

THE CHANGING FACE OF LOCAL NHS PRIMARY CARE IN 2022 - ARRS : HOW IS IT WORKING ?

BACKGROUND

The **Additional Roles Reimbursement Scheme (ARRS)** was introduced in England in 2019 as a key part of the Government's plan to improve access to General practice for patients.

- The aim of the ARRS scheme is to try to build the necessary additional roles within Primary Care in order to solve the workforce shortage within general practice **i.e. to support the recruitment of 26,000 additional staff into the sector !**
- The ARRS funding is focused on the new **Primary Care Network (PCN)** local delivery structures, and is for new roles being introduced within **PCNs**, however each network has the flexibility to determine which roles (from the '**Core list**' of roles) are a necessity for them.
- These key decisions for each PCN will obviously be based on the requirements within their individual '**patient populations**' !
- Although the ARRS funding was originally set at reimbursing 70% of new roles, it now provides for all roles to be **100% reimbursable**, although it does **NOT** provide for any '**London weighting**' adjustments (at present).

These main roles being funded as part of the ARRS scheme include the following:

- Clinical Pharmacists
- Social Prescribing Link Workers
- Physician Associates
- First Contract Physiotherapists
- Community Paramedics
- Care Co Ordinator
- Pharmacy Technician
- Dietitian
- Health and Wellbeing Coach
- Nursing Associate
- Occupational Therapist
- Podiatrist
- Mental Health Practitioner

PROGRESS OF THE ARRS SCHEME TO DATE

- Following a recent review of the ARRS scheme by the King's Fund, it found a number of issues with the delivery of the scheme to date.
- It should however be noted that with the with scheme being managed and delivered by **Primary Care Networks (PCNs)**, which are a recently created structure for local Primary care – which are also going through changes - (**with the process of incorporation of NEW entities to better manage funding and delivery**), it was always expected that issues would be identified for improvement !

- Those key findings included the following:
 1. As a result of the developing nature of their structure(s), it was found that in many cases PCN's themselves lacked a clear, shared overall purpose and strategy, as well as clear, shared vision and 'buy-in' for the ARRS roles.
 2. Again as PCNs do not (yet) share a '**team identity**', this has made deploying network-wide staff in a supported way quite complex to achieve – especially when there are different strategies, different cultures **AND** different identities requiring management.
 3. Due to lack of clear strategy within PCNs', there can then be confusion as to whether staff are primarily intended to deliver the requirements of the PCN contract itself, or alternatively to undertake some of the '**core**' work of '**general practice**'.
 4. Although there is much written guidance, roadmaps and other resources available, the potential contribution of these additional ARRS specific roles to '**general practice**' has **NOT** been universally understood.
 5. The cultural change required by the introduction of additional roles, and new approaches to teamworking, requires extensive organisational development, leadership etc., and this has **NOT** been adequately available to PCNs (yet) in their current structure.

At the same time it was also noted that it was **NOT** also **present within many GP Practices !**

6. A variety of support activity which is critical to the success of these ARRS roles i.e. clinical supervision, managerial, HR and other support etc. in integration of ARRS roles within 'general practice', and yet the overall additional funding to provide PCNs with the capacity to provide this support **is NOT** adequate under the ARRS scheme.
7. The uncertainty around the funding for the ARRS roles **AFTER** 2023/24 is an additional concern more widely

With the increasing number of **Primary Care Networks (PCNs)** moving to incorporation as a limited company, this is likely to improve management, focus, strategy, organisation and oversight of PCN activities over time, with the likelihood that some of the issues identified above seeing big improvements !

Contact us on 0207 952 1230 or damian@sakurabusiness.co.uk if you want to discuss any of the these issues in more detail.