Understanding the different roles in the ARRS

Unless you’ve been hiding under a rock, it’s hard to escape the news that GP numbers are falling and GP workload is increasing.

Unfortunately, there is no imminent sign of that trend reversing – we need new models of working and a shift in our thinking.

The GP Forward View envisages “greater development of a multidisciplinary, integrated primary care workforce, capitalising on the value that allied health professionals (AHPs) can bring to support front line service delivery”.

But, hold on…….

- Who are these AHPs?
- What training have they had and what training do they need?
- What benefits can they bring to my practice?
- How can I consider making best use of them in my practice?

What is the ARRS?

The Additional Roles Reimbursement Scheme guarantees funding to PCNs for 20,000 additional staff by 2023/24 across England. This is only for demonstrably ADDITIONAL people – not to fill vacancies or subsidise pay of existing staff.

The exception to this is clinical pharmacists under the national General Practice and Care Homes scheme, both of which have tapering funding.

- The PCN DES will meet 70% of the recurrent costs for:
  - Clinical pharmacists.
  - Physician associates.
  - First contact physiotherapists.
  - First contact community paramedics.
- It will meet 100% of the costs for social prescribing link workers.

Ultimately, each network will be eligible for a per capita fixed sum so it can decide how to use this between these five staff groups to get the right skills mix for its population.

The ongoing nature and increase of this funding are dependent on agreeing to seven national Network Service Specifications and their subsequent delivery. The specification for these will be developed with the GPC each year as part of annual contract negotiations and is proving highly controversial.

Five of the seven specifications that will, if agreed, start by April 2020 are:

- Structured medication reviews.
- Enhanced health in care homes.
- Anticipatory care (with community services).
- Personalised care.
- Supporting early cancer diagnosis.

And by 2021:

- Cardiovascular disease case-finding.
- Locally agreed action to tackle inequalities.

What are the downsides?

Few changes in primary care are introduced without some level of concern and scepticism. You may have heard your colleagues voicing concerns about the role of AHPs:

*What’s the evidence they are going to make any difference?*

Because the level of impact that AHPs can make on primary care depends on each individual’s skill set and their level of integration within the team, it is often hard to draw firm conclusions regarding impact on primary care.
So – yes, at present the evidence is not robust. Where there is some early evidence, we have included it.

*Is it worth taking on an AHP given the training and time we’re going to have to put into it?*

As covered in our Lead Manage Thrive article on *Delegating effectively*, good delegation takes time and effort, but we cannot continue trying to do it all.

There are benefits to our own resilience, the efficiency of our practices and the development of our organisations if we delegate well to other individuals in our healthcare team.

*They cannot replace GPs or the years of training and expertise we have.*

This is true – AHPs are not substitutes for GPs.

However, they can be highly valuable members of staff who can work collaboratively alongside us to improve patient health outcomes and help deliver higher-quality care.

*Our webinar will look at each group in turn...how we can make best use of them and how to integrate them in the team. We will also look at finances and governance, and the landscape occurring in the background of all this change.*

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<td>• We need new ways of working and to be able to plug gaps.</td>
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<td>• Multidisciplinary working offers opportunities to do this.</td>
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<td>• It will be as effective as the time and effort we invest.</td>
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<td>• AHPs cannot replace GPs but they can complement them, and may be able to help us manage our workloads and improve patient pathways.</td>
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The GP Update Course with 12 CPD hours

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• How to get the most impact out of new roles in the primary care team.
• New cancer treatments with BIG implications for primary care.
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*No actual juggling tuition is provided. Sorry.
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To book go to www.gp-update.co.uk or call us on 03330 093 090

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MENTAL HEALTH UPDATE COURSE

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AVAILABLE ON DEMAND NOW!

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LIVE 10 September 8pm

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LIVE 22 October 8pm

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LIVE 14 November 8pm

Emergencies in primary care
LIVE 12 December 8pm

The best of 2019: Our top 10 practice-changing points
www.gp-update.co.uk/deepdives

Check out our 2020 Deep Dives Webinars, available to book online:

Thursday 27 February 8pm
• Men’s health laid bare

Wednesday 4 March 8pm
• Problem periods laid bare

Now available on demand:
• Making multidisciplinary primary care work: making the most of your ARRS

For more information and to book, go to:
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*Use discount code 4PENRITH2020 when you book online or when you call us on 03330 093 090. Discount is only available for Penrith Roadshow dates and all courses must be taken by the same delegate and booked at the same time. Only one promotion code can be used per booking.