

Meeting of BNSSG Primary Care Commissioning Committee

Date: 29th September 2020

Time: 9.00am – 11:00am

Location: Meeting to be held virtually, please email bnssg.corporate@nhs.net if you would like to attend.

Agenda Number :	8
Title:	Primary Care Networks Directed Enhanced Service (DES) – Workforce returns and Next Steps
Purpose: Decision	
Key Points for Discussion:	
This paper sets out both the national guidance in relation to the Primary Care Network (PCN) Directed Enhanced Service Additional Roles Reimbursement Scheme and redistribution of unallocated spend and proposals for a local process.	
Recommendations:	To review and approve the proposed process subject to final engagement with PCN Clinical Directors
Previously Considered By and feedback :	The proposal for local criteria was shared and discussed at PCOG where no further additions were made
Management of Declared Interest:	GP representatives at the Committee will be party to the discussion and retain their non-voting status
Risk and Assurance:	There are risks to recruitment, retention and infrastructure support for these roles. Further detail and mitigations are set out in the main paper.
Financial / Resource Implications:	The investment for the Additional Roles Scheme in 2020/2021 for BNSSG totals a maximum of £6,976,000, £4,167,000 of which is held with the CCG as part of our delegated allocation and £2,809,000 of which is held by NHSE&I and is subject to draw down once the CCG allocation is committed.
Legal, Policy and Regulatory Requirements:	There are no legal implications arising from this paper.
How does this reduce Health Inequalities:	The national criteria for unclaimed funding include recognition of supporting PCNs working in areas of deprivation to recruit additional

	roles to support workforce resilience in areas of greatest health need.
How does this impact on Equality & diversity	The Community, Social Care and Primary Care Workforce Group has adopted a goal to recruit, retain and support a diverse social care and primary care workforce as part of our overall People Plan deliverables and this is set out in the paper.
Patient and Public Involvement:	No specific patient and public involvement is proposed for the unclaimed funding process
Communications and Engagement:	PCN Clinical Directors will be invited to comment on the proposals before they are finalised.
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Sponsoring Director / Clinical Lead / Lay Member:	Martin Jones, Medical Director, Commissioning and Primary Care

Agenda item: 8

Report title: Primary Care Networks Directed Enhanced Service (DES) – Workforce returns and Next Steps

1. Background

A key component of the PCN DES is investment in new roles to grow capacity in primary care to support the delivery of more enhanced primary and community care. This will support primary care resilience, support the development of personalised and integrated care for local populations and enable the delivery of service specifications as these are incorporated into the DES.

The investment for the Additional Roles Scheme in 2020/2021 for BNSSG totals a maximum of £6,976,000, £4,167,000 of which is held with the CCG and £2,809,000 of which is held by NHSE&I and is subject to draw down once the CCG allocation is committed.

There are 10 roles which PCNs can recruit to in 2020/2021. These are:

- social prescribing link workers
- clinical pharmacists
- occupational therapists
- physician associates
- first contact physiotherapists
- dieticians
- podiatrists
- health and wellbeing coaches
- care co-ordinators
- pharmacy technicians

In addition, from October 2020 2 new additional roles have recently been introduced. These are nurse associates and trainee nursing associates.

From April 2021 the scheme will expand to include community paramedics and mental health workers.

As part of the process to maximise investment in the ARRS scheme this year the DES specification set out a timeline and a process for forecasting spend against the budget and setting out a subsequent redistribution process. The key steps in the process were for PCNs to submit their workforce plans for 2020/2021 to the CCG by August 31st. This was then aggregated and submitted to NHSE by 9th September. PCNs must then submit their indicative workforce intentions for 2021/2022 through to 2023/2024 to the CCG by the end of October

2. Unclaimed Funding and Redistribution Process

The DES specification sets out clear guidelines for managing unclaimed funds. For ease this is set out below:

“6.5.4. The commissioner must base its estimate of the Unclaimed Funding on the PCN’s workforce planning information that is returned to the commissioner by the 31 August 2020.

6.5.5. Where the PCN agrees the estimate, the PCN acknowledges that the PCN will no longer have the right to claim the Unclaimed Funding and the commissioner may give other PCNs within the commissioner's boundary the opportunity to bid for the Unclaimed Funding.

6.5.6. Where a commissioner provides the opportunity to PCNs within the commissioner's boundary to bid for any PCN's Unclaimed Funding, the commissioner will indicate when and how PCNs may bid.

6.5.7. A PCN acknowledges that if it bids for Unclaimed Funding and is successful, the Unclaimed Funding allocated to the PCN must be used for the purpose of recruiting further Additional Roles in accordance with this Network Contract DES Specification. The PCN and the commissioner acknowledge that any payment of the Unclaimed Funding to the PCN is in addition to the PCN's allocated Additional Roles Reimbursement Sum.

6.5.8. Where there are one or more bids for the Unclaimed Funding, the commissioner will assess the bids in accordance with the following criteria:

- a. evidence that a bidding PCN has a recruitment process ready to begin for the Additional Roles to which the Unclaimed Funding relates;
- b. evidence that a bidding PCN has the resources and capability to undertake further recruitment; and
- c. whether a bidding PCN is a PCN which:
 - i. had previously indicated in the workforce planning information that it was unlikely to claim its full financial entitlement but considers it is now in a position to recruit; and
 - ii. evidences that it is able to meet sections 6.5.8.a and 6.5.8.b
- d. whether a bidding PCN currently has staff on paid leave e.g. parental leave or sickness leave;
- e. evidence that a PCN is in an area of higher deprivation; and
- f. any other factor that the commissioner, acting reasonably, considers is relevant to its decision.

6.5.9. A bidding PCN acknowledges that:

- a. the above criteria are in descending order of preference. For the avoidance of doubt, this means that bids satisfying criteria at the top of the list will be preferred over bids that only satisfy criteria further down the list; and
- b. the commissioner will give preference to a bid which satisfies the criteria in section 6.5.8.c. over all other bids.

6.5.10. The commissioner will notify each PCN of the outcome of its consideration and indicate to any successful bidding PCN the level of funding allocated to the successful bidding PCN.

6.5.11. Notwithstanding that any payments of Unclaimed Funding are not part of the PCN's allocated Additional Roles Reimbursement Sum and is in addition to the PCN's allocated Additional Roles Reimbursement Sum, payment of the Unclaimed Funding will be made on the same basis as payments of the PCN's Additional Roles Reimbursement Sum.

6.5.12. A successful bidding PCN acknowledges that any additional funding allocated to the PCN only relates to the period from the date the PCN was notified that it was successful to 31 March 2021 and that there is no right for the PCN to require a commissioner to continue paying the additional funding after 31 March 2021.

6.5.13. The commissioner will be responsible for monitoring any Additional Roles Reimbursement Scheme funding redistribution. Where there are repeated occurrences of redistribution from and/or to particular PCNs, the commissioner will be responsible for reviewing this in conjunction with the relevant PCNs and, where appropriate, the LMC and ICS, and take appropriate supportive actions."

3. BNSSG PCN Workforce Recruitment intentions for 2020/2021

The aggregate BNSSG workforce forecast based on PCN recruitment intentions is set out below:

Allocation available to the CCG under the Additional Roles Reimbursement Scheme							
		CCG weighted population as at January 2020:		978,058			
		CCG-level ARRS Allocation 2020/21:		£6,974,532			
Recruitment intentions for 2020/21 through the Additional Roles Reimbursement Scheme (due by 31st August)							
This section sets out all additional roles available through the scheme in the forthcoming year. The full time equivalent (FTE) number of people in each role that PCNs intend to recruit is shown in the table below, based on a 37.5 standard working week. The template splits recruitment by quarter to allow a more accurate calculation of spend against the available allocation. Where a PCN anticipated the loss of someone recruited through the scheme during the year (for example, because a role is changing to be split across neighbouring PCNs), this will have been entered as a negative figure. Note that the indicative spend calculation is based on the maximum reimbursement amount for each staff role, and assumes that individuals are in place for the whole of the quarter for which they are entered into the table.							
Recruitment intentions for 2020/21							
	Recruited during 2019/20	Quarter 1 April - Jun	Quarter 2 Jul - Sep	Quarter 3 Oct - Dec	Quarter 4 Jan - Mar	Additional FTE as at March	Indicative spend per role 2020/21
Clinical pharmacists	28.79	3.30	5.74	10.19	4.10	52.12	£2,366,810
Social prescribing link workers	20.35	5.21	3.20	2.00	0.00	30.76	£1,024,865
First contact physiotherapists		3.21	12.84	16.35	2.50	34.90	£1,204,699
Physician associates		1.00	2.00	4.60	3.00	10.60	£298,168
Pharmacy technicians		1.00	7.00	7.00	0.00	15.00	£345,043
Occupational therapists		0.00	0.00	0.00	0.00	0.00	£0
Dietitians		0.00	0.00	1.00	0.00	1.00	£26,862
Podiatrists		0.00	0.00	3.60	0.00	3.60	£96,703
Health and wellbeing coaches		0.00	0.00	8.00	0.00	8.00	£141,556
Care co-ordinators		0.00	4.33	16.00	1.00	21.33	£334,980
TOTAL:						177.31	£5,839,686
Amount lost to PCN:							£1,134,846

The workforce plans show a clear weighting to clinical pharmacists, social prescribing link workers and First Contact Physiotherapists with more limited intentions with regards to other therapist roles. It should be noted that at the time of completion the NHSE workforce template had not been adapted to accommodate the addition of the nurse associate and trainee nurse associate roles and PCNs were advised to add this to the care co-ordinator line in order to demonstrate a claim on the funding.

This leaves £1,134,846 of unclaimed funding which can be made available for PCNs to bid for, which forms part of the investment held with NHSE. The CCG team are currently validating these forecasts against existing rates of claims to assess local confidence levels.

The NHSE position is clear that unclaimed funding must be used to support the roles currently available in the scheme in 2020/2021 and should not be used for roles outside the scheme or to support early recruitment to the roles being introduced from April 2021.

4. BNSSG Unclaimed Funding Process

The CCG will adopt an equitable approach to inviting proposals and will also reserve the right to support either part or all of PCN proposals that meet the criteria to ensure a proportionate response. It is proposed that bids are invited from PCNs which can be made both against the unclaimed share from their initial allocation and from the wider Unclaimed Funding pool. This may be to support bringing forward of substantive recruitment plans for the roles in scope as set out in

section 3 or to provide a short-term capacity increase in these roles to support PCNs during winter without prejudice to longer term recruitment intentions from next April.

It is proposed that the BNSSG Unclaimed Funding Process follows the national specification guidance and incorporates the following additional local criteria to its assessment of bids:

1. The bid does not create any recurring cost pressure and any ongoing investment can be met within the bidding PCN's entitlement for 2021/2022
2. Subject to the conditions about capability to undertake recruitment, in addition to evidence of deprivation and staff leave the CCG will consider practice resilience within the PCN as part of prioritising multiple bids using the CCG approach to supporting general practice resilience which incorporates a range of indicators including workforce age profile.
3. In addition demonstrates support for system approaches to workforce development through e.g. joint or lead recruitment opportunities, career pathway support, support for local system transformation and care pathways

It is proposed that PCNs are invited to submit bids for the Unclaimed Funding from 1st October 2020 to be submitted to the CCG by 16th October. A panel will be convened to consider the bids week commencing 19th October in order to be able to assess bids and communicate responses to PCNs by 30th October. This panel will be constituted of CCG medical directorate, contracting, area directorate and finance team representatives with the LMC.

5. Support for recruitment and workforce planning

In addition to establishing the process for unclaimed funding the CCG will continue to work to ascertain further recruitment and workforce planning support to maximise recruitment opportunities and to support strategic system solutions. The aggregate workforce intentions will be shared with the Community, Social Care and Primary Care Workforce Group to establish what further opportunities there are for system and partnership solutions to supporting recruitment and retention support for these roles. This will explore opportunities for supporting recruitment to therapist roles and the new additional nurse associate and trainee roles. The CCG medicines optimisation team have established a strategic workforce planning group and are actively supporting joint recruitment and rotation opportunities. Health Education England have developed a workforce planning toolkit which has been shared with PCNs and the Training Hub are working to develop a supplementary story board to illustrate the potential and competencies for the roles. We have developed a sponsorship programme to sponsor physician associates graduating from the UWE programme to encourage physician associates to be retained in the local area which is being supported by the Training Hub.

6. Financial resource implications

The investment for the Additional Roles Scheme in 2020/2021 for BNSSG totals a maximum of £6,976,000, £4,167,000 of which is held with the CCG as part of our delegated allocation and

£2,809,000 of which is held by NHSE&I and is subject to draw down once the CCG allocation is committed. We are developing monthly forecasts against plan to assess and continually review the financial position for the Additional Roles Scheme.

7. Legal implications

There are no legal implications arising from this paper.

8. Risk implications

There is a risk that PCNs will not be able to prioritise recruitment to roles over winter and with a potential second wave of covid. The CCG will work with the Training and One Care as well as the Community, Social Care and Primary Care Workforce Group to develop offers of support.

There is a risk that roles once recruited may feel isolated and therefore may not be retained. The Training Hub is developing proposals for an expansion of peer networks and fellowship roles to support these roles and provide models for supervision and support for professional development.

There is a risk that there will not be sufficient estate and infrastructure to support the new roles. PCNs are encouraged to consider flexible use of estate across their geography and with partner organisations. National guidance has been issued to support PCN estate planning and applications for enhancements to estate. The CCG estates team will be working with the area directorate to support its local implementation within the context of the Estates Strategy.

9. How does this reduce health inequalities

The national criteria for unclaimed funding include recognition of supporting PCNs working in areas of deprivation to recruit additional roles to support workforce resilience in areas of greatest health need.

10. How does this impact on Equality and Diversity?

The Community, Social Care and Primary Care Workforce Group has adopted a goal to recruit, retain and support a diverse social care and primary care workforce as part of our overall People Plan deliverables. To support delivery of this goal the group will agree an action plan for example Model Employer approaches and develop the pipeline with continued and enhanced ambassadors work with schools to attract a more diverse workforce, reviewing wellbeing opportunities and sharing best practice in this area.

11. Consultation and Communication including Public Involvement

PCN Clinical Directors will be invited to comment on the proposed process for unclaimed funding before this is finalised. No specific patient and public involvement is proposed for the unclaimed funding process. As part of our communications and engagement plan for supporting the primary care strategy we have sought to engage the citizens' panel in understanding of new roles in primary care and we continue to highlight care navigation and the breadth of roles in primary care through local media as well as in the planned CCG AGM.

Appendices

Glossary of terms and abbreviations

Please explain all initials, technical terms and abbreviations.

AGM	Annual General Meeting
PCN	Primary Care Network - A PCN consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer personalised, coordinated health and social care to their local populations
NHSE&I	NHS England and NHS Improvement