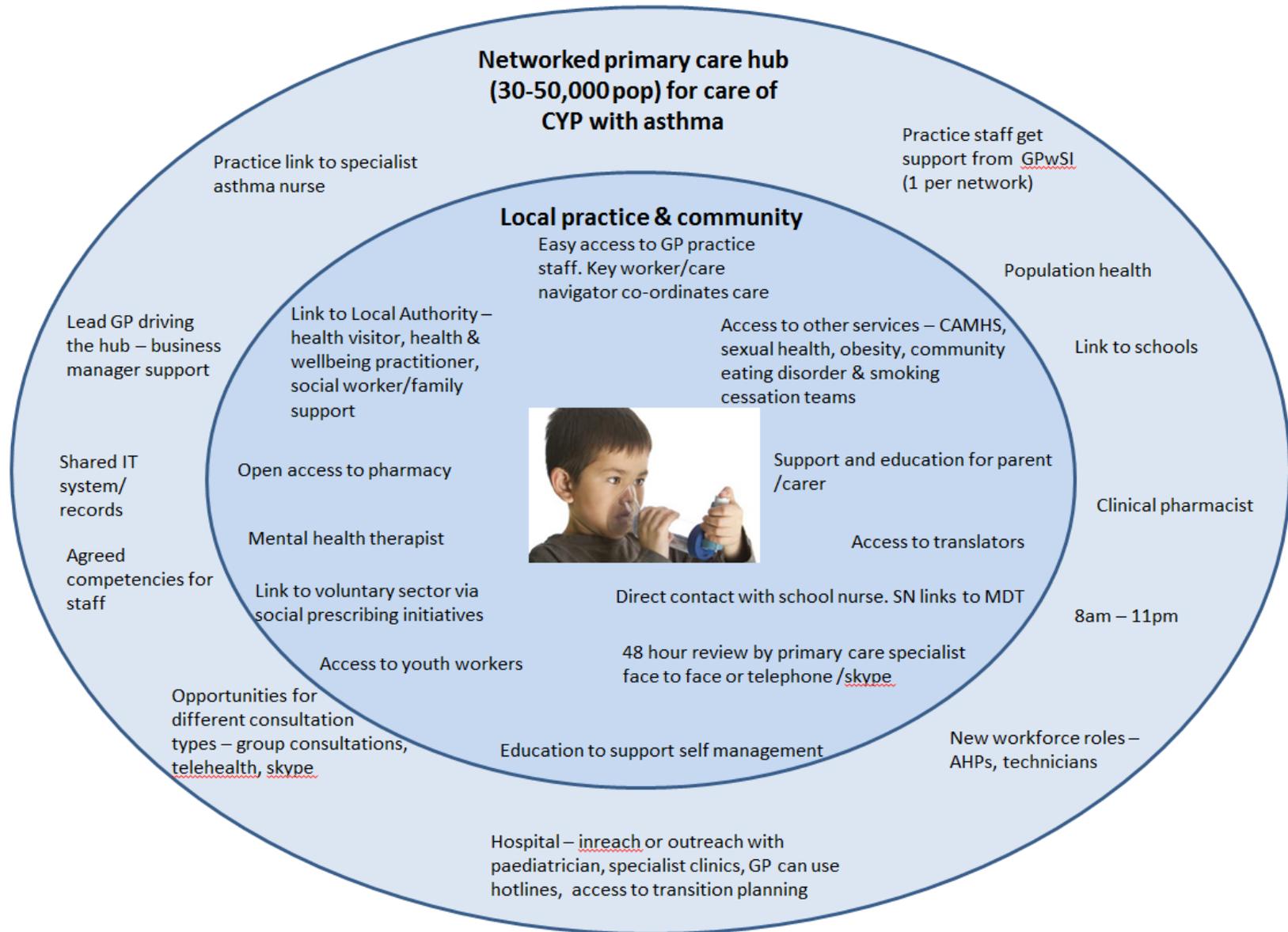
Paramedics

2021/22

Paramedics will be able to:

- assess and triage patients and as appropriate provide definitive treatment or make necessary referrals to other members of the primary care team.
- advise patients on general healthcare and promote self-management where appropriate, including signposting patients to other community or voluntary services.
- perform specialist health checks and reviews and investigatory procedures as required, and undertake the collection of pathological specimens including intravenous blood samples, swabs etc.
- support the delivery of 'anticipatory care plans' and lead certain community services (e.g. monitoring blood pressure and diabetes risk of elderly patients living in sheltered housing)
- provide an alternative model to urgent and same day GP home visit for the network and undertake clinical audits.

Putting the patient at the centre of the wider Primary and Community Multi-Disciplinary Team



...and patient-centred workforce planning



Start with patients

- Whole population approach and local priorities



What needs to be done...?

- What are the skills and competency required and what would the ideal team look like?



Who have we got...?

- Current workforce profile; roles, competences and hours worked



Assess the gap between required and available workforce

- Now...? 12 months...? 2 years and beyond...?



Develop a workforce transformation plan

- How can we develop the existing workforce and utilise the additional roles?

Additional Roles Reimbursement

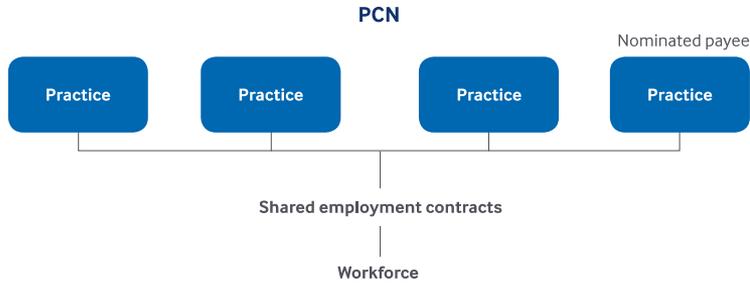
Reimbursement can only be claimed for either 70% or 100% (social prescribing link-workers) of actual salary plus employer on-costs (NI and pension) up to the maximum amount for the relevant role, as outlined in the Network Contract DES Specification.

In 2019/20 the annual reimbursable amounts are £37,810 for a clinical pharmacist and £34,113 for social prescribing link worker. See table below for annual reimbursable amount for 2020/21 and beyond:

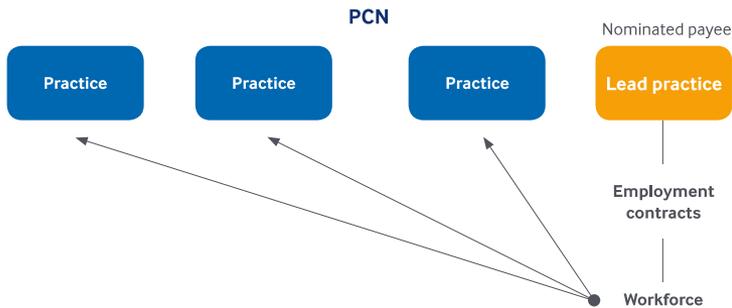
Table 2	AfC Band	Percentage reimbursement	Maximum annual reimbursable amount			
			£			
Role			2020/21	2021/22	2022/23	2023/24
Clinical pharmacist	7-8a	70%	38,969	39,844	40,657	41,487
Social prescribing link worker	Up to band 5	100%	35,389	36,193	36,941	37,703
Physiotherapist	7-8a	70%	38,969	39,844	40,657	41,487
Physician associate	7	70%	37,607	38,452	39,237	40,039
Paramedic	6	70%	N/A	31,479	32,125	32,784

Employment models (with thanks to the BMA)

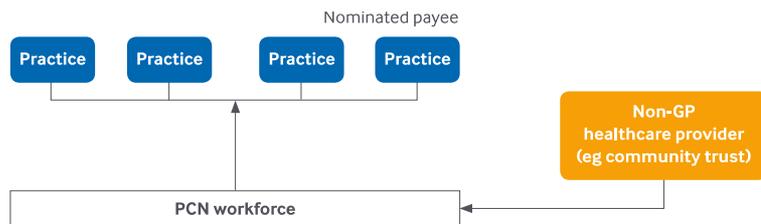
Flat practice model



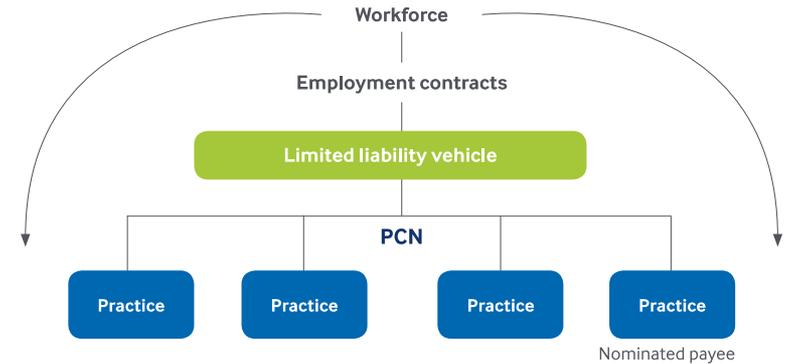
Lead practice model



Non-GP employer



GP Federation



Super-practice

