



A resource guide to support the Additional Roles Reimbursement Scheme in Primary Care





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Developed by: Workforce Development Managers, Lancashire & South Cumbria Primary Care Training Hub

Document Version 2.8 Date: June 2023





### Introduction

Welcome to your new and updated Additional Roles Booklet (version 2).

The Additional Roles Reimbursement Scheme (ARRS) was first introduced in the Network Contract Directed Enhanced Service (DES) 2019/20 to support the expansion of mixed models of care and to help General Practices and Primary Care Networks (PCNs) in the development of services.

The scheme has led to unprecedented growth in our workforce, by introducing new roles into primary care, and offering a real opportunity to do things differently in Lancashire and South Cumbria and recruit, train, develop and integrate a workforce that will be flexible, adaptable, and competent to deliver models of care that improve health outcomes for our local population.

In 2023/24 PCNs continue to be allocated an additional roles reimbursement sum for the financial year. This is based on the PCN's weighted population share of the total ARRS funding. PCNs can claim up to this maximum sum each year, in line with their allowance.

Lancashire and South Cumbria Primary Care Training Hub's PCN Workforce Development Managers (WDMs) initially created this resource guide (version 1) to provide PCNs with information in relation to the additional roles within primary care. The team are pleased to share this updated guide, which covers all current ARRS roles and provides an overview of each role including information in relation to the supervision and educational pathways for each.

You will find the contact details for all our WDMs on page 3; Clair, Zainab and Fiona are here to support you in identifying opportunities for introducing; supporting and embedding the 'new roles' into their settings.

Whilst the emergence of ARRS provides exciting opportunities, we acknowledge there are ongoing challenges such as recruitment, retention and supervision. Your WDMs are keen to work in partnership with PCN teams and offer support with these challenges. Please do not hesitate to contact your local WDM if you have any questions, they are here to help.





#### **Workforce Development Manager Contacts for PCN your localities**

| Morecambe Bay                           | TBC          | TBC                   |
|---|--------------|-----------------------|
| Greater Preston, Chorley & South Ribble | Fiona Gray   | fiona.gray9@nhs.net   |
| Blackpool & Fylde Coast                 | Zainab Rawat | zainab.rawat1@nhs.net |
| Pennine Lancashire                      | Clair Ormrod | clair.ormrod@nhs.net  |
| West Lancashire                         | Fiona Gray   | Fiona.gray9@nhs.net   |

## The Workforce Development Team aims to

Work in partnership with PCNs and Placebased Partnerships to develop their PCN workforce supply, whilst assisting with development of Primary Care workforce solutions

Provide PCNs with access to current guidance and resources to support the recruitment of our future workforce and the current retention of our current workforce.

Identify and support access to training and development needs/ opportunities to support retention of our Primary Care workforce.

Identify retention and recruitment challenges and interlinking with the wider system to overcome some of the historical barriers.

Work in partnership with colleagues systemwide, to share learning and identify opportunities to support and enhance workforce redesign.

Promote, increase understanding and assist in the expansion and embedding of roles including appraisal guidance, pathways, training & development, recruitment of roles.





## At a glance - updates to the Additional Roles Reimbursement Scheme

- Introducing Apprentice Physician Associates as a reimbursable role see page 29
- Introducing General Practice Assistant (GPA) see page 50
- Introducing Digital and Transformation Lead see page 51
- Including Advanced Clinical Practitioner Nurses in the roles eligible for reimbursement as Advanced Practitioners (APs)
- Increasing the cap on Advanced Practitioners from two to three per PCN where the PCN's list size numbers 99,999 or fewer, and from three to six where the PCN's list size numbers 100,000 or over
- Removing all existing recruitment caps on Mental Health Practitioners and clarifying that they
  can support some First Contact Activity
- Reimbursing PCNs for the time that First Contact Practitioners spend out of practice undertaking education and training to become Advanced Practitioners
- Reimbursing training time for Nursing Associates (NAs) to become Registered Nurses who
  work in general practice, enabling PCNs to develop their nursing workforce and providing a
  career path for Nursing Associates. NAs can now undertake a 'top up' programme, utilising
  Recognised Prior Learning (RPL) to train to become a registered Nurse whilst continuing to
  deliver their NA role within the PCN. For April 2023 onwards, consideration will be given to
  support for senior nurses within PCNs
- Removal of the minimum 0.5 FTE restriction on Clinical Pharmacists once they have completed their required 18-month training course or have been granted equivalence/exemption from the PCPEP pathway
- Amending the Clinical Pharmacist role description to clarify that Clinical Pharmacists can be supervised by Advanced Practice Pharmacists



| TRAININ                 |            |                              | Collabol                | deive         |
|-------------------------|------------|------------------------------|-------------------------|---------------|
| Maximum                 | Indicative | Annual                       | Annual                  | Additional    |
| reimbursement           | band       | maximum                      | maximum                 | information   |
| per role 2023/24        |            | reimbursable                 | reimbursable            |               |
|                         |            | amount per role              | amount per              |               |
|                         |            | ·                            | role 1st July           |               |
|                         |            | 1 <sup>st</sup> April 2023 – | 2023 – 31 <sup>st</sup> |               |
|                         |            | 30 <sup>th</sup> June 2023   | March 2024              |               |
|                         |            | 30 Julie 2023                | IVIAICII 2024           |               |
| Clinical                | 7-8a       | £59,312                      | £62,340                 | Can now be    |
| Pharmacist              | 7-04       | 155,512                      | 102,540                 | supervised by |
| PridrindCiSt            |            |                              |                         | Advanced      |
|                         |            |                              |                         |               |
|                         |            |                              |                         | Practice      |
|                         |            |                              |                         | Pharmacists   |
| Pharmacu                | 5          | £20 107                      | 640.150                 |               |
| Pharmacy<br>Technicians | 3          | £38,187                      | £40,159                 |               |
| recnnicians             |            |                              |                         |               |
| Social Prescribing      | Up to 5    | £38,187                      | £40,159                 |               |
| Link Worker             |            | 200,207                      | 0,_00                   |               |
| LITIK WOTKET            |            |                              |                         |               |
| Health and              | Up to 5    | £38,187                      | £40,159                 |               |
| Wellbeing Coach         | GP 33 3    |                              |                         |               |
|                         |            |                              |                         |               |
| Care Co-ordinator       | 4          | £31,746                      | £33,396                 |               |
|                         |            | ,                            |                         |               |
| Physician               | 7          | £57,465                      | £60,401                 |               |
| Associate               |            | ,                            | ,                       |               |
|                         |            |                              |                         |               |
| Apprentice              | 5          | £38,187                      | £40,159                 | New 2023/24   |
| Physician               |            | ,                            |                         |               |
| Associate               |            |                              |                         |               |
| 7155001410              |            |                              |                         |               |
| First Contact           | 7-8a       | £59,312                      | £62,340                 |               |
| Physiotherapist         |            |                              | ,                       |               |
| . Hysiotherapist        |            |                              |                         |               |
| Dietician               | 7          | £57,465                      | £60,401                 |               |
|                         |            | ,                            |                         |               |
| Podiatrist              | 7          | £57,465                      | £60,401                 |               |
|                         |            | -                            |                         |               |
| Occupational            | 7          | £57,465                      | £60,401                 |               |
| Therapist               |            |                              |                         |               |
| •                       |            |                              |                         |               |
|                         | 1          | 1                            | L                       | I             |





| Community<br>Paramedic                | 7  | £57,465 | £60,401 |  |
|---------------------------------------|----|---------|---------|--|
| Advanced<br>Practitioner              | 8a | £65,002 | £68,315 | Limited to 3 per<br>PCN if list size<br>under 99,999 or<br>6 per PCN if list<br>size over<br>100,000 *New<br>2023/24 -<br>Advanced<br>Clinical<br>Practitioner<br>Nurses now<br>included |
| General<br>Practice<br>Assistant      | 4  | £31,746 | £33,396 |  |
| Digital and<br>Transformation<br>Lead | 8a | £65,002 | £68,315 | Limited to 1<br>WTE per PCN  |
| Trainee Nursing Associate             | 3  | £28,177 | £29,649 |  |
| Nursing<br>Associate                  | 4  | £31,746 | £33,396 |  |

MHPs are employed and recruited by your local community mental health provider (LSCFT) under a local service agreement but are wholly deployed by the PCN. PCNs contribute 50% of the salary and employers NI/Pension costs, which are reimbursable. The remaining 50% is covered by the local mental health provider.





| <b>Adult Mental Health</b>  | AfC Band | Annual maximum       |  |
|-----------------------------|----------|----------------------|--|
| <b>Practitioner and CYP</b> |          | reimbursable amount  |  |
| Mental Health               |          | per role (50%)       |  |
| Practitioner (from          |          |                      |  |
| 2023/24 all roles           |          | (50% funded by CHMT) |  |
| uncapped)                   |          |                      |  |
|                             | 4        | £15,873              |  |
|                             |          |                      |  |
|                             | 5        | £19,094              |  |
|                             |          |                      |  |
|                             | 6        | £23,551              |  |
|                             |          |                      |  |
|                             | 7        | £28,733              |  |
|                             |          |                      |  |
|                             | 8a       | £32,501              |  |
|                             |          |                      |  |

## Social Prescribing Link Worker (SPLW)

Social Prescribing Link Workers (SPLW) connect people with local community activities and services that can help improve their health and wellbeing. SPLW give people time to focus on what matters to the person identified through shared decision-making or personalised care and support planning.

The social prescribing link worker role has emerged over the past few years and has mainly been pioneered by voluntary sector organisations, working in partnership with GP practices and other referral agencies. Link workers are employed in non-clinical roles and work within multidisciplinary teams and collaborate with local partners to support community groups in being accessible and sustainable using 'active signposting'. They are recruited for their listening skills, empathy, and ability to support people.

SPLW help to reduce health inequalities by supporting people to unpick complex issues affecting their wellbeing. They enable people to have more control over their lives, develop skills and give their time to others, through connecting too and involvement in community groups. Link workers can visit people in their homes, where needed.

On average, link workers have between 6-12 contacts with a person (including phone calls and meetings), depending on their needs, over a three-month period with a typical caseload of up to 250 people, depending on the complexity of people's needs. They connect people to community groups and help the person to develop skills, friendships, and resilience. The term 'social prescribing link work' is used generically.

Social prescribing link workers are 'un- capped' on the amount you can employ in line with your additional roles reimbursement allowance and are 100% refunded. Details on maximum re-imbursement amounts can be found in the table in the introduction.

For a comparison of the personalised care roles, please see appendix 1 & 2

Network Contract DES 2023/24 - SPLW B3 page 83

NHS England » Workforce development framework: social prescribing link workers





## **SPLW Training & Development**

PCNs are required to ensure that social prescribing link workers:

- Have completed the NHSE/I online learning programme: <a href="https://www.e-lfh.org.uk/programmes/social-prescribing/">https://www.e-lfh.org.uk/programmes/social-prescribing/</a>
- Enrolled in or qualified in appropriate training as set out by the Personalised Care Institute

PCNs must provide social prescribing link workers with:

- Regular access to clinical supervision provided by a GP or Advanced Practitioner
- Access to GP IT systems to enable them to record referrals using SNOMED codes

SPLW need to be familiar with six components of the universal model for personalised care with a specific focus on:

- Support for self-management
- Personalise care and support planning
- Shared decision making
- Social prescribing and community-based support
- Personal health budgets
- Enabling choice

Further information about the SPLW role and support framework

**Social Prescribing Link Worker Case Studies** 

**Social Prescribing Network** 

**Social Prescribing Academy** 

**Personalised Care Institute** 

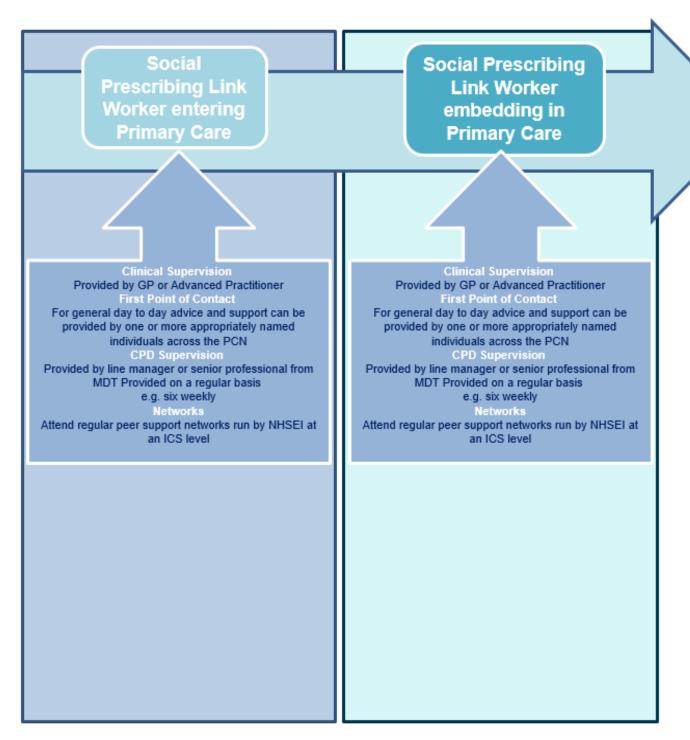
Social Prescriber's e-learning

SPLW Recruitment pack sourced from NHSE/I Futures Platform (source - NHSE/IFutures platform)





The diagram below demonstrates the requirements for education, training and supervision for the role as outlined in the Network Contract DES. It also includes suggestions for further training and development of the role, which would be in discussion with the professional, their supervisor and line manager.







### Care Co-ordinator

Care Co-ordinators may be the first point of contact for some patients and are primarily responsible for identifying, arranging, and supervising interdisciplinary and individual patient care. As an integral part of the multi-disciplinary team, a care co-ordinator will work closely with the individual to initially assess their needs, in order to develop and deliver personalised – and often complex care plans. Depending on the specific requirements, as well as connecting the patient with the correct contacts within the practice, this may include contacting, liaising with and bringing together different specialists and community service providers to ensure the care delivered is appropriate and effective.

Care Co-ordinators work across several fields such as people living with frailty or people living with long term conditions. The care co-ordinator will continue to work with a case load of patients to monitor and evaluate the care provided to ensure its continued success, which may involve further liaison and collaboration with external service providers.

Care Co-ordinators could potentially provide extra time, capacity and expertise by helping people manage their needs through answering queries, making and preparing for an appointment or in following up clinical conversations with primary care professionals. Care coordinators ensure that people have good quality written or verbal information to help them make choices about their care, supporting them to take up training and employment and support access to appropriate benefits where eligible.

Care co-ordinators will work closely with and in partnership with primary care colleagues, in particular the Social Prescribing Link Workers and Health and Wellbeing Coaches. In conjunction with these roles, the care co-ordinators play and important role in supporting patients to use health services appropriately and effectively whilst taking in to account local priorities, health inequalities and population health management risk stratification.

Care co-ordinators are 'un-capped' on the amount you can employ in line with your additional roles reimbursement allowance and are 100% refunded, details on maximum reimbursement amounts can be found in the table in the introduction.

For a comparison of the personalised care roles, please see appendix 1 & 2 Additional Care Coordinator information provided in appendix 3 & 4.

Network contract DES 2023/24 - Care Coordinator B5 page 89

NHS England » Workforce development framework: care coordinator





## **Care Co-ordinator Training & Development**

Care Co-ordinators require a strong foundation in enabling and communication skills as set out in the core curriculum for Personalised Care. These can be achieved via a <a href="two day">two day</a> health coaching skills course and additionally training as guided by Health Education England. Care coordinators should also access statuary and mandatory training, including but not limited to:

- Principles of information governance, accountability, and clinical governance
- Maintenance of accurate and relevant records of agreed care and support needs
- Identify when it is appropriate to share information with carers and do so
- The professional and legal aspects of consent, capacity and safeguarding

Care Co-ordinators should be familiar with the six components of the universal model of personalised care focusing specifically on:

- Support for self-management
- Personalised care and support planning
- Shared decision making
- Social prescribing
- Personal health budgets
- Enabling choice

**Health Education England** 

**Personalised Care Institute** 

Two day health coaching skills programme

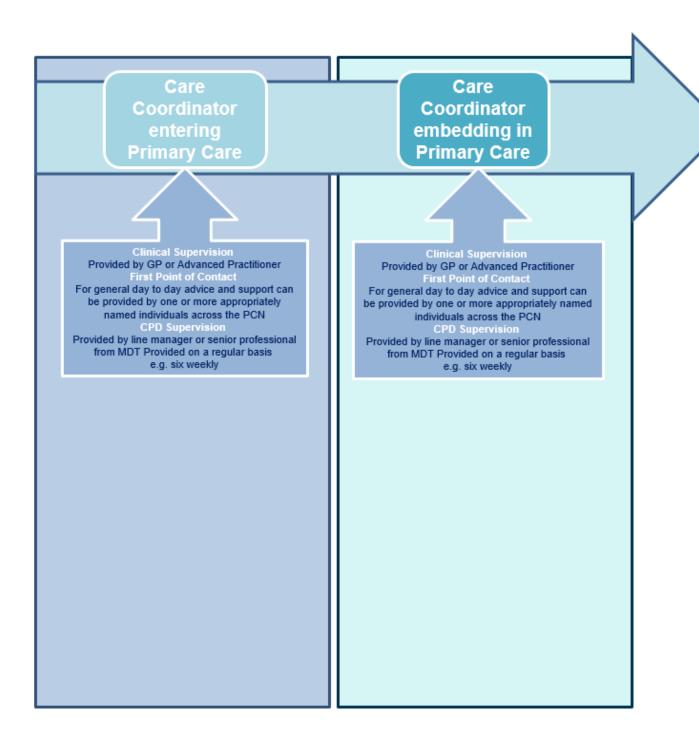
Care Coordinator recruitment pack (Source – NHSE/I Futures Platform

Care Coordinator welcome pack – (Source – NHSE/I Futures Platform)





The diagram below demonstrates the requirements for education, training and supervision for the role as outlined in the Network Contract DES. It also includes suggestions for further training and development of the role, which would be in discussion with the professional







## Health and Wellbeing Coach (HWBC)

Health and Wellbeing Coaches (HWBCs) will predominately use their health coaching skills to support people to develop the knowledge, skills, and confidence to become active participants in their care so that they can reach their own health and wellbeing goals. They may also provide access to self-management education, peer support and social prescribing. Particularly supporting people with long-term conditions that can be managed through lifestyle changes, with the aim of leading to long-term behaviour change. This can be achieved through setting goals and targets, establishing healthier habits and increasing people's knowledge, skills and confidence to help them implement their personalised health and care plan.

HWBCs will support people to self-identify existing issues and encourage a proactive prevention of new and existing illnesses, this approach is based on using strong communication and negotiation skills and supports personal choice and positive risk taking, addresses potential consequences, and ensures people understand the accountability of their own decisions based on what matters to that individual.

Health and Wellbeing coaches support manage and prioritise a caseload, according to the needs, priorities and support required by individuals within their caseload. They identify when a person's needs are beyond the scope of the HWBC role and refer them back to other health professionals or organisations. HWBCs may work with people by phone, video conference or face-to-face.

HWBCs are a key part of the PCNs multidisciplinary team, often working alongside Social Prescribing Link Workers and Care Coordinators to provide an all-encompassing approach to personalised care, whilst promoting and embedding the personalised care approach across the PCN.

HWBCS are 'un- capped' on the amount you can employ in line with your additional roles reimbursement allowance and are 100% refunded, details on maximum re-imbursement amounts can be found in the table in the introduction.

For a comparison of the personalised care roles, please see appendix 1 & 2

Networkd Contract Des 2023/24 - Health and Wellbeing Coach B4 page 87

NHS England » Workforce development framework: health and wellbeing coach





# Health & Wellbeing Coach Training & Development

- The personalised Care Institute will set out what training is available and expected for HWBCs, Further information will be provided when published.
- HWBCs will be required to be trained in health coaching in line with the NHSE/I Implementation and quality summary guide
- Training will include understanding the basics of social prescribing, plus an accredited health coaching skills programme (minimum of 4 days) and documented practice hours, plus opportunities for reflection and follow up activities.
- Ongoing regular supervision from a health coaching mentor is required

**NHSE/I Personalised care** 

NHSE/I Self-management support

**Personalised Care Institute** 

HWBC recruitment pack (source - NHSE/I Futures platform)

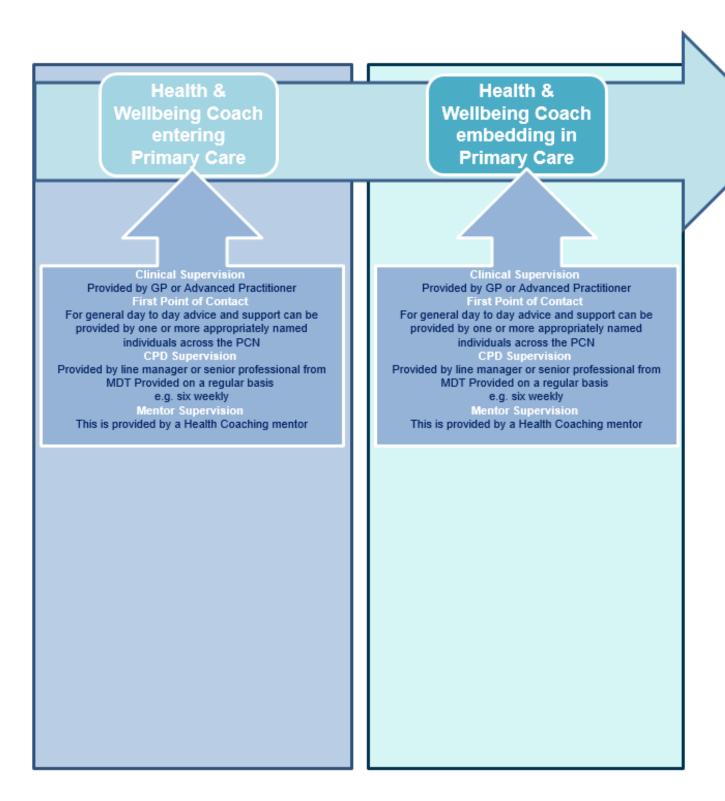
HWBC welcome pack (source - NHSE/I Futures platform)

Please contact the PCN workforce development team if you require any additional support with this role.





The diagram below demonstrates the requirements for education, training and supervision.







Since April 2021, The MHP role has been recruited to across a range of roles, which now expand from a range of bands 4 – 8a, including new roles such as Trainee Associate Psychological Practitioners (TAPPS band 4) and Associate Psychological Practitioners (APPS band 5) Improving Access to Psychological Therapy (IAPT). The cap on recruiting these roles has now been removed, enabling each PCN to increase their fully embedded full-time mental health practitioners, employed, and provided by the PCNs local provider of community mental health services, as agreed locally, 50% of the funding will be provided from the mental health provider, and 50% by the PCN which is reimbursable via ARRS. MHPs provide a vital bridge between primary care and specialist mental health providers, with a holistic and ongoing care approach for patients with a range of needs. As part of a multi-disciplinary team, the role will involve liaison with practice clinicians as well as secondary care, social workers and voluntary sector staff, where appropriate by making best use of third sector and other community opportunities for promotion of patient wellbeing and maintenance of mental health.

MHPs can provide a combined consultation, advice, triage and liaison function. Working with other PCN-based roles, MHPs can address a range of needs for patients with mental health problems and facilitate onward access to long term treatments.

A MHP could work with patients to support shared decision-making about self-management, facilitate onward access to treatment services and to provide brief psychological interventions, where qualified to do so and where appropriate.

The successful candidate may be any registered clinical role operating at Agenda for Change (AfC) Band 5 or above including, but not limited to: a Community Psychiatric Nurse, Clinical Psychologist, Mental Health Occupational Therapist, or other clinical registered role, as agreed between the PCN and community mental health service provider.

MHPs are now 'un- capped' on the amount you can employ in line with your additional roles reimbursement allowance and are 100% refunded, more details on maximum reimbursement amounts can be found in the table in the introduction, this includes TAPPS, APPs and C&YP Mental Health Practitioners.





MHPs are employed and recruited by your local community mental health provider (Lancashire and South Cumbria Foundation Trust – LSCFT) under a local service agreement but are wholly deployed by the PCN. PCNs contribute 50% of the salary and employers NI/Pension costs, reimbursable. The remaining 50% is covered by the local mental health provider. Details on maximum re-imbursements can be found in the table in the introduction.

## Mental Health Practitioner Training & Development

All Mental health practitioners will be supported by our local community mental health services provider (Lancashire and South Cumbria Foundation trust – LSCFT) with robust clinical governance structures to maintain quality and safety, including supervision from the PCN where appropriate.

In addition to the adult and older adults' role, PCNs may also choose to embed a Trainee Associate Psychological Practitioner (TAPP), Associate Psychological Practitioner (APP) and a children & young persons MH Practitioner.

Please contact your local workforce development manager if you require any further support or information.

**Network Contract DES – Mental Health Practitioner (B14 Page 103)** 

Network Contract DES 2023/24 - Mental Health Practitioner B14 page 105





## **Pharmacy Technician**

Since April 2020 Pharmacy technicians have been recruited into PCNs. Pharmacy technicians play an important role within primary care and complement the more clinical work of clinical pharmacists, through utilisation of their technical skillset. Their deployment within primary care settings allows the application of their acquired pharmaceutical knowledge in tasks such as audits, discharge management, prescription issuing, and where appropriate, informing patients and other members of PCN workforce. Work is often under the direction of clinical pharmacists, and this benefit is realised through the creation of a PCN pharmacy team.

Pharmacy technicians will complement the work of the clinical pharmacist by using their pharmaceutical knowledge to help patients to get the best from their medicines by switching medications to agreed and approved protocols, improving repeat prescribing processes in primary care, including the promotion of repeat dispensing and online ordering, minimising clinical risk whilst reducing wasted medicines. These roles will be under the supervision of the Clinical Pharmacist and will be part of a wider PCN pharmacy team.

#### The role of the Pharmacy Technician may include some of the following activities:

- Undertake patient facing and patient supporting roles to ensure effective medicines use, through shared decision-making conversations with patients
- Carry out medicine's optimisation tasks including effective medicine administration, supporting medication reviews and medicines reconciliation
- Where required, utilise consultation skills to work in partnership with patients to ensure they use their medicines effectively
- Provide specialist expertise, where competent, to address both the public health and social care needs of patients including lifestyle advice, service information, and help in tackling local health inequalities
- Take a central role in the clinical aspects of shared care protocols and liaising with specialist pharmacists for more complex patients
- Support initiatives for antimicrobial stewardship to reduce inappropriate antibiotic prescribing
- Work with the PCN MDT to ensure efficient medicines optimisation, including implementing efficient ordering and return processes and reducing wastage





Pharmacy technicians are 'un- capped' on the amount you can employ in line with your additional roles reimbursement allowance and are 100% refunded, more details on maximum re-imbursement amounts can be found in the table in the introduction.

Network Contract DES 2023/24 - Pharmacy Technician B2 page 82

## **Pharmacy Technician Training & Development**

- Pharmacy Technicians undertake a level 3 course which can be through a fully funded apprenticeship programme before they can register with the General Pharmaceutical Council (GPhC)
- The new initial educational and training standards for pre-registration trainee pharmacy technicians is being tested with placements in General Practice, through the Pharmacy Integration Fund (PhIF)

**CPPE Pharmacy Technician** 

**General Pharmaceutical Council** 

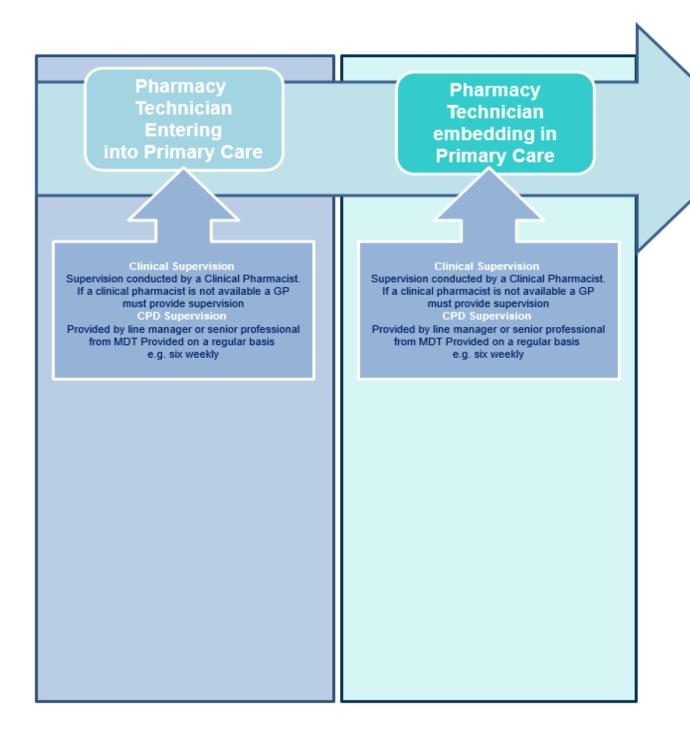
**HEE Pharmacy Tech expansion programme** 

Pharmacy Technician recruitment pack (source - NHSE/I Futures platform)





The diagram below demonstrates the requirements for education, training and supervision for the role as outlined in the Network Contract DES. It also includes suggestions for further training and development of the role, which would be in discussion with the professional, their supervisor and line manager.







### Clinical Pharmacist

Clinical Pharmacists work in primary care as part of a multidisciplinary team in a patient-facing role, they have the ability to clinically assess and treat patients using expert knowledge of medicines for specific disease areas. The clinical pharmacist will be a prescriber, or if not, they can undertake independent prescribing qualification following completion of the 18-month Centre for Pharmacy Postgraduate Education (CPPE) pathway training to become one.

All practice pharmacists should be signed up to the Primary Care Pharmacy Education Pathway (PCPEP) to align the education requirements of the clinical pharmacists and pharmacy technicians and the primary care Network Contract Directed Enhanced Service.

The Pharmacists will take responsibility for the care management of patients with chronic diseases and undertake clinical medication reviews to proactively manage people with complex polypharmacy, especially the elderly, people in care homes, those with multiple comorbidities (frailty, COPD and asthma) and people with learning disabilities or autism (through STOMP – Stop Over Medication Programme). They will provide specialist expertise in the use of medicines whilst helping to address both the public health and social care needs of patients at the PCNs practices(s) and to help tackle inequalities.

Clinical pharmacists will provide leadership on person centred medicines optimisation (including ensuring prescribers in the practice conserve antibiotics in line with local antimicrobial stewardship guidance) and quality and improvement, whilst contributing to the quality and outcomes framework and enhanced services. Through structured medications reviews, clinical pharmacists will support patients to take their medications to get the best from them, reduce waste and promote self-care.

Clinical Pharmacists will have a leadership role in supporting further integration of general practice with the wider healthcare teams (including community and hospital pharmacy) to help improve patient outcomes, ensure better access to healthcare and help manage general practice workload. The role has the potential to significantly improve quality of care and safety for patients.





Clinical pharmacists are 'un-capped' on the amount you can employ in line with your additional roles reimbursement allowance and are 100% reimbursed, More details on maximum re-imbursement amounts can be found in the table in the introduction.

Clinical pharmacists being employed will either be enrolled in or have qualified from an accredited training pathway that equips the clinical pharmacists to be able to practice and prescribe safely and effectively in a primary care setting (currently the CCPE Clinical Pharmacist training pathway), and in order to deliver the key responsibilities set out in the Network DES Guidance.

All clinical pharmacists will be part of a professional clinical network and will have access to appropriate clinical supervision as outlined in the DES guidance. As the number of clinical pharmacists working within the PCN increases, this should be on a ratio of one senior clinical pharmacist to five junior clinical pharmacists, and in all cases appropriate peer support and supervision must be in place.

Clinical Pharmacists can now be supervised by Advance Practice Pharmacists, in line with the March 23 release - changes to the GP contract 2023-2024.

Network Contract DES 2023/24 - Clinical Pharmacist B1 page 80





## **Clinical Pharmacist Training & Development**

- Clinical Pharmacists employed through the Network Contract DES will either be
  enrolled in or granted exemption from the 18-month Primary Care Pharmacy
  Education Pathway (PCPEP). Examples of exemption could include prior
  experience, further guidance is available in the CPPE document links below.
  This pathway equips the pharmacist to be able to practice and prescribe safely
  and effectively in a primary care setting
- All clinical pharmacists will be part of a professional clinical network and will always be clinically supervised by a senior clinical pharmacist or GP clinical supervisor
- Prior experience, training and qualifications may lead to exemption for some modules – this will be granted by CPPE

#### **Pre-requisites**

 Pharmacy degree and registration as a pharmacist with the General Pharmaceutical Council or the equivalent regulatory authority

**University providers of Pharmacy degrees** 

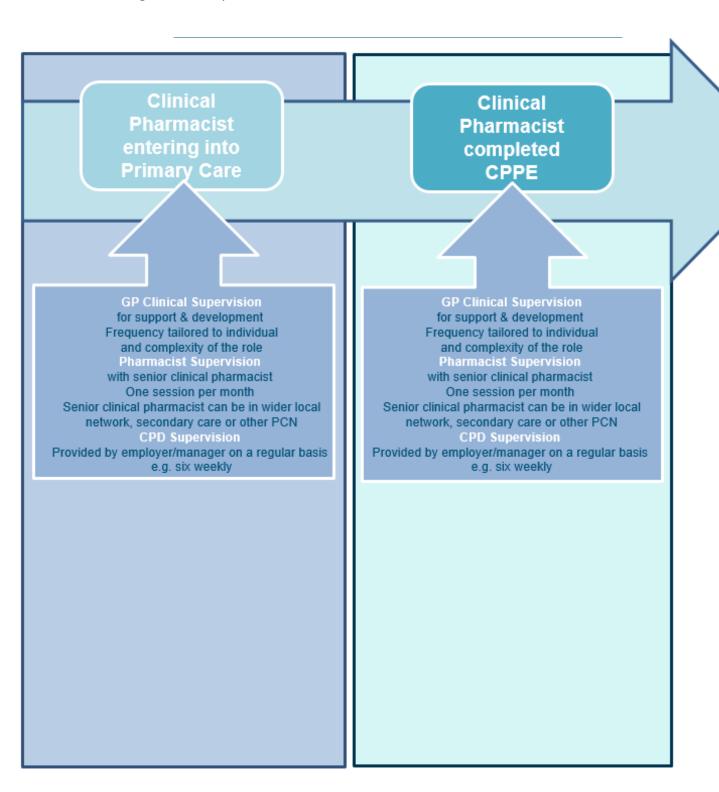
**CPPE for PCPEP pathway** 

**HEE training offers for pharmacists** 





The diagram below demonstrates the requirements for education, training and supervision for the role as outlined in the Network Contract DES. It also includes suggestions for further training and development of the role.







## Physician Associate

Physician Associates (PAs) are healthcare professionals with a generalist medical education who work alongside doctors providing medical care as an integral part of the multidisciplinary team. Physician associates are dependent practitioners working with a dedicated consultant or GP supervisor but can work autonomously with appropriate support.

The Department of Health defines a PA as `a new healthcare professional who, while not a doctor, works to the medical model, with the attitudes, skill and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision`.

PA's have been practising in the UK for over 10 years.

Supervision of a qualified PA is similar to that of a doctor in training or trust grade doctor, in that the PA is responsible for their actions and decisions. However, the consultant is the clinician ultimately responsible for the patient.

#### The role of the Physician Associate may include some of the following activities:

- Home visits/ calls for nursing and homebound patients
- Perform a complete and directed physical examination
- Formulate a differential diagnosis
- Communicate a patient-focused management plan of care
- Order appropriate tests and interpret test results
- Prepare prescriptions for signature
- Educate and counsel patients and families
- Arrange for follow-up care and/ or referrals to specialists
- Perform, for example injections, aspirations, basic phlebotomy, dipstick urinalysis, collection and preparation of cultures, fluorescein exam, minor surgery, diagnostic tests, take vital signs





Physician's associates are 'un-capped' on the amount you can employ in line with your additional roles reimbursement allowance and are 100% refunded, more details on maximum re-imbursement amounts can be found in the table in the introduction.

There are now a number of ways in which Physicians associates can transition into employment in primary care effectively.

**PA Preceptorship** - HEE (Health Education England) have developed a Preceptorship scheme for new PAs to work in primary care. The scheme gives the practice/PCN a £5,000 allowance to support the supervision and educational needs of newly qualified PAs within the PCN. If the PCN would like to opt for the PA to complete the PA New to Practice Fellowship/Preceptorship rather than develop their own, please see below.

Further information on the PA preceptorship can be found via the link below and the pathway on page 28

PA New to Practice Fellowship/Preceptorship — Lancashire and South Cumbria Primary Care Training Hub have worked in partnership with HEE to develop a New to Practice Fellowship/Preceptorship programme. This is a 2 Year structured developmental programme which includes the preceptorship component, with a further one year of access to the Red Whale PCN programme. A mentor will be allocated to each fellow to provide support and leadership throughout the programme. The mentor will meet with the fellow once per month, the mentor will be allocated and supported by the Lancashire and South Cumbria Primary Care Training Hub. The programme will cost £1077.62 per PA and will be paid to L&SC PC TH.

Further information on the PA fellowship can be found via the link below and the pathway on page 28

If you would like more information on the PA preceptorship and/or the PA NtP Fellowship/Preceptorship, please contact your local PCN Workforce Development Manager.

#### **L&SC PA NTP information**

#### **PA Preceptorship Guidance**

#### **L&SC TH PA Fellowship Handbook**

Network Contract DES 2023/24 - Physician Associate B6 page 91





## **Physicians Associate Training & Development**

PA Students already have an undergraduate degree in a life science and/or a significant background in healthcare. To become a PA, students take a 2-year, full-time, intensive postgraduate course at Diploma or master's level in Physician Associate studies.

The course includes over 1,400 hours of clinical placement experience in both acute and community settings. A new route via a 4-year undergraduate master's programme will run subject to approval. Once qualified, physician's associates must maintain 50 hours of CPD per year and sit recertification examination every 6 years.

There are around 32 PA education providers across England.

The FPA website lists a <u>number of template PA person specifications</u> under the useful resources section.

Royal College of Physicians Faculty of PAs

Royal College of Physicians – guidance for employers and supervisors

**PA in Primary Care – HEE** 

PA in Primary care – Health careers site

Physicians Associate recruitment pack (source NHSE/I futures platform)





#### HEE Funding to support education and development - £5000

| Physician Associate on<br>New to Practice<br>Fellowship  | Established Physician Associate  |
|--|--|
| Clinical Supervision  15-20 min appointments  Supervisor to review most consultations initially.  CPD Supervision  Provided by line manager or senior professional from MDT provided on a regular basis e.g.  six weekly | Clinical Supervision 15-20 min appointments Supervisor when required or when there is uncertainty CPD Supervision Provided by line manager or senior professional from MDT provided on a regular basis e.g. six weekly |
| 3-year programme 1 session per week £1077.62 per PA  Education & Support Red Whale PCN programme QUA leadership Programme Edward Jenner NHS Leadership Academy Peer to peer networks                                     | Maintain a minimum of 50 hours CPD annually  Maintain CPD diary as part of FPA membership  Annual appraisal with supervisor  PA to recertify every 6 years   |

<u>Supervision guidance and</u> <u>information for PAs in primary</u> <u>care</u>





## Apprentice Physician Associate

The 2023/24 Network Contract DES has seen the introduction of the Apprentice Physician Associate role.

Inorder to meet the DES requirements the PCN must ensure that the Apprentice is enrolled on a post-graduate degree apprenticeship from the approved national framework providers and gradually buids experience against the tasks outlined in the Physician Associate job description through on-job training, in line with the Physician Associate standard.

Details of the Physician Associate Apprenticeship programmes being offered from 10 universities along with a template job description and business case can be found at the following link: HASO Apprentice Physician Associate FAQs

Lancashire and South Cumbria Primary Care Training Hub are working with local providers to bring you more information on the Apprenticeship route.

Network Contract DES 2023/24 - Apprentice Physician Associate B6A page 93





# Nursing Associate (NA) Trainee Nursing Associate (TNA)

The Nursing Associate is a support roles which bridges the gap between healthcare and support workers and registered nurses to deliver hands-on, person-centred care as part of the nursing team.

The role was introduced in response to the Shape of Caring Review (2015), to help build the capacity of the nursing workforce and the delivery of high-quality care. It will be a vital part of the wider health and care team and aims to:

- Support the career progression of healthcare assistants
- Enable the nurses to focus on more complex clinical work
- Increase the supply of nurses by providing a progression route into graduate-nursing level
- The role will build the capacity of the nursing workforce and support the delivery of health care as they are trained to work with patients of all ages in a variety of settings across all four fields of nursing
- The two-year Foundation Degree programme will enable NA's to perform more complex and significant tasks than a health care assistant, but not the same scope as a graduate registered nurse
- This will in turn enable nurses to focus on more complex clinical work
- The role will increase the supply of nurses by providing a progression route in to graduate nursing
- The role will support the training and supervision of students and junior staff

Nursing associates are members of the nursing team, who have gained a Nursing Associate Foundation Degree awarded by the <u>Nursing and Midwifery Council (NMC)</u>.

The NMC has developed and published <u>standards of proficiency for nursing associates</u>. These standards set out the knowledge, competencies, professional values and behaviours expected of a nursing associate at the point of registration. They will help employers to understand what nursing associates can contribute to patient and service-user care.





Nursing associates have many transferable skills and competencies and are able to work across a range of settings and specialities. The table demonstrates the regulation of nursing associates in comparison to nurse proficiencies.

#### **NMC Nursing & Midwifery Council**

| Nursing Associate<br>6 platforms           | Registered Nurse<br>7 platforms                        |
|--|--|
| Be an accountable professional             | Be an accountable professional                         |
| Promoting health and preventing ill health | Promoting health and preventing ill health             |
| Provide and monitor care                   | Provide and evaluate care                              |
| Working in teams                           | Leading and managing nursing care and working in teams |
| Improving safety and quality of care       | Improving safety and quality of care                   |
| Contributing to integrated care            | Coordinating care                                      |
|  | Assessing needs and planning care                      |

#### Nursing Workforce Comparison.pdf

This <u>nursing workforce comparison</u> helps to demonstrate the nursing roles in practice.

Qualified nursing associates are accountable practitioners who are registered with the NMC and required to revalidate every three years as a registered nurse would.

Trainee Nursing Associates and Nursing Associates are 'un-capped' on the amount you can employ in line with your additional roles reimbursement allowance and are 100% refunded. More details on maximum re-imbursement amounts can be found in the table in the introduction.

Network Contract DES 2023/24 - Nursing Associate B11 page 100

Network Contract DES 2023/24 - Trainee Nursing Associate B12 page 102





## Trainee Nursing Associate & Nursing Associate Training & Development

- To become a registered nursing associate, individuals must pass a foundation degree awarded by an NMC-approved provider, typically taken over two years
- During this time the trainees must complete at least 2,300 programme hours which are divided to achieve an equal balance of theory and practice learning
- To meet the requirements of the training programme, trainee nursing associates must work in a range of placement settings and situations to gain as much experience as possible across different age groups
- As part of the nursing associate apprenticeship, trainees must meet the 15 standards set out in the care certificate. If they do not already hold level 2 English and Maths qualification, these will be achieved prior to commencing the programme.

Most nursing associate training programmes are being delivered through the apprenticeship route. However, a growing number of universities are now offering direct entry programmes for which trainees would need to fund their own study. NMC approved education institution

To find our more or register your interest in training please visit the Training Hub website.

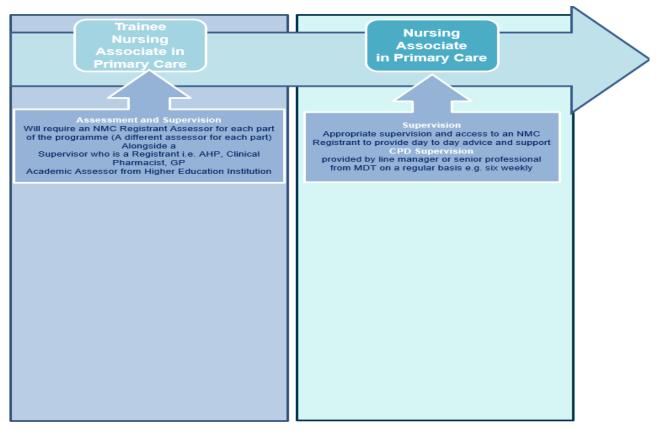
The HEE Financial support for TNA Apprenticeship Programmes – currently available to employers per TNA

- Standard TNA £8,000 (£4,000 per year for 2 years)
- LD Enhanced TNA £15,800 (£7,900 per year for 2 years) This funding is for trainees who are working at least 50% of their practice time with people who have learning disability, Autism or both





The diagram below demonstrates the requirements for education, training and supervision for the role as outlined in the Network Contract DES. It also includes suggestions for further training and development of the role.



NHS England now reimburses training time for Nursing Associates to become Registered Nurses HASO Skills for Health RNDA Webpage and Resources

Please see flow chart below for an illustration of how ARRS funding can support an individual to go from a Trainee Nursing Associate (TNA) to a registered nurse (RN).



For further support and information regarding apprenticeships, please contact Lancashire and South Cumbria Primary Care Training Hub team at mbpcc.apprenticeships@nhs.net





# First Contact Practitioner (FCP) & Advanced Practitioner (AP) Overview

This section provides a broader overview of the FCP and AP requirements for AHP clinicians working in primary care. Information for each of the specific AHP roles and additional roles reimbursement requirements is detailed further in the profession specific areas of the guide. Network Contract DES 2023/24 - Advanced Practitioners B15 page 106

| First Contact Practitioners   | Advanced Practitioners   |
|---|--|
| -Diagnostic clinicians in primary care working at masters level with undiagnosed and undifferentiated diagnoses -Managing complexity and uncertainty at the first point of contact -Has a minimum of 5 years post graduate experience | -A clinician with a verified portfolio of evidence at a Masters level of practice across all four pillars of practice (Leadership, Clinical, Education and Research) who has a minimum of 5 years post graduate experience.  -All four pillars of practice are integral and influence every intervention  -They are multi-professional, cross organisational and cross boundary clinicians  -They provide multi-professional supervision for example FCP and Personalised Care roles |

#### **First Contact Practitioner Verification**

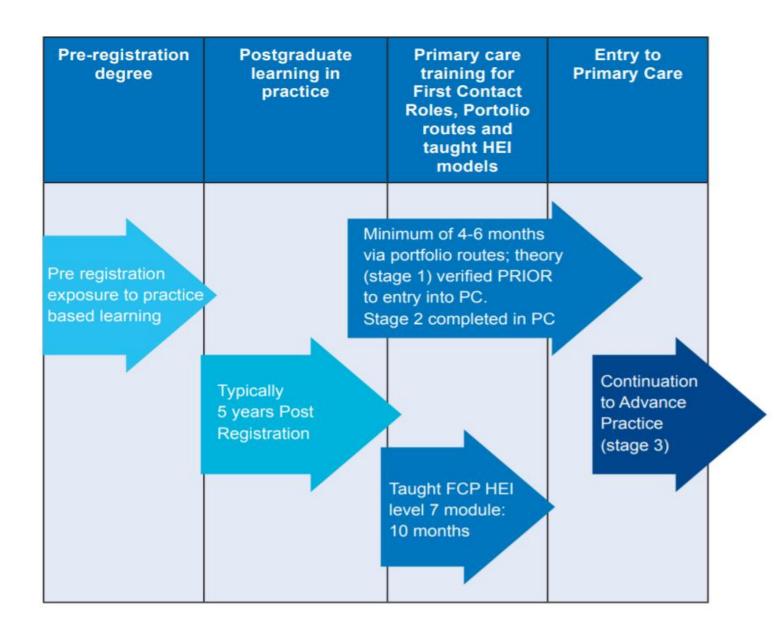
There are two routes that a suitable qualified AHP professional can pursue to gain their FCP:

Portfolio Route or Taught Level 7 HEI module





The below diagram from HEE illustrates the FCP/AP progression and approximate time frames for the two routes for AHPs in primary care.







### Portfolio Route to FCP in Primary Care

### Portfolio Route to FCP

The process to train formally to be an FCP can begin at a minimum of three years of postregistration experience

Clinicians at every stage should be up to date with all required statutory and mandatory training in their area of practice

| Stage One   | Stage Two   |
|---|---|
| Stage 1 must be completed with a portfolio of evidence of working academically at   | Stage 2 is completed with a portfolio of evidence and verified in Primary Care  |
| masters level 7 against the knowledge skills and attributes (KSA) in the Roadmap to Practice document   | This is the recognition process of the application of the KSA in Stage 1 to clinical practice in Primary Care   |
| The Knowledge skills and Attributes (KSA) and e-learning (see HEE profession specific roadmap) must be completed prior to employment as an FCP or AP in Primary Care to ensure patient safety | Best practice is that this should be completed within six months for a full time member of staff, but this can be longer provided a completion date is agreed with the employer |
| For AHPs already working in Primary Care, this can be completed retrospectively   |   |

Once Stage 1 and Stage 2 are verified, the practitioner can apply for inclusion on the directory at the Centre for Advancing Practice as an FCP and would be able to continue building evidence towards AP through the supported E-Portfolio route <a href="https://advanced-practice.hee.nhs.uk/our-work/eportfolio-route/">https://advanced-practice.hee.nhs.uk/our-work/eportfolio-route/</a>.

### The clinical supervisor who recognises the above stages must be:

a verified FCP

an Advanced Practitioner

a Consultant Practitioner

or a GP who has completed the HEE two-day Primary Care supervisor training

The specific two-day supervision course allows GPs to train as an AP roadmap supervisor to support FCP and AP practice in Primary Care, and to learn how to use the adapted RCGP toolkit for Stage 2 recognition. (GP trainers will be able to access a shortened version of this course)





#### **HEI Level 7 FCP Route**

HEIs have recently started to deliver the level 7 module for AHP FCP in primary care.

- An FCP trainee using a HEI route will still be expected to complete the e-learning modules and have their KSA verified, but their primary care recognition may occur within the module itself and may not require any further process
- Professionals interested in following the HEI route should explore options with HEI
  providers directly and could seek advice from their local training hub as information is
  evolving. Contact your local training hub for up to date information about FCP training
  options.

#### **Advanced Practitioner Verification**

As with the FCP, there are two routes that a professional can pursue to develop to an Advance Practitioner in primary care.

| Two ways to be verified as an AP in primary care as part of FCP to AP progression  |   |  |
|--|---|--|
| Supported E-Portfolio  | Taught Masters  |  |
| <ul> <li>Aimed at experienced FCP's already working at an advanced level</li> <li>In conjunction with a HEI a review of current qualifications and experience will be undertaken to identify gaps</li> <li>The HEI will specify a programme of learning to be undertaken</li> <li>Completion of this process will lead to accreditation as an ACP</li> </ul> | <ul> <li>Will be undertaken through an HEI on a HEE approved course of 180 credits</li> <li>Clinicians will need to be working at an advanced level of practice</li> <li>Clinicians will need access to a supervisor who can sign off elements of the work based learning</li> <li>Completion of the course will lead to accreditation as an ACP</li> </ul> |  |

Advanced Practitioners working in primary care should complete 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 the Personalised Care roles.

Advanced Clinical Practitioner Nurses only must have either graduated from a Centre of Advancing Practice accredited MSc Advanced Practice Programme or completed the Centre's ePortfolio (supported) route; both pathways enable eligibility for an 'Advanced' digital badge issued by the Centre, demonstrating recognised educational and experiential preparation in Advanced Practice.





### **Roadmap Supervision for FCP and AP**

Supervision for FCP and AP is provided through Roadmap Supervisors. It is a bespoke 2 day course provided by HEE that covers the specific requirements for FCP and AP supervision.

The role of a Roadmap Supervisor comes with the responsibility of undertaking workplace-based assessments (within your own scope of practice) and verifying evidence of knowledge, skills and capability in day-to-day practice.

The roadmap supervisor does not need to be the same person as undertakes day to day clinical supervisor, hence roadmap supervisors can supervisor multiple trainees concurrently.

The following are able to undertake the Roadmap Supervision Training to support FCP and AP development in primary care:

- A GP Trainer ES (ES's do not need to do the 2 day course but have an optional top up session soon to be available as an e-lfh video (approx. 60 mins in duration)
- A GP
- A Clinician who has a post-registration Masters degree (Please note A preregistration Masters degree does not qualify)
- Are a full MACP member
- A First Contact Practitioner who is recognised by the HEE Centre
- An Advanced Practitioner who is recognised by the HEE Centre
- Information about training the Roadmap training is available locally through the Lancashire & South Cumbria Training Hub.





### **Paramedic**

Since April 2021, PCNs have been recruiting paramedics as part of the additional roles reimbursement scheme. Paramedics are autonomous health care providers who are regulated by the health and care professions council (HCPC) and the college of paramedics (CoP) is their professional body.

The role of the paramedic has developed over recent years to meet the move towards supporting patients to be treated and managed within their own homes. New roles for paramedics working in primary and urgent care settings have been developed, either via direct employment or via paramedics on rotation from the ambulance service.

An FCP paramedic in primary care can recognise and manage the deteriorating patient and can manage patients with long term conditions, minor injuries, and minor illness. They can also support patients who require wound care, have fallen, have musculoskeletal (MSK) problems, and have urinary tract or respiratory infections. Paramedics can supply a range of medicines through Patient Group Directions (PGDs), including antibiotics and analgesics and they are eligible to undertake the non-medical prescribing qualification.

FCP Paramedics can support PCNs in responding to on the day demand by offering 'Hear and Treat' telephone triage or undertaking a home visit. They can also support PCNs to improve access to care by seeing minor ailments and injuries in surgery. FCP Paramedics can support PCNs with the delivery of Enhance Health in Care homes and overall, their intervention should reduce the need for admission to hospital.

Specialist/FCP/Community (Band 7) Paramedics are trained to independently provide care that does not require the intervention of a doctor. They can assess, investigate, diagnose, plan and implement care for patients presenting with diagnosed and undiagnosed conditions and address continuing medical needs, and work collaboratively with the general practice team to meet the patient's needs. They can prioritise and triage the needs of patient's accordingly making any necessary referrals for investigations in the appropriate manner.

Paramedics are 'un- capped' on the amount you can employ in line with your additional roles reimbursement allowance and are 100% refunded, more details on maximum reimbursement amounts can be found in the table in the introduction.





As per the Network Contract DES, paramedics who are employed under the Additional Roles Reimbursement Scheme need to have completed their two-year 'Consolidation of Learning' period as a "newly qualified paramedic" and have a further three years' experience as an Agenda for Change Band 6 (or equivalent) paramedic. In addition, they need to be working towards developing academic Level 7 capability in paramedic areas of practice and, within six months of commencement of reimbursement for that individual, have completed and been signed off formally within the clinical competencies of the FCP Roadmap. However, a longer time period for this can be agreed with the commissioner where it is appropriate for the needs of the PCN and the paramedic. Where a paramedic is not working at academic Level 7 capability, the PCN must ensure that they are working as part of a rotational model in which they have access to regular supervision and support. PCNs are encouraged to work with their systems and local ambulance trusts to come to an arrangement that ensures that the paramedic is operating within the scope of their competency. PCNs are also encouraged to ensure a sustainable workforce model to support both PCNs and core service delivery work is continuing with local providers.

### Network Contract DES 2023/24 - Paramedics B13 page 103

https://www.england.nhs.uk/wp-content/uploads/2022/11/B1847-Paramedics-in-general-practice-1.pdf





# Paramedic Training & Development

The support and development a Paramedic working in primary care needs will very much depend on their clinical grade and experience. Basic paramedic grades may need education and training in consultation skills, risk stratification, time management etc. but also in areas such as interpreting blood results, dermatology, sexual health, palliative and end of life care and mental health. Specialist Paramedics may need support in some of these areas but to a lesser extent and Advanced Paramedics will need lesser still depending on their experience.

- Health Education England primary care FCP training can begin after 3
   years of working as a band 6 paramedic.
- For Band 7 roles, Health Education England Primary Care FCP capability training must be completed as the minimum threshold for entry to primary care and be supported by appropriate governance and indemnity
- For Band 8a roles, they must hold an approved Masters Degree in Advanced Clinical Practice and be working across all four pillars of advance practice

### **College of Paramedics**

College of Paramedics employers guide

**College of Paramedics Digital Career Framework** 

Paramedic Job description example (source - NHSE/I Futures platform)

Paramedic role comparison (source - NHSE/I Futures platform)





## **Physiotherapist**

Physiotherapists are qualified autonomous clinical practitioners who can assess, diagnose, treat and manage musculoskeletal (MSK) problems and undifferentiated conditions – where appropriate – and discharge a person without a medical referral. Physiotherapists working in this role can be accessed directly by self-referral or colleagues in primary care can direct patients to them to establish a rapid and accurate diagnosis and management plan to streamline pathways of care.

Physiotherapists provide a first point of contact service which means that patients presenting with any MSK problems can be offered an appointment directly with the physiotherapist rather than a GP appointment. As they are working in primary care settings, they are able to address the needs of a larger proportion of patient population.

Some of the responsibilities of the physiotherapist role may include-

- · Manage complex interactions, including working with patients with psychosocial and mental health needs, referring to social prescribing where appropriate
- · Develop relationships and collaborative working approach across the Primary Care Network supporting the integration of pathways in primary care
- · Assess, diagnose, triage and manage patients, taking responsibility for the management of a complex caseload. FCPs will progress and request investigations (such as x-rays and blood tests) and referrals to facilitate diagnoses and choice of treatment
- · Work as part of an MDT (multi-disciplinary team) in a patient facing role, using their expert knowledge of MSK issues, to create stronger links for wider MSK services through clinical leadership, teaching and evaluation skills
- · Develop integrated and tailored care programmes in partnership with patients and provider a range of first line treatment options
- · Develop and make use of their full scope of practice, including skills relating to independent prescribing, injection therapy and investigation
- · Support regional and national research and audit programmes to evaluate and improve the effectiveness of the FCP programme





Appropriate supervision will be required for all physiotherapists working in primary care. Existing GP Educational supervisors can supervise physiotherapists undertaking FCP and AP roles and do not need to attend additional training.

GPs who have completed the FCP Supervisor development course can provide clinical supervision to physiotherapists undertaking FCP and AP roles.

First contact physiotherapist are 'un- capped' on the amount you can employ in line with your additional roles reimbursement allowance and are 100% refunded. More details on maximum re-imbursement amounts can be found in the table in the introduction.

Network Contract DES 2023/24 - Physiotherapist B7 page 93

# **Physiotherapist Training & Development**

- HEE primary care FCP training can begin 3-5 years post registration
- A physiotherapy degree (BSc) is required to work as a physiotherapist in any setting
- For AFC band 7 roles HEE primary care FCP capability training must be completed as the minimum threshold for entry to primary care and be supported by appropriate governance and indemnity
- For AFC band 8a roles HEE FC primary care training must be completed, and applicants must be working at an advanced level of practice i.e., at masters level (level 7) across all four pillars of advance practice
- HEE First Contact Practitioners and Advanced Practitioner Roadmaps to <u>Practice</u>
- Roadmap to Practice FAQs

Job description example (source - NHSE/I Futures platform)





### Dietitian

Dietitians are healthcare professionals that diagnose and treat diet and nutritional problems, both at an individual patient and wider public health level. Working in a variety of settings with patients of all ages, dietitians support changes to food intake to address diabetes, food allergies, coeliac disease, metabolic diseases and weight loss.

Dietitians also translate public health and scientific research on food, health, and disease into practical guidance to enable people to make appropriate lifestyle and food choices.

Dietitians are trained in behaviour modification methods and motivational interviewing. The role can also provide primary care diabetic services that include dietary, lifestyle and medication modification, and in some cases, patients do not need to see their GP for insulin and antidiabetic agent modification. The dietitian can act as a first contact role to make initial assessments and refer on to the GP according to red flag symptoms

### The role of the Dietitian could include the following activities:

- See patients of all ages with a wide range of different conditions via a range of different means and in a variety of settings e.g., one to one consultations, via email, telephone, virtual, domiciliary visits and visits to care homes.
- Educate patients with diet-related disorders on how they can improve their health and prevent disease by adopting healthier eating and drinking habits
- See patients from primary care who self-refer with a predetermined and agreed range of symptoms and/or conditions
- Receive and respond to patient referrals from GPs, practice nurses, health visitors, district nurses, nursing home nurses, allied health professionals for example
- Undertake health promotion activities such as/and if appropriate, Health Checks
- Utilising behaviour change skills and follow up patients when deemed necessary
- Provide specialist nutrition and diet advice to patients, their carers and healthcare professionals through treatment, education plans and prescriptions





Dietitians are currently 'un-capped' on the amount you can employ in line with your additional roles reimbursement allowance and are 100% refunded, more details on maximum re-imbursement amounts can be found in the table in the introduction

### **Dietitian Training & Development**

Dietitians must be registered with the Health and Care Professionals Council (HCPC).

To register with HCPC, completion of an approved degree in dietetics is required. This is usually a BSC (Hons) degree, although there are shortened postgraduate programmes available. A degree apprenticeship standard in dietetics has also been approved.

- Health Education England Primary Care FCP training must be completed as the minimum threshold for entry to primary care and be supported by appropriate governance and indemnity
- Health Education England Primary Care FCP training can begin 3 5 years postgraduate
- Advanced Dietitians can now train to become supplementary prescribers

**HEE Dietitians in primary care** 

The Association of UK Dietitians

**HEE role of Dietitian** 

Dietitian job description example (source - NHSE/I Futures platform)

Network Contract DES 2023/24 - Dietician B8 page 96





### **Podiatrist**

Podiatrists are healthcare professionals who are the experts in all aspects of foot and lower limb structure, function, and health. Podiatrists diagnose and treat foot and lower limb conditions by provide assessment, evaluation, and foot care for a wide range of patients, which range from low risk to long-term acute conditions. Many patients fall into high-risk categories such as those with diabetes, rheumatism, cerebral palsy, peripheral arterial disease, and peripheral nerve damage.

Podiatrists are ideally placed to use their expertise in primary care settings by developing and embedding services that extend the ability of GPs and primary care teams to provide a focus on prevention and early intervention.

As experts in lower limb and health disease, Podiatrists have the requisite knowledge, skills and training to work as first point of contact practitioners in primary care.

Working within general practice and across PCNs, podiatrists are competent to prescribe medicines independently in two ways, supplementary, using a written clinical management plan (CMP) in partnership with a doctor, or independently, following additional training. This enables the podiatrists to provide patients with direct access to the interventions they need. This is not only valuable to patients but increases capacity within primary care settings by relieving pressures on GPs and the primary care teams.

The College of Podiatry believes that assigning more podiatrists into primary care settings will increase the capacity of both primary and secondary care, improve health outcomes for the population, enhance patient experience and save money.

Podiatrists are currently 'un- capped' on the amount you can employ in line with your additional roles reimbursement allowance and are 100% refunded, more details on maximum re-imbursement amounts can be found in the table in the introduction.

Network Contract DES 2023/24 - Podiatrist B9 page 97





# **Podiatrist Training & Development**

- Podiatrists must have a BSc to work as a podiatrist in all settings
- HEE Primary care FCP training must be completed as the minimum threshold for entry to primary care and be supported by appropriate governance and indemnity
- HEE primary care FCP training can begin 3-5 years after the completion of a post graduate degree

The Royal College of Podiatry

**HEE FCP roadmap** 

Podiatrist job description example (source - NHSE/I Futures platform)





# Occupational Therapist (OT)

Occupational therapists (OTs) support people of all ages with problems resulting from physical, mental, social, or developmental difficulties. OTs provide interventions that help people find ways to continue with everyday activities that are important to them. This could involve learning new ways to do things or making changes to their environment to make things easier. As patients' needs are so varied, OTs help GPs to support patients who are frail, with complex needs, live with chronic physical or mental health conditions, manage anxiety or depression, require advice to return or remain in work and need rehabilitation so they can continue with previous occupations (activities of daily living).

### Some of the activities an Occupational Therapist would undertake could include:

- Assess, plan, implement and evaluate treatment plans, with an aim to increase patient's productivity and self-care
- Work with patients through a shared-decision making approach to plan realistic, outcomes-focused goals
- Undertake both verbal and non-verbal communication methods to address the needs of patients that have communication difficulties
- Involve MDT colleagues, physiotherapists, social workers, alongside patients, families, teachers, carers, and employers in treatment planning, to aid rehabilitation
- Where appropriate, support the development of discharge and contingency plans with relevant professionals to arrange on-going care in residential, care home, hospital, and community settings
- Periodically review, evaluate, and change rehabilitation programmes to rebuild list skills and restore confidence
- Where appropriate, advise on home, school, and workplace environmental alterations, such as adjustments for wheelchair access, technological needs, and ergonomic support
- Teach coping strategies and support adaptation to manage long term conditions for physical and mental health
- Advise on specialist organisations to help with daily activities

Network Contract DES 2023/24 - Occupational Therapist B10 page 99





Where appropriate, occupational therapists can support the development of discharge and contingency plans with relevant professionals to arrange on-going care in residential, care home, hospital, and community settings.

Occupational therapists periodically review, evaluate and change rehabilitation programmes to rebuild lost skills and restore confidence, and may provide advice on homes, at school and workforce for environmental alterations. OTs can help upskill other primary care professionals and work as part of a multidisciplinary general practice team to help deliver a more collaborative and coordinated self-care approach to further benefit patient care.

Occupational therapists are currently 'un-capped' on the amount you can employ in line with your additional roles reimbursement allowance and are 100% refunded, more details on maximum re-imbursement amounts can be found in the table in the introduction.





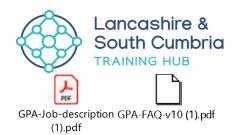
## **General Practice Assistant (GPA)**

The role of General Practice Assistant (GPA) was introduced into the Additional Roles scheme in winter 2022/23. Whilst the role has been in general practice for some time, it is a position that many PCNs and practices know little about but are interested in the potential benefits it brings. The GPA will offer clinical and administrative support to GP's with the intention of freeing up GP time to focus on patient care. The role is subject to maximum reimbursement equivalent of AfC Band 4.

It is expected that most of the initial recruitment into PCNS will be through trainee positions. GPA s can be trained in practice, with on the job training and development led by GPs in line with the role outline. Trainee GPAs will have the opportunity to complete <a href="HEE structured training">HEE structured training</a> and gain formal certification of learning.

GPA's will assist practices and GPs in their role by undertaking the following:

- Arranging appointments, referrals, tests and follow up appointments of patients.
- Completing simple clinical observations /investigations as directed locally, such as dipstick urine, taking blood pressure, ECG, phlebotomy.
- Supporting the GP with immunisations/wound care.
- Preparing patients prior to going in to see the GP, taking a brief history and basic readings in readiness for the GP appointment.
- Completing basic (non-opinion) forms and core elements of some forms for the GP to approve and sign such as insurance forms, mortgage, benefits agency forms etc.
- Explaining treatment procedures to patients.
- Helping the GP liaise with outside agencies e.g. getting an on call doctor on the phone to ask advice or arrange admission while the GP can continue with their consultation(s).
- Sorting clinical post and prioritising for the GP. Signposting some post to other members of staff.
- Extracting information from clinical letters that needs coding; adding this to patient notes. Supporting with QOF reviews. B16.4 GPAs should also:
- Participate in an annual individual performance review.
- Track and record evidence of their experience against the national competency framework.
- Inform the lead GP of any concerns regarding their role and request professional development as needed.
- Be aware of their own professional boundaries and what to do when they are reached.





Network Contract DES 2023/24 - General Practice Assistant B16 page 107

### **Digital & Transformation Lead**

Digital and transformation leads have been introduced to further support GP Practices in winter 2022/23. They will support increased access to care for patients, by supporting the adoption and/or optimisation of new technology and other initiatives to improve the care offer and enabling PCN staff to work more effectively to support the sustainability of general practice services. The role will be capped at one per PCN and maximum reimbursement is the equivalent to an Agenda for Change band 8a.

The role of the Digital and transformation lead may include some of the following activities:

- Improve adoption and/or optimisation of new technology to enhance patient access and experience and increase PCN productivity
- Build relationships and facilitate collaboration between practices and the wider system to support the delivery of care to patients (including shared appointments between practices to aid delivery of enhanced access)
- Lead an improvement approach to change including building capability for quality improvement within the PCN and system wide approaches to problem solving
- Review and improve the PCN's digital maturity
- Use data, and improve data quality, to:
  - understand demand, capacity and activity and drive improvements in
  - patient experience of access
  - operational efficiency including better matching capacity to need
  - staff experience at work.
  - support population health management
  - support understanding of the type and intensity of support/training needs of the PCN and coordinate this support, including through OD programme





• facilitate clinically led innovation and the effective adoption of improvement initiatives, including integrated working at neighbourhood and/or place level to improve access to services for patients.

Network Contract DES 2023/24 - Digital and Transformation Lead B17 page 109





EXAMPLE Job FAQ Digital and Description for PCN ETransformation Lead





## Supervision

Supervision is a process of professional learning and development that enables individuals to reflect on and develop their knowledge, skills and competence, through regular support from another professional.

Supervision can have different forms and functions and a number of terms are used to describe these. For this guidance we use the below terms and define them as follows:

**Clinic/practice supervision:** day-to-day support provided by a named/duty senior/more experienced clinician for issues arising in the practice.

**Clinical/professional supervision:** regular support from a named senior/experienced clinician/practitioner to promote high clinical standards and develop professional expertise.

**Educational supervision:** supports learning and enables learners to achieve proficiency.

### **Clinic/practice supervision**

A named senior clinician provides day-to-day supervision for issues arising in the practice. Senior clinicians are typically operating at a more advanced level of practice than the member of staff being supervised, with appropriate qualifications in relevant areas of clinical practice. This supervision should be provided for all staff working in practice, though its frequency and intensity may change depending on the needs of the team working and of the patients presenting in practice that day.

#### Includes:

- day-to-day access to a first point of contact for general advice and support
- support with patient-related concerns and safeguarding procedures
- debriefs focusing on patient and practitioner safety, providing the opportunity for clinical reasoning and decision-making.





### Clinical/professional supervision

Regular support is provided by a named senior/experienced clinician/practitioner to promote high clinical standards and develop professional expertise.

This may consist of a supervision 'package' with different elements provided by different supervisors. For example, specific clinical skills may be overseen by one supervisor and overall professional oversight provided by another.

Clinical/professional supervision should be provided for all staff. Practices/employers do not have to individually provide all elements of clinical/professional supervision as long as they are assured that staff working under their direction and control are receiving appropriate supervision and operating within the limits of their competency.

The frequency and content of this supervision will vary depending on the experience and career stage of the member of staff being supervised, to comply with professional and regulatory requirements.

#### Includes:

- reviewing and reflecting on performance
- discussing individual cases, caseload and reflecting on incidents/events at a frequency required by the specific occupation and type of work undertaken
- supporting changes in practice where necessary
- evidencing maintained capabilities, competencies and CPD
- identifying any learning needs, opportunities and support; developing and reviewing a training and development plan.

### Recommended frequency of clinical/professional supervision meetings

The Network Contract DES sets out the minimum supervision requirements for staff hired through the ARRS.

The table below provides recommendations for the minimum frequency of supervision meetings and who can provide this supervision. It is recommended that each clinical supervision session lasts a minimum of an hour.





These recommendations are based on the requirements of the Network Contract DES, professional regulatory requirements and standards, and expert advice and guidance.

| Role   | Recommended minimum frequency (dependent on experience)                   | Recommended supervisor role   |
|--|---|---|
| Clinical pharmacist  | Monthly (note 1)  | Advanced pharmacist practitioner or senior clinical pharmacist (note 2). GP for support and development   |
| Senior clinical pharmacist                                     | Monthly   | GP  |
| Pharmacy technician  | Monthly   | Clinical pharmacist   |
| Mental health practitioner                                     | Monthly   | Local mental health trust (adult MHPs), local provider of children and young people's community mental health teams (CYP MHPs), employer where subcontracted by the trust, or a more senior/experienced MHP                                 |
| First contact physiotherapist                                  | Monthly   | GP, consultant practitioner, recognised (note 3) advanced practitioner or more experienced first contact physiotherapist (note 4)   |
| Dietitian  | Monthly   | GP, consultant practitioner, recognised advanced practitioner or more experienced dietitian   |
| Occupational therapist   | Monthly   | GP, consultant practitioner, recognised advanced practitioner or more experienced occupational therapist  |
| Podiatrist   | Daily debrief/reflection<br>while in training &<br>Monthly for assessment | GP, consultant practitioner, recognised advanced practitioner or more experienced podiatrist  |
| Paramedic (trainee first contact paramedic)                    | Monthly   | First contact paramedic, recognised advanced practitioner, GP. May be provided by ambulance trust if working on rotation  |
| Paramedic (working at master's level or equivalent capability) | Monthly   | More senior/experienced first contact paramedic, recognised advanced practitioner or GP   |
| Advanced practitioner  | Monthly   | GP, consultant practitioner or experienced recognised advanced practitioner   |
| Trainee nursing associate                                      | Monthly   | Experienced nursing associate, registered nurse or advanced practitioner if a registered nurse  |
| Nursing associate  | Monthly   | Registered nurse or other healthcare professional including advanced practitioner   |
| Physician associate  | Daily   | GP  |
| Physician associate preceptee                                  | Monthly   | Physician associate must work under their GP clinical supervisor during their day-to-day clinical practice  |
| Social prescribing link worker                                 | Monthly   | Member of staff with relevant competencies, as described in the career framework, e.g. GP, senior clinician/professional or advanced practitioner   |
| Health and wellbeing<br>coach                                  | Monthly   | Member of staff with relevant competencies, as described in the career framework, e.g. GP, senior clinician/professional including advanced practitioner In addition, must have access to regular supervision from a health coaching mentor |
| Care co-ordinator  | Monthly   | Member of staff with relevant competencies, as described in the career framework, e.g. GP, senior clinician/professional including advanced practitioner  |
| General practice assistant                                     | Monthly   | Registered nurse, senior clinician/ professional including advanced practitioner, GP  |





### Provision of continuous professional development and education

General practices are required to deploy enough suitably qualified, competent, and experienced staff to meet their regulatory requirements. This means that staff must receive "...appropriate support, training, professional development...to enable them to carry out the duties they are employed to perform" (CQC Regulation 18: Staffing).

CPD is the process of finding and recording the skills, knowledge and experience gained during employment.

Some professions require CPD to be carried out and documented each year as part of their revalidation. General practices are responsible for making sure that their workforce is competent and up to date.

The training and development needs of the individual should be identified at the start of their employment and reviewed regularly.

The allocated clinical/professional supervisor can work with the new member of staff to complete a training needs analysis and develop a training and development plan.

In regular clinical/professional supervision, the supervisor can help with:

- regular review of the learning activities
- finding time and opportunities for learning activities
- recommend learning activities.

The Network Contract DES requires that all additional roles have access to appropriate training and development. It also identifies specific post-recruitment training and education requirements for a number of roles where the individuals are new to working in primary care or are working through a defined educational pathway. PCNs can claim full reimbursement for these roles including the time taken for training.

#### **Resources**

General advice, guidance and support on supervision

- NHS England Network Contract Directed Enhanced Service (DES)
- NHS England <u>Innovative employment models</u>
- NHS England <u>Supervision</u> guidance for primary care network multidisciplinary teams
- NHS Employers <u>Clinical supervision models for registered professionals</u>





- Health Education England Workplace supervision for advanced clinical practice advanced practice
- Centre for Advanced Practice Advanced practice supervision
- Health Education England Roadmaps to practice for first contact practitioners
- Health Education England Quality Framework from 2021
- Royal College of Nursing RCN position on clinical supervision
- Health Education England Regional training hub contacts for workforce support

#### Role specific advice and guidance

- NHS England <u>Paramedics in general practice</u>
- NHS England <u>Personalised care workforce development frameworks PCNs and practices support</u> <u>hub – integrated care</u>
- Health Education England Physician Associates
- Faculty for Physician Associates <u>Guidance for employers and supervisors</u>
- CPPE Primary care pharmacy education pathway for pharmacists and pharmacy technicians
- General Pharmaceutical Council <u>Guidance to support the implementation of the standards for the education and training of pharmacist independent prescribers</u>
- British Dietetic Society <u>Practice supervision</u>
- Chartered Society of Physiotherapy Clinical supervision: a brief overview
- Royal College of Occupational Therapists <u>Supervision: Guidance for occupational therapists and their managers</u>
- Health and Care Professionals Council What our standards say

### **Regulatory requirements**

- Care Quality Commission Regulations for service providers and managers
- Care Quality Commission GP mythbuster 106: Primary care first contact practitioners (FCPs)
- NHS Resolution Clinical Negligence Scheme for General Practice (CNSGP)

Further guidance on Supervision for PCN multidisciplinary teams can be found at the following link: <a href="NHSE">NHSE</a>
Supervision Guidance for MDTs in PCNs

## **Appendix**

| Appendix 1          | Appendix 2          | Appendix 3           | Appendix 4         |
|---------------------|---------------------|----------------------|--------------------|
|                     |                     |                      |                    |
| Personalised-Care-R | Personalised-Care-R | Care-Coordination-in | Making-Sense-of-Co |
| oles-Comparison.pdf | oles.pdf            | -Primary-Care.pdf    | ordinated-Care.pdf |

Lancashire and South Cumbria PCN Workforce Development Team have gathered detail and guidance within the booklet from various sources including NHSE/I Futures platform, Health Education England, and many other sources detailed throughout the booklet.

The information provided in this resource booklet is accurate at the time of publication – April 2023, as a team we will be continuously monitoring any changes in guidance or information and updated versions of the booklet will be on the Lancashire and South Cumbria Primary Care Training Hub website.

### www.lscthub.co.uk

If you would like further information or to provide any feedback on the resource booklet, please contact the PCN workforce development team

### **Workforce Development Manager Contacts for PCN your localities**

| Morecambe Bay                           | TBC                     | TBC  |
|---|-------------------------|--|
| Greater Preston, Chorley & South Ribble | Fiona Gray              | fiona.gray9@nhs.net                        |
| Blackpool & Fylde Coast                 | Zainab Rawat            | zainab.rawat1@nhs.net                      |
| Pennine Lancashire                      | Clair Ormrod            | clair.ormrod@nhs.net                       |
| West Lancashire                         | Fiona Gray/Zainab Rawat | Fiona.gray9@nhs.net/zaina b.rawat1@nhs.net |





### **Primary Care Clinical Advisors**

| Role                       | Email address            |
|----------------------------|--------------------------|
| Paramedic                  | russell.murray@nhs.net   |
| First Contact Practitioner | russell.murray@nhs.net   |
| Mental Health Practitioner | vicki.jordan@nhs.net     |
| Dietitian                  | jennifer.wilding@nhs.net |
| Physiotherapist            | philip.driver@nhs.net    |
| Learning Disabilities &    |                          |
| Autism Practitioner        | deepak.agnihotri@nhs.net |
| Pharmacist                 | rizvan.ahmed@nhs.net     |
| Physician Associate        | amy.howarth5@nhs.net     |
| Occupational Therapist     | jane.ballantyne@nhs.net  |