surrey and sussex lmcs
The White House, 18 Church Road,
Leatherhead, Surrey, KT22 8BB
Tel: 01372 389270

To all colleagues Surrey & Sussex LMCs

12th August 2020

Dear Colleagues

PCN Workforce Planning, Use of the ARRS Funding and Additionality

I am writing to provide to practice and PCN colleagues the LMCs advice on the ARRS funding arrangements for 2020/21, taking into account both the PCN DES specification and guidance. The provisions of the PCN DES specification must apply if there is any ambiguity. Clearly the disruption caused by the Covid19 incident has understandably slowed PCN recruitment plans but NHS England has made it clear they would like PCNs (and CCGs by supporting this process) to maximise the use of ARRS funding during 2020/21.

ARRS arrangements are covered by Section 6 of the DES specification and in summary:

Section 6.3 describes the ARRS sum against which CCGs can claim reimbursement across currently ten eligible roles, listed in Table 1 [6.3.3]. It is open to CCGs [under 6.3.4]to waive the limits on role numbers in Table 1 [6.3.3] but this requires the agreement of the PCN, CCG, and ICS. If any PCN is seeking to utilise the provision of 6.3.4 please contact the LMC for advice. NHS England have just announced an additional ARRS eligible role [see box below] but not a change to the current timetable of dates for when such ARRS roles become eligible for reimbursement.

Additional Information:

A further NHSE letter was published yesterday, available at:

[https://www.england.nhs.uk/wp-content/uploads/2020/08/B0084_Primary-care-workforce-expansion-.pdf]

This again outlined NHS England's commitment to ARRS recruitment and has expanded the eligible ARRS roles to include 'nursing associate' from 1st October 2020. Full details of this role and funding arrangements are awaited.

Section 6.4 requires that staff employed or engaged by a PCN under the ARRS should:

- Be integrated into a multi-disciplinary team delivering healthcare
- Have access to suitable supervision and appropriate administrative support, training and development.
- Be undertaking a role that is compliant with the specification listed within Annex A of the DES specification
- Be employed or engaged under arrangements described in the Network Agreement
- Be included in the National Workforce Reporting Service [NWRS]

The job roles for each of the ARRS posts are available as an Annex to the DES specification and guidance: there is likely to be an element of training and development built into each job description and this is an integral part of each role; colleagues are reminded however that there is no claimable element within the ARRS reimbursement for the provision of such training. Colleagues providing training, managerial oversight, and, for example, appraisal, may use the £1.50 CCG PCN funding to resource this, unless other local arrangements have been put in place.

There is a national template for PCN workforce planning; available at:-

[https://www.england.nhs.uk/publication/pcn-workforce-planning-template-2020-21/]

Part A is the mandatory ARRS recruitment process for submission at the end of August 2020, PCNs can change their workforce plan at any stage.

Part B is voluntary and is designed to support PCNs to discuss recruitment, workforce training education and development with their local training hubs.

Clearly, given the impact of Covid19, it is likely few PCNs will be in a position to spend all their 2020/21 ARRS funding pool, which is held centrally.

5.5.1 describes a Workforce Planning Reporting process under which recruitment plans for 2020/21 are submitted by 31st August 2020 and indicative workforce intentions through to 2023/24 by 31st October 2020. Section 6.5.2 describes various support that can be offered to PCNs in developing such a plan, however, it is for the PCN to decide on a plan most suitable to its current workforce, priorities, and patient needs.

By 30th September the CCG should share with both the PCN and the LMC an estimate of available ARRS funds each PCN is unlikely to claim by 31st March 2021. This is known as 'Unclaimed Funding' and will form an aggregate sum within each CCG.

This is a significant issue, because the wording of 6.5.5 reads that by agreeing to its 'Unclaimed Funding', the PCN will no longer have the right to claim the 'Unclaimed Funding': obviously the process has not yet been tested and the guidance document is less clear (see below), but the LMC would therefore advise:

- PCNs are careful not to unduly restrict their ARRS recruitment plans, recognising these must be to an extent aspirational and can be flexible going forward, but

- Balancing this against a wish to maximise ARRS spending across the CCG area, and recognising that some PCNs are further advanced than others

It is open to a PCN to indicate in its workplace planning submission it may wish to bid against any 'Unclaimed Funding' that may be available, if it has plans that utilise its current 2020/21 financial allocation.

Any workforce planning by a PCN does not affect its ARRS allocation for 2021/22 or further years.

Under 6.5.6/7/8/9/10 the specification outlines a bidding process where 'Unclaimed Funding' across the CCG can be bid for by other PCNs, for the purpose of recruiting ARRS staff. There will be further details provided for this process by your CCG but PCNs should note 6.5.8 describes a fixed order of preference against which such bids can be applied for. PCNs should note that ARRS recruitment under 'Unclaimed Funding' in 2020/21 does not entitle that PCN to this funding in 2021/22 or subsequent years; instead it should be seen as a process whereby PCNs can bring forward recruitment plans by a part-year, with the assurance that the increase in ARRS funding allocation year-on-year within the DES is sufficiently large that it will cover the costs of any ARRS staff that have been recruited in the preceding financial year.

Clearly such redistribution of funding amongst PCNs has the potential to create inequality and there is provision for the CCG involving the LMC to review this if it is occurring.

Section 6.2 describes the principle of additionality that applies to ARRS recruitment. This is designed to ensure staff recruited under the ARRS are genuinely additional to the workforce, but these rules are complicated and the LMC recommends a PCN confirms before making any decision to recruit that the CCG agrees such recruitment does not fall outside the 'Additionality Rule'; this is because ARRS reimbursement may be withheld if any such concerns are raised. In order to try and ensure a consistent CCG approach, the LMC would ask PCNs to contact the LMC if there are any concerns or disagreements between a PCN and their CCG over the interpretation of the 'Additionality Rule' in relation to ARRS recruitment.

The ARRS arrangements are also described in Section 7 of the PCN DES guidance; colleagues should use this guidance to 'flesh out' the DES specification but the specification represents the contractual position if there is any ambiguity. The guidance suggests flexibility in relation to workforce planning (7.13) in contrast to the rather more rigid specification (6.5.5) and the LMC would encourage CCGs to take an evolutionary and therefore flexible approach to PCN workforce plans as these may be influenced by unexpected factors, such as recruitment availability.

PCNs can calculate their ARRS allocative funding (7.3) and for 2020/21 this is £7.131 per PCN weighted patient as at 1st January 2020 aggregate member practice list size.

Under 7.5.2, discussing the 'Additionality Rule', there are two separate staff baselines, one declared by PCN core member practices, and secondly CCG funded roles: both relating to the situation at 31st March 2019. The purpose of these baselines is to provide a fixed reference point for the duration of the PCN DES. However, PCNs have some flexibility in terms of substitution between clinical pharmacists, first contact physiotherapist and physicians associates, with the agreement of the CCG (Section 7.5.6).

PCNs must maintain their baseline position in order to make claims under the ARRS, such recruited posts should be substantive in the sense of being in place for a minimum of six months. If a vacancy occurs, PCNs have a three months 'grace period' to recruit to the same [or with agreement, substitute] post after which the ARRS reimbursement claim must be reduced by a sum equivalent to the vacant post [Section 7.5.14]. This means PCNs should keep CCGs promptly informed of workforce changes, as described in Section 7.5.13.

Given the current timetable the LMC would suggest all PCNs should have :

- Commenced discussions amongst PCN member practices to produce their PCN Workforce plan, for submission to CCGs by 31st August. This should be based on identified needs within the PCN population that the PCN wishes to address, taking into account current ARRS workforce and any projects the PCN may already be working with local stakeholders, although the PCN should determine its own priorities. [this represents Part A of the national template]

- As part of this PCNs should consider the PCN and CCG staff baselines from 31st March 2019, in order to ensure their plans comply with the Additionality Rule. The Rule only applies to staff roles as listed in the ARRS table, however, this represents the actual role the staff member undertakes in terms of their professional work, not necessarily their job title.

- The LMC recommends PCNs confirm with CCGs there are no concerns in relation to the Additionality Rule arising from their workforce plans

- CCGs have been asked to support PCN ARRS recruitment, and may be able to do so across PCNs collectively

- PCNs should be advised of the CCGs approach to bidding for any 'Unclaimed Funding' that may arise as a result of submission of PCN Workforce plans across the CCG

- Some PCNs may not wish to submit bids, for 'Unclaimed Funding' and there is no requirement to do so, but the possibility should be considered

- If any PCN believes it has a case for waving the Table 1 limits on individual ARRS groups that can be recruited [6.3.4 of the DES specification] please contact the LMC.

PCNs are also reminded of the LMCs advice that ARRS recruitment **should not be considered as solely to provide patient services described within the PCN DES Specification;** ARRS recruitment is instead designed to support current workload within practices, and also **contribute** to the PCN DES Specification.

PCNs should also clearly identify the support that will be provided by local Community Trusts: delivery of, in particular, the Enhanced Health in Care Home [EHCH] specification is not possible without the engagement and participation of local Community Trusts and the form of that engagement must be agreed [Section 7.3.1(b) of the guidance]. In addition, the PCN must work with community service providers to establish and co-ordinate a multi-disciplinary team to deliver the EHCH specification in each PCN aligned Care Home [Section 7.3.2(a) of the guidance].

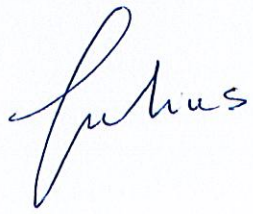
The LMC is concerned that in some areas Local Community Trusts do not appear to be engaging with this element of their contract; PCNs should be clear to their CCG , and contact the LMC, if they believe they are encountering such difficulties, as it will not be possible to deliver the EHCH specification in such circumstances. **In addition, reimbursement under the PCN DES is not provided to practices in order that they then subsidise the services or workforce delivered by Community Trusts.**

I enclose schedule 2Ai of the NHS Standard Contract 2020/21 March 2020, publication number 801588 as Appendix A to this letter.

This is the contract between your CCG and ARRS Community Service provider required to engage with PCNs to deliver the PCN DES. PCNs should refer CCGs to this part of the Standard Contract if encountering difficulties in local discussions.

I hope this letter and background information are helpful for colleagues. Please do not hesitate to contact the LMC with any queries.

With best wishes



Dr Julius Parker
Chief Executive

APPENDIX 1

SCHEDULE 2 – THE SERVICES

Ai. Service Specifications – Enhanced Health in Care Homes

Indicative requirements marked YES are mandatory requirements for any Provider of community physical and mental health services which is to have a role in the delivery of the EHCH care model. Indicative requirements marked YES/NO will be requirements for the Provider in question if so agreed locally – so delete as appropriate to indicate requirements which do or do not apply to the Provider.

1.0 Enhanced Health in Care Homes Requirements

1.1 Primary Care Networks and other providers with which the Provider must cooperate

[ ] PCN (acting through lead practice [ ]/other)
[ ] PCN (acting through lead practice [ ]/other)
[other providers]

1.2 Indicative requirements

By 31 July 2020, agree the care homes for which it has responsibility with the CCG, and have agreed with the PCN and other providers [listed above] a simple plan about how the service will operate.	YES
Work with the PCN and other relevant providers [listed above] to establish, by 30 September 2020, a multidisciplinary team (MDT) to deliver relevant services to the care homes.	YES
Work with the PCN to establish, as soon as is practicable, and by no later than 31 March 2021, protocols between the care home and with system partners for information sharing, shared care planning, use of shared care records and clear clinical governance.	YES
From 30 September 2020, participate in and support 'home rounds' as agreed with the PCN as part of an MDT.	YES/NO
Work with the PCN to establish, by 30 September 2020, arrangements for the MDT to develop and refresh as required a personalised care and support plan with people living in care homes. Through these arrangements, the MDT will:	YES/NO

• aim for the plan to be developed and agreed with each new resident within seven working days of admission to the home and within seven working days of readmission following a hospital episode (unless there is good reason for a different timescale); • develop plans with the person and/or their carer; • base plans on the principles and domains of a Comprehensive Geriatric Assessment including assessment of the physical, psychological, functional, social and environmental needs of the person including end of life care needs where appropriate • draw, where practicable, on existing assessments that have taken place outside of the home and reflecting their goals; • make all reasonable efforts to support delivery of the plan	
From 30 September 2020, work with the PCN to identify and/or engage in locally organised shared learning opportunities as appropriate and as capacity allows.	YES/NO
From 30 September 2020, work with the PCN to support discharge from hospital and transfers of care between settings, including giving due regard to NICE Guideline 27.	YES/NO

1.3 Specific obligations

[*To include details of care homes to be served*]