Network Contract Directed Enhanced Service: Additional Roles Reimbursement Scheme Guidance

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NHS England and NHS Improvement

Network Contract Directed Enhanced Service

Additional Roles Reimbursement Scheme Guidance

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Section 1: Introduction

As part of *Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan* general practice takes the leading role in every primary care network (PCN) under the *Network Contract Directed Enhanced Service* (DES).

The Network Contract DES went live on 1 July 2019. Under the Network Contract DES, funding is made available to PCNs through a new Additional Roles Reimbursement Scheme (referred to as 'the scheme') to recruit up to an additional 20,000 full time equivalent (FTE) posts across five specific roles, over the next five years.

The intention of the scheme is to grow additional capacity through new roles, and by doing so, help to solve the workforce shortage in general practice. It is not to fill existing vacancies or subsidise the costs of employing people who are already working in primary care, whether funded by a practice, a Clinical Commissioning Group (CCG) or a local NHS provider. **Reimbursement through the new Additional Roles Reimbursement Scheme will only be for demonstrably additional people** (or, in future years, replacement of those additional people as a result of staff turnover). This additionality rule is also essential for demonstrating value for money for the taxpayer and reimbursement claims will be subject to validation.

GP practices will continue to fund all other staff groups including GPs and nurses in the normal way through the core practice contract, which grows by £978 million of new annual investment by 2023/24.

This guidance provides information on the Additional Roles Reimbursement Scheme, including the process by which PCNs can claim reimbursement for additional staff. It should be read alongside chapters 1, 4 and 6 of *Investment and Evolution*, the Network Contract DES Specification and the Network Contract DES Guidance.

Section 2: Additional Roles Reimbursement Scheme

2.1 Background

The Additional Roles Reimbursement Scheme entitles PCNs to access funding to support recruitment across five reimbursable roles - clinical pharmacists, social prescribing link workers, physician associates, physiotherapists and paramedics (see section 2.3 for details)

A workforce baseline has been established to enable commissioners to assess claims under the scheme for additional PCN staff.

In relation to pharmacy technicians[1], NHS England will work with Health Education England during 2019 to explore the opportunities for them working across PCNs. This will be discussed with the General Practitioners Committee of the BMA in forthcoming negotiations, and further information will be provided in due course.

[1] A pharmacy technician is someone who is registered with the General Pharmaceutical Council (GPhC) and who holds the relevant qualifications.

2.2 Establishing the baseline

PCN workforce additionality will be measured on a 2018/19 baseline established as at 31 March 2019, as set out the Network Contract DES Specification.

GP practices and commissioners were surveyed during June 2019 to determine the number of staff employed/engaged across the five reimbursable roles as at 31 March 2019 and providing support to practices. Commissioners were asked to submit a baseline report covering:

1. the PCN baselines in their area for staff funded by general practice; and
2. the CCG baseline for staff employed or funded by CCGs and not funded by general practice.

(Commissioners were also asked to provide information on staff in the five reimbursable roles working in roles supporting general practice/primary medical care, but funded by an organisation outside the NHS - either directly or as a service - with an element of patient-facing / first contact care time in specific practices or in the wider neighbourhood/community as at 31 March 2019 (i.e. social prescribing link workers funded by Local Authorities (LAs) or charitable organisations at no cost to the NHS). These should have been recorded by CCGs as part of the baseline exercise not included in the PCN or CCG baseline).

In addition, commissioners were asked to include information on the numbers of pharmacy technicians either directly employed or providing patient facing services in specific practices or the wider community as at 31 March 2019.

The workforce baseline for each PCN should have been agreed with the commissioner as part of the Network Contract DES registration process, but otherwise before the PCN first makes a claim under the Scheme.

The process of agreeing the baseline should include a signed declaration from the PCN Clinical Director and CCG Accountable Officer that the baseline reflects an accurate assessment to the best of their knowledge. To ensure transparency, the PCN baseline should also be shared with Local Medical Committees (LMCs) and potentially, other PCNs in the same patch.

Once agreed, the PCN and CCG baselines are fixed for five years. PCN reimbursement claims under the Additional Roles Reimbursement Scheme will be assessed against the PCN baseline only.

PCN reimbursement claims should only be for staff additional to the PCN baseline. The only exception to this baseline, will be those clinical pharmacists funded via the national *Clinical Pharmacist in General Practice Scheme* or those pharmacists funded via the *Medicines Optimisation in Care Homes Scheme*. Full details on the transfer arrangements for these staff are available in section 4.4.2 of the Network Contract DES Guidance.

PCNs will be required to demonstrate that claims being made are for new additional staff roles beyond this baseline (including in future years, replacement as a result of staff turnover). Commissioners must be assured that claims meet the additionality principles above.

A failure to submit information or the provision of inaccurate workforce information is a breach of the Network Contract DES Specification and may result in commissioners withholding reimbursement pending further enquiries.

Reimbursement claims will be subject to validation and any suspicion that deliberate attempts have been made to subvert the additionality principles will result in a referral for investigation as potential fraud.

Further information on how staff should have been recorded in the CCG and PCN baselines is attached at Appendix 1, including specific scenarios based on questions from local systems.

2.3 Reimbursement Arrangements

The Scheme arrangements for 2019/20 will be an introductory year, transitioning to a weighted capitated sum from 2020/21.

2.3.1 Entitlements in 2019/20

Information on PCN entitlements for 2019/20 are set out in the Network Contract DES Specification, with further supporting information in the Network Contract DES Guidance. For the avoidance of doubt, the maximum reimbursable amounts set out in paragraph 5.6 of the Network Contract DES Specification are on an annual basis per role and should be pro-rated based on the proportion of the year that an individual is in post. Given the Network DES commenced in July 2019, the maximum reimbursable amount for each PCN will be 75% of the annual amounts (if the additional roles commenced on 1 July). Section 2.3.5 (below) provides further guidance in circumstances where a PCN may not use its full entitlement in 2019/20 as a result of a lag in recruitment to the additional reimbursable roles.

2.3.2 Entitlements from April 2020 onwards

From April 2020/21, each PCN will be allocated a single combined maximum sum under the Scheme, which will be implemented from 1 April 2020 as a revision to the Network Contract DES.

Each PCN's Additional Roles Reimbursement Sum will be based upon the PCN's weighted population share. This is in recognition of workload and relative costs of service delivery and is calculated against total available national funding.

To ensure consistency and fairness in allocations, the basis for weighting is the same as for global sum (i.e. Carr-Hill Formula).

Each PCN's Additional Roles Reimbursement Sum will use Contractor Weighted Population[2] as at 1 January of the financial year preceding and be calculated as follows:

$$\text{PCN's weighted population share} = \frac{\text{PCN's weighted population}}{\text{Total England weighted population}}$$

The Additional Roles Reimbursement Sum for any given year would be calculated as follows:

[2] Contractor Weighted Population as defined in Annex A of the Statement of Financial Entitlements (SFE) taken as at 1 January of the financial year preceding. The SFE confirms that this is the number of patients arrived at by the Global Sum Allocation Formula.

PCN's Additional Roles Reimbursement Sum = PCN's weighted population share X total national workforce funding

PCNs will be able to recruit from within the five roles as they require to support delivery of the Network Contract DES requirements as follows:

- from April 2020 - clinical pharmacists, social prescribing link workers, physician associates and physiotherapists; and
- from April 2021 – additionally paramedics.

The total amount that can be claimed in any given year will be 70% for all roles – except social prescribing link workers (which is 100%) - of actual whole-time equivalent salary plus employer on-costs (NI and pension) in respect of individual additional staff, up to the maximum amounts[3] for the relevant role and in total limited to within the PCN's Additional Roles Reimbursement Sum. Where a contract for service has been agreed, the reimbursement will still be based on actual salary plus on-costs up to the maximum amount. The PCN and sub-contractor will need to agree what the agreed salary and on-costs amount is and the PCN will be required to provide evidence of the agreed amount to the commissioner when claiming reimbursement.

2.3.3 Ready reckoner

A ready reckoner will be developed to support PCNs to calculate their indicative Additional Roles Reimbursement Sum based on their weighted population. Table 1[4] sets out the indicative Additional Roles Reimbursement Sum allocations for different PCN sizes from 2020/21 to 2023/24. Calculations are based on a national population of 59,619,226[5] (figures for both national population and PCN size will, on average, grow proportionally to each other).

Table 1	2019/20	2020/21	2021/22	2022/23	2023/24
Total National Workforce funding	**Maximum reimbursable amount in 2019/20 (equivalent to 9-months)[6]**	**£257,000,000**	**£415,000,000**	**£634,000,000**	**£891,000,000**
PCN Size (weighted)					
15,000	53,942.25	74,358	104,400	159,900	224,200
20,000	53,942.25	86,200	139,200	212,700	298,900
25,000	53,942.25	107,800	174,000	265,900	373,600
30,000	53,942.25	129,300	208,800	319,000	448,300
40,000	53,942.25	172,400	278,400	425,400	597,800
50,000	53,942.25	215,500	348,000	531,700	747,200
80,000	53,942.25	344,900	556,900	850,700	1,195,600
100,000	107,884.50	431,100	696,100	1,063,400	1,494,500
150,000	161,826.75	646,600	1,044,100	1,595,100	2,241,700

[3] The maximum amounts each year will be included in the Network Contract DES specification.

[4] For illustrative purposes, both national population and PCN size have been fixed in table 1 to give an indicative view of the funding current PCN population sizes will attract in future as they grow, on average, in line with the growth in the national population. The figures in table 1 do not include any subsequent uplifts that may be agreed to the Agenda for Change pay rates on which the maximum reimbursable sum is based. Figures are therefore subject to change to take this into account in future.

[5] The total England weighted population is equal to the total England registered population.

[6] Figures do not include costs of any clinical pharmacists transferred from the Clinical Pharmacist in General Practice Scheme, which will also be reimbursable on the same terms as other clinical pharmacists, should the PCN chose to transfer the role into the network by 30 September.

In recognition of the 2019/20 agreement that every PCN will be able to recruit 1 clinical pharmacist and 1 social prescribing link worker, the additional roles reimbursement sum will have a minimum of £74,358 per annum, which equates to £53,942 for 2019/20 for the 9 months starting 1 July 2019 per the table above. This is to ensure that any small rural PCNs have their level of funding maintained into 2020/21 from 2019/20 to support ongoing employment of the clinical pharmacist and social prescribing link worker recruited in 2019/20.

2.3.4 Maximum reimbursable amounts per role

PCNs will be able to claim reimbursement for staff across the five roles as outlined in the Network Contract DES Specification. Reimbursement can be claimed up to the maximum amounts as outlined in table 2 and within their overall Additional Roles Reimbursement Sum.

The figures outlined in table 2 take account of the Agenda for Change (AfC) pay uplifts agreed until 2020/21. Thereafter the figures include an indicative uplift that is subject to change pending national pay negotiation agreement.

Table 2	**AfC Band**	**Percentage reimbursement**	**Maximum annual reimbursable amount £**			
Role			**2020/21**	**2021/22**	**2022/23**	**2023/24**
Clinical pharmacist	7-8a	70%	38,969	39,844	40,657	41,487
Social prescribing link worker	Up to band 5	100%	35,389	36,193	36,941	37,703
Physiotherapist	7-8a	70%	38,969	39,844	40,657	41,487
Physician associate	7	70%	37,607	38,452	39,237	40,039
Paramedic	6	70%	N/A	31,479	32,125	32,784

2.3.5 Entitlements not taken up under the Additional Roles Reimbursement Sum

The Additional Roles Reimbursement Sum funding is only available to fund additional PCN workforce in line with the rules of the scheme. PCNs are therefore strongly encouraged to plan their future workforce requirements and claim their maximum entitlement each year. Any unused funding in a given year cannot be carried forward into subsequent years, and a PCN's entitlement to that funding in that year will therefore be lost.

Entitlements to funding under the Additional Roles Reimbursement Sum cannot be claimed by the PCN outside the parameters set out in the Network Contract DES Specification and this guidance or be used for other purposes. Any unused funding cannot be used to recruit to roles outside of the five specified additional roles, to increase the salary costs of those staff already employed by the PCN, or for any other purposes such as covering management costs, covering additional expenses etc.

PCNs should plan in advance for how they are expecting to use their allocation. In 2019/20, if PCNs are not planning to use their full entitlement as a result of a lag in recruiting the additional roles, they should look to bring forward the recruitment of a

further additional clinical pharmacist or link worker into 2019/20 (on terms set out in the Network Contract DES) in order to use the full entitlement of nine months' WTE funding for the reimbursable roles as set out in table 1. In taking this decision, PCNs should assure themselves that the increase in scheme funding for 2020/21 will support that position. Equally, the same applies in subsequent years where PCNs may find they have some of their entitlement remaining towards the end of the year.

NHS England expects the funding under the Additional Roles Reimbursement Scheme to be used in full, on the terms set out in the Network Contract DES and in this guidance, in each year of the scheme. For 2019/20, in the unlikely event that a CCG forecasts an underspend on its Additional Roles Reimbursement Scheme funding (as a result of PCNs failing to draw down their full entitlement), NHS England strongly encourages CCGs to put in place local schemes to share that unused financial entitlement across the other PCNs in the area to enable them to carry out further recruitment – on the terms set out in the Network Contract DES and in this guidance – above their 2019/20 entitlement (with those further additional posts then attracting national funding via the Additional Roles Reimbursement Sum for 2020/21). For 2020/21 and beyond, NHS England intends to discuss with the General Practitioners Committee of the BMA and primary care commissioners the introduction of a national system of entitlements for PCNs to claim unused Additional Roles Reimbursement Scheme funding from other PCNs' unused entitlements within a CCG area. This would enable those PCNs which have made swift progress in recruiting to the additional roles set out in the Network Contract DES to bring forward further recruitment plans from the subsequent year.

2.3.6 Clinical pharmacist transition to Network Contract DES

With regards to clinical pharmacists - the Network Contract DES Guidance sets out the rules for transferring clinical pharmacists funded under existing national *Clinical Pharmacist in General Practice* and *Medicines Optimisation in Care Homes* Schemes.

Practices and PCNs should ensure they have discussed, agreed and actually transferred any clinical pharmacist before the 30 September 2019 deadline.

Any clinical pharmacists who were in post as at 31 March 2019 under the *Clinical Pharmacist in General Practice Scheme* who are not transferred to become a PCN clinical pharmacist, will no longer be eligible to do so after the 30 September 2019 deadline. Practices will therefore be responsible for fully funding the clinical pharmacist post after the tapering of the *Clinical Pharmacist in General Practice Scheme* funding, as the clinical pharmacist post will be included in the PCN baseline figures and will not therefore be eligible for Reimbursement through the Additional Roles Reimbursement Scheme.

Section 3: Assessing additionality for 2019/20

3.1 Principles

Practices/PCNs and CCGs will be required to maintain existing funding for baseline staff levels and this will be monitored at a national level in line with the *NHS Long Term Plan* commitment that resources for primary medical and community services will increase by over £4.5 billion in real terms by 2023/24 and rise as a share of the overall NHS budget.

The additionality rule is intended to protect existing commissioner investment into primary care as well as expand workforce capacity. It will not be possible for practices or commissioners to stop funding staff identified in the baseline exercise on the grounds that these could instead be funded through PCN reimbursement.

Additionality should be assessed against the PCN FTE baseline only. It should be assessed for individual workforce groups e.g. a claim for a clinical pharmacist should be assessed against the number of baseline clinical pharmacist posts rather than the total number of staff in the PCN baseline in all five reimbursable roles.

Reimbursement claims should only be approved if the number of FTE staff already in post in the specific workforce group matches or exceeds the agreed 31 March 2019 baseline position e.g. 2 FTE clinical pharmacists in post vs 2 FTE clinical pharmacists in PCN baseline. Reimbursement claims will not be authorised where there are vacancies in the relevant baseline posts because the new staff will not be additional. Baseline posts occupied by fixed term appointed staff can be considered to be 'full' only if they are part of a long-term arrangement, which must be in place for a minimum of six months or more. Equally, PCNs will only be eligible to claim reimbursement for additional posts to be occupied by staff on fixed-term contracts, if these are for a minimum period of six months or more. In these circumstances, PCNs will still only be able to claim the maximum reimbursement amount per FTE as set out in Table 2 for actual salary plus employer on-costs (NI and pension), pro-rata for the period of the contract of employment.

The scheme cannot distinguish between staff with different job descriptions e.g. a MSK physiotherapist is the same as a non-MSK physiotherapist for the purposes of the baseline and additionality, so long as both roles have an element of patient-facing / first contact care time in specific practices or in the wider neighbourhood/community.

Appendix 2 includes specific scenarios that PCNs and commissioners may wish to refer to when submitting/considering reimbursement claims. These are not exhaustive but are intended to aid local systems in their decision making and ensure consistency across systems.

3.2 Claims process

Commissioners should ensure that any staff for which reimbursement is being claimed meet the requirements set out in paragraph 4.5.12 of the Network Contract DES Specification.

A non-mandatory PCN claim form template will be published shortly, which may be used for reimbursement claims (or can be amended in line with local payment processes). Commissioners may ask PCNs for evidence to support new workforce reimbursement claims, which may include:

- A signed contract of employment clearly setting out the salary.
- A contract/agreement with a provider for the provision of services.
- A copy of a Network Agreement – if used as the basis for sub-contracting for services/staff.

In the event the practice(s) within the PCN decide to engage the services of staff reimbursable under the Additional Roles Reimbursement Scheme via a sub-contracting arrangement, the PCN will need to agree with the sub-contractor the

relevant costs of the service and/or staff while bearing in mind the scheme rules. The rules are that reimbursement can only be claimed for either 70% or 100% of **actual salary plus employer on-costs (NI and pension)** up to the maximum amount for the relevant role, as outlined in the Network Contract DES Specification. In 2019/20, the maximum amounts for the relevant roles are also restricted to 9 months of the annual reimbursement amounts stated in that Specification – given that posts can only be filled from 1 July, 2019. PCNs may wish to ensure that any sub-contracting agreement explicitly states the relevant staff costs (or FTE equivalent) as a copy may be requested by commissioners as evidence to support a reimbursement claim.

Commissioners should ensure that local processes are as straightforward as possible, with clear deadlines for submission of claims, and claims should be processed in a timely manner.

Reimbursement claims will be subject to validation and any suspicion that deliberate attempts have been made to subvert the additionality principles or to claim costs above and beyond those allowable will result in a referral for investigation as potential fraud. PCNs may be asked as part of the validation process to re-confirm the position regarding the number of filled baseline posts at the point a reimbursement claim is made. They may also be asked to provide copies of sub-contracting or Service Level Agreements where they are claiming for staff employed or supplied by a third party.

Commissioners may claim back reimbursement monies where it becomes apparent that a PCN was not eligible to claim reimbursement under the Network Contract DES e.g. because it failed to declare a vacant baseline post.

3.3 Reporting

Practices will continue to record workforce via National Workforce Reporting System (NWRS), which is extracted on a quarterly basis and being developed to also record PCN staff from the 30 September 2019 extraction. CCGs will submit six-monthly returns to enable the measuring of the prevailing aggregate position on PCN workforce expansion and to confirm that workforce baselines are being maintained. PCNs and CCGs are encouraged to have ongoing dialogue in relation to PCN and CCG workforce strategies, to ensure these are consistent with broader STP/ICS workforce strategies.

3.4 Changes to PCN baselines and staffing levels

It is inevitable that PCN staffing levels will change from time to time.
PCNs will be required to notify commissioners at the earliest opportunity of any changes to staffing levels, which may affect the PCN's reimbursement entitlement. The non-mandatory claim form includes notification to cover informing commissioners of any changes.

This means that the PCN should notify the commissioner that a member of staff who is in the PCN baseline or for which the PCN is claiming reimbursement, will cease/has ceased to work for the PCN. The PCN should ideally notify the commissioner well in advance of the member of staff's last day of employment (or the last day of the sub-contract where applicable) but no later than the last day of the calendar month in which the member of staff ceased to be employed/engaged. Where the PCN has been unable to fill the post so there is a temporary reduction in PCN baseline posts or a vacancy in a post for which reimbursement is being

claimed, the PCN may not be entitled to reimbursement for a post in the same workforce group in that period.

Appendix 1 - Calculating the CCG and PCN baselines

1. Principles

GP practices and commissioners were surveyed to determine the number of staff employed/engaged across the five reimbursable roles as at 31 March 2019 and providing support to practices. Surveying both practices and commissioners was also undertaken to provide data quality assurance. Additionality will be measured against that baseline for all five staff roles.

They were asked to identify those roles across two distinct areas, covering:

1. posts that are funded by general practice/PCN and providing direct patient facing care. This allows commissioners to determine whether any new posts are truly additional; and
2. posts that are employed or funded by CCGs or other local organisations (e.g. local authority posts) but are providing direct patient facing care to patients. It will not be possible for commissioners and other organisations to stop funding these posts on the grounds that these could instead by funded through PCN reimbursement and commissioners will be required to maintain existing funding for baseline posts.

Commissioners and PCNs should have taken the following information in to account when completing local baselines:

PCN baseline

- Staff in post in the five reimbursable groups who are funded by general practices as at 31 March 2019 should be included in the PCN baseline (regardless of who employs them) and cannot be reimbursed under the scheme at any point in the future.
- The PCN baseline should include actual FTE staff in post on 31 March 2019 to include: clinical pharmacists, physician associates, physiotherapists and paramedics. Social prescribing link workers should be included in the PCN baseline only if funded by general practice and in post on 31 March 2019.
- CCGs will agree with PCNs the workforce baseline, ideally as part of the PCN registration process but no later than the date of the PCN's first claim under the Additional Roles Reimbursement. The published NHS Digital report (sourced from practice reported NWRS) is available to inform those discussions.

CCG baseline

- Staff in the five reimbursable groups which are funded by CCGs – either through direct employment with the CCG or through a contract the CCG has (e.g. as a service) – and deployed to support general practice/primary medical care, with an element of patient-facing / first contact care time in specific practices or in the wider neighbourhood/community as at 31 March 2019, should be included in the CCG baseline and cannot be reimbursed under the scheme at any point in the future. This should include:

    1. social prescribers where funded by CCGs; and
    2. staff funded by CCGs but employed by another party.

- Only the FTE associated with patient facing/first contact time should be included in the baseline. Any admin/travel/triage or other time directly related to patient contact should be included.

- Where CCGs currently fund staff working across practices indirectly via a commissioned service, they should calculate the appropriate FTE associated with the service and include them in the CCG baseline.

- CCGs will be obliged to continue to fund baseline posts and will be subject to audit. All CGGs have been fully funded for GP contract costs in their primary medical services allocations. CCG baseline posts will have no bearing on PCN additionality claims.

- CCGs may wish at a local level to attribute CCG baseline posts to PCNs to support transparency as to the resource available to individual PCNs. However, these posts should continue to be included in the CCG baseline for reporting purposes.

Clinical pharmacists on the national reimbursement schemes

- Clinical pharmacist posts employed via the *Clinical pharmacist in General Practice Scheme* or *Medicines in Care Home Scheme* and in post as at 31 March 2019 should be included in PCN baselines, where funded by general practice (i.e. where costs would have fallen to the practices to cover when the national funding tapered). Specific rules for how these clinical pharmacist posts can transfer to receive reimbursement via the Additional Roles Reimbursement Scheme are set out in the Network Contract DES Guidance.

- As part of the baselining process issues have been identified with clinical pharmacists funded via the national schemes potentially being included in the CGG baseline. On review, the baseline should reflect where the clinical pharmacist works (not their employment arrangements) and who is responsible for funding following national reimbursements tapering. CCGs and PCNs are therefore to review their baseline submissions to ensure clinical pharmacists employed through the Clinical Pharmacists in General Practice Scheme and in post as at 31 March 2019 are being counted within the correct baseline and to make the necessary changes.

- Equally, clinical pharmacists funded via the *Clinical Pharmacists in General Practice Scheme* for whom CCGs had agreed to support post the national funding finishing, should record these staff in the CCG baseline.

- Practices and PCNs should ensure they have discussed, agreed and actually transferred any clinical pharmacist they would like to move into the PCN before the 30 September 2019 deadline. Any clinical pharmacists who were in post as at 31 March 2019 under the *Clinical Pharmacist in General Practice Scheme* who are not transferred to become a PCN clinical pharmacist, will no longer be eligible to do so after the 30 September 2019 deadline. Practices will therefore be responsible for fully funding the clinical pharmacist post after the tapering of the *Clinical Pharmacist in General Practice Scheme* funding, as the clinical pharmacist post will be included in the PCN baseline figures but will not be

eligible for Reimbursement through the Additional Roles Reimbursement Scheme.

Other NHS funded posts

- Posts that are NHS funded but not by general practice or CCGs e.g. by Community Trusts should be included in the CCG baseline and should continue to be funded by the NHS organisation. Commissioners should work with local NHS organisations to ensure that posts are funded on an ongoing basis.

LA/Voluntary sector funded posts

- Staff in the five reimbursable roles which are established and supporting general practice/primary medical care but funded by an organisation outside the NHS - either directly or as a service - with an element of patient-facing / first contact care time in specific practices or in the wider neighbourhood/community as at 31 March 2019 (e.g. Social Prescribers funded by LAs or charitable organisations at no cost to the NHS) should be recorded by CCGs as part of the baseline exercise but should not be included in the PCN or CCG baseline. Only the FTE associated with patient facing/first contact time should be included in the baseline.

- CCGs will be responsible for liaising with non-NHS organisations to obtain information on the numbers of staff in this category and should work with these organisations to ensure that these roles continue to be funded.

Fixed-term posts

- Short-term cover arrangements should not be included in the baseline. Fixed-term arrangements lasting six months or more should be recorded in the relevant baseline depending on who is funding them and if those arrangements were in place as at 31 March 2019.

- Regular sessions provided as part of a service contract should be included with the appropriate FTE calculated.

- If cover is arranged on a long-term basis (e.g. maternity leave), the person they are providing cover for will be included in the baseline so there is no need to also record the cover

Pilots

- Fixed-term posts that are occupied as at 31 March 2019 should be included in the relevant baseline, irrespective of their scheduled end date.

Joint-funded posts

- Where a post is being jointly funded the CCG should record in its baseline the relevant FTE funded by the CCG. For example, a CCG/LA are funding a social prescribing link worker as part of a partnership arrangement.

Training posts

- Any post/individual that is in a training placement should be excluded from the baseline.

Pharmacy Technicians

- Pharmacy technicians are not one of the five reimbursable roles working in PCNs in 2019/20, but their potential future inclusion has been flagged in the contract documentation. These posts should be recorded in the CCG baseline to inform future strategy.

Amendments to baselines

The purpose of the baseline is to provide a fixed reference point against which additionality claims should be assessed. Thus, changes to baseline numbers will not be permitted. However, in the rare circumstances that it becomes apparent at a later date that the baseline was incorrect, the PCN Clinical Director and CCG Accountable Officer should agree and sign a new declaration confirming that the revised baseline reflects a true position. The changes to the baseline should be reflected, where appropriate, in the next quarterly NWRS CCG six-monthly returns.

2. Baseline Frequently Asked Questions and example scenarios

1. Why should pharmacy technicians be recorded in CCG and PCN baselines when they are not currently included in the five roles reimbursable under the Additional Roles Reimbursement Scheme?

   The Network Contract DES Guidance states that in relation to pharmacy technicians funded via the *Medicines Optimisation in Care Homes Scheme* (MOCH), NHS England will work with Health Education England during 2019 to explore the opportunities for them for working across PCNs and further information will be provided in due course. We therefore wish to identify actual numbers to inform our strategy and potentially a future baseline.

2. How should Social Prescribing Link Workers (SPLWs) be reflected in the baseline if they are funded by a number of CCGs in a Sustainability and Transformation Partnership (STP), but commissioned by the County Council who sub-contract the voluntary sector organisation for their provision?

   They should be included in the CCG baseline as they are CCG funded.

3. In which baseline should clinical pharmacists be captured who are currently funded as part of the national *Medicines Optimisation in Care Homes Scheme* (MOCH) and who are expected to transfer to PCNs by 2020/21?

   This depends on who they are part-funded/hosted by as they can be hosted by a range of organisations including GP practices, CCGs and Community Trusts. MOCH clinical pharmacists' part-funded/hosted by practices in a PCN should be included in the PCN baseline and those part-funded/hosted by CCGs in the CCG baseline.

   Further information will be issued in 2019 confirming how they should be transferred to the Additional Roles Reimbursement Scheme.

4. The guidance states that commissioners are expected to continue to fund CCG baseline posts. Does this apply to CCG funded posts on the national *Clinical Pharmacist in General Practice* and *Medicines Optimisation in Care Homes Schemes*, where these staff have transferred to PCNs?

   No. This is the only exception and CCGs will not be required to continue to fund Clinical Pharmacist posts on the national schemes that have transferred to PCNs. They can use the PCN additional roles funding to fund the reimbursement costs instead.

5. Should the baseline seek to capture all CCG contracted pharmacists in the baseline, including those working in Medicine Optimisation?

   If these staff are supporting general practice and have a patient-facing element to their role, the relevant FTE including associated admin/travel time should be included in the CCG baseline. Non-patient facing time undertaking CCG activities should be excluded.

6. How are staff roles that are currently vacant to be accounted for? Are these included in the baseline?

   The baseline should only record posts with staff in post (with a signed contract of employment) as at 31 March 2019.

7. In some areas, pilots are underway involving the five reimbursable roles but are due to end after 31st March 2019. Should these staff be included in the baseline?

   Yes, all practice and CCG-funded roles with staff in post as at 31 March 2019 should be included in the baseline – irrespective of whether they were established on a fixed-term basis. Pilot posts funded by local authorities/voluntary sector organisations should be excluded from the baseline.

8. Should locums and sessional pharmacists who are used by practices for short periods of time be included in the baseline?

   Short-term cover arrangements should not be included in the baseline but regular/long-term cover arrangements e.g. those lasting six months or more should be recorded in the baseline if those arrangements were in place as at 31 March 2019.

   Regular sessions provided as part of a service contract should be included with the appropriate FTE calculated.

   For maternity leave, the person they are providing cover for will be included in the baseline so there is no need to also record cover.

9. How should staff that are employed by GP Federations be recorded?

   This depends on who is funding the posts. If practices are providing the funding, then the posts should be included in the PCN baseline. If the posts are being funded by another NHS organisation, then they should be included in the CCG baseline.

As outlined in this guidance, for those clinical pharmacists funded by the national schemes, they should be counted in the baseline relevant to who has responsibility to cover the costs once the national funding tapers.

10. How should CCGs record and provide the declaration of the Clinical Director and CCG accountable officers in relation to agreeing the PCN baseline?

The baseline survey template completed by CCGs and returned via NHSE/I regional teams contained space for the declaration. However, what is important is that the PCN/CCG have a document that they have both signed that can be used as evidence for audit purposes.

11. What is considered to be FTE?

This is usually 37.5 hours in line with Agenda for Change (A4C) Terms and Conditions, although this may vary for non-A4C posts. Where A4C does not apply, PCNs should calculate the relevant FTE according to the normal full-time hours for that role in the employing organisation.

12. How will changes to PCN membership be taken into account in relation to the PCN baseline?

The practices in the PCN should agree how the PCN workforce baseline should be amended to reflect a practice joining/leaving the PCN. If a practice is moving to a different PCN, a proportion of the baseline may be transferred to the new PCN's baseline. Any changes should be reflected in NWRS and CCG six-monthly returns.

13. The paper talks of using the total resource, does this mean that if no Pharmacist is required (over and above those being transferred from NHSE scheme if they are to still be funded by NHSE) can additional social prescribers be employed and reimbursed up to the available funding.

The Network Contract DES Specification, paragraph 5.3.3.c states:

With agreement from the commissioner, PCNs will be able to substitute between clinical pharmacists and social prescribing link workers, within the parameters outlined in paragraphs 5.3.3.a and 5.3.3.b, providing the PCN:

i. has made sufficient efforts, but is unable to recruit a clinical pharmacist or social prescribing link worker (due to limited workforce availability), OR

ii. can demonstrate it already has access to a full complement of clinical pharmacists or social prescribing link workers.

14. The funding figures given state maximum values for the staff grading, if a PCN employs someone at the tail-end of the financial year, can they claim the full year reimbursement value (if that cost has actually been incurred) or is the annual figure a maximum monthly reimbursement figure which over 9 months would equate to the 2019/20 total amount allowable.

Yes, a PCN can do this if the cost has been incurred, up to the maximum reimbursable amount. Section 2.3.5 of this guidance outlines the circumstances in which a PCN should pull employment forward to maximise the funding available to them.

15. Once the PCN has provided evidence of a contract of employment, and the PCN is being paid via an existing practice ODS, can we set up the reimbursement as a recurrent monthly payment for the workforce payments rather than the PCN claiming each month? We would make them aware that we would need to be advised of any change of circumstances to avoid erroneous payments.

    PCNs will need to claim on a monthly basis for the additional staff that have been recruited. Therefore, establishing a recurrent payment for these roles will not be possible under the current reimbursement process. The claim form attached to this guidance at Appendix 3 sets out the requirements for submitting claims.

16. What happens if a member of reimbursed staff goes off on mat/parental leave. Would there be an expectation that the PCN employ cover (recognising that this might be a cost pressure for the PCN)?

    The PCN would continue to be reimbursed during maternity and sick leave as they have employment costs associated with this absence and it is then up to the PCN as to whether they employ temporary cover or not. This may be an additional expense on top of the employer's responsibility to pay for maternity and sickness absence, but the PCN would only be able to claim for the WTE that was `absent`.

    In addition, as with the current programme, we would not offer the temporary member of staff access to the NHS E commissioned training pathway or IP.

Appendix 2 – Assessing additionality: Frequently Asked Questions and example scenarios

1. A network of practices that make up a PCN, employs 3 clinical pharmacists (2 FTE) across a population of 42,000. Can all 3 clinical pharmacists transfer across to the additional roles reimbursement scheme to receive 70% funding? Can the PCN also employ a new clinical pharmacist from July 1st onwards?

   Providing the 3 clinical pharmacists are on one of the national schemes, were in post as at 31 March 2019 and transfer to the PCN before 30 September 2019, the PCN can claim reimbursement for all three pharmacists AND claim reimbursement for a 1 FTE new clinical pharmacist in 2019/20. The PCN will need to fund 70% of all 4 clinical pharmacists from within its Additional Roles Reimbursement Sum from 2020/21 onwards. See section 2.3.3 for details on indicative additional roles reimbursement sums for different PCN populations.

2. A clinical pharmacist was recruited through the *Clinical Pharmacist in General Practice Scheme* in January 2018 but resigned before 31 March 2019. The post is vacant on the 31 March 2019. Should this vacancy be counted in the PCN baseline, but be exempt from the additionality rule?

   The vacancy should not be included in the baseline. The baseline provides a snapshot of staff in post as at 31 March 2019. In addition, the post cannot be recruited to and be exempt from the additionality rule as the post will not appear in the baseline.

   However, the post can be recruited to and either:

   a. the employing practice can claim reimbursement via the national Clinical Pharmacist in General Practice scheme until their entitlement would end (at which point the practice would need to cover the costs); or
   b. be the 1 new clinical pharmacist in a PCN in 2019/20 **if** there is a signed contract of employment in place prior to 30 April 2019. In this scenario the PCN will be able to claim 70% reimbursement under the Additional Roles Reimbursement Scheme.

3. A clinical pharmacist on the national *Clinical Pharmacist in General Practice Scheme* is employed on a 0.8 FTE basis. They would like to increase their hours upon transferring to the PCN. Can the PCN subsequently claim 70% reimbursement for 1 FTE?

   The 0.8 FTE can be reimbursed under the Additional Roles Reimbursement Scheme providing the post is exempt from the additionality rule, but any increase in hours would count as additional. So, if the Clinical Pharmacist increased their FTE in 2019/20, the 0.2 FTE would count towards the PCN's additional 1 FTE Clinical Pharmacist entitlement in that year.

4. A clinical pharmacist was in post on the 31st March 2019 and included in the PCN baseline but leaves after this date. Can a new clinical pharmacist be recruited and be exempt from the additionality rule and count towards the new 1 clinical pharmacist in a PCN in 2019/20?

If the post transfers to a PCN prior to 30 September 2019, the new pharmacist will be exempt from the additionality rule and the PCN could claim reimbursement for the post AND an additional 1 FTE clinical pharmacist.

5. The funding for my clinical pharmacist ended on 31st March 2019, can they still transfer across to a PCN and be exempt from the additionality rules?

   Yes, as long as the transfer takes place prior to 30 September 2019.

6. Some clinical pharmacists have been recruited by Acute Trusts, Agencies, Federations and CCGs – will they be counted in the baseline and can they transfer across to a PCN and be exempt the additionality rule?

   There are a number of scenarios depending on how the clinical pharmacists are funded:

   a. If funded as part of one of the national reimbursement schemes - *Clinical Pharmacists in General Practice Scheme* or *Medicines Optimisation in Care Homes Scheme* - then they should be included in the PCN baseline. These clinical pharmacists will be able to transfer to a PCN and be exempt from the additionality rule.
   b. If funded directly by a practice, then they should be included in the PCN baseline. These clinical pharmacists will not be able to transfer to a PCN and they will not be exempt from the additionality rule.
   c. If funded by a CCG, Acute Trust or another organisation and providing patient facing services in primary care, then only the FTE associated with the patient facing service should be included in the CCG baseline. These clinical pharmacists cannot be transferred to a PCN and be exempt from the additionality rule.

7. Can the PCN claim reimbursement for a proportion of a 1 FTE clinical pharmacist post to allow the pharmacist to work across multiple settings e.g. the PCN and a CCG?

   Yes, this is permitted within the rules of the scheme. However, section 4.4 of the Network Contract DES Guidance sets out that a minimum of 0.5 FTE should apply to the clinical pharmacists employed via the Network Contract DES to ensure the clinical pharmacist is able to access timely national training and can deliver continuity of care whilst working across multiple providers within the PCN.

   Providing that each individual clinical pharmacist works a minimum of 0.5 WTE then the PCN(s) can claim the relevant WTE reimbursement in line with the rules. As such, if a single clinical pharmacist is working across multi-PCNs then they must in total work a minimum of 0.5 WTE.

8. Can 1 FTE clinical pharmacist funded via the national scheme and employed by a single practice transfer across to two PCNs?

   Yes, this is possible. However, if the clinical pharmacist was recorded in the baseline of a single PCN, the baselines of the two PCNs claiming reimbursement for the respective FTE will need adjusting accordingly and total a minimum of 0.5 WTE.

9. There is a limited availability of clinical pharmacists in our area and the PCN has been unable to recruit staff that could deliver all of the requirements set out in paragraph 4.5.12 of the Network Contract DES Specification. Is it possible to claim reimbursement for staff that can only partially deliver the requirements set out at paragraph 4.5.12?

   No. Any staff reimbursed under the Additional Roles Reimbursement Scheme must meet the full requirements set out in the Network Contract DES Specification.

10. The guidance states that the CCG baseline will have no bearing on PCN additionality claims. Is it therefore correct that if a Clinical Pharmacist in a CCG baseline post leaves, the PCN can still claim reimbursement for an additional clinical pharmacist – but would not be eligible to make a claim if a clinical Pharmacist in a PCN baseline post left?

    Yes, that is correct. CCGs are expected to maintain their baseline funding levels so PCN reimbursement claims are only assessed against PCN baselines.

11. To be able to draw down Additional Roles Reimbursement Sum funding, in addition to recruiting additional staff into the PCN itself, can PCN's contract with another organisation to provide those staff?

    Yes. PCNs can contract with another provider to provide PCN staff and the PCN can then claim reimbursement. However, the PCN will only be able to claim up to the maximum reimbursement for the relevant post per FTE and may be asked to provide a copy of the agreement/contract to commissioners as part of its claim. Therefore, it may be sensible for any agreement/sub-contract to clearly set out the staff costs and also include copies of job descriptions (JDs) confirming that the staff's JDs meet the requirements of section 4.5.12 of the Network Contract DES Specification.

12. If clinical pharmacists are provided to the PCN through a contracting arrangement with another organisation, will they be able to access the training and development provided as part of the Network Contract DES?

    The full training being funded by NHS England for clinical pharmacists working in PCNs, will at the current time take approximately 2 years to complete. Due to this, there are some limits on the access to this training:
    a. clinical pharmacists providing short term cover will not be eligible to participate in this training offer; and
    b. clinical pharmacists working in PCNs as part of a temporary arrangement between the employing organisation and the PCN will not be eligible to participate in this training offer.

13. A number of Physician Associates are due to graduate this summer in some areas. Is there any way that reimbursement can be claimed for Physician Associates in 2019/20, so that practices may benefit from these new roles?

    No. In 2019/20, reimbursement is only available for Social Prescribing Link Workers and Clinical Pharmacists. However, from 2020/21 each PCN will be entitled to an Additional Roles Reimbursement Sum against which it can claim for clinical pharmacists, social prescribing link workers, physician associates and physiotherapists. A PCN could recruit a physician associate in 2019/20 and fund

in that financial year from other sources, and then claim reimbursement from 2020/21. Section 4.1.2 of the Network Contract DES guidance states:

'Although reimbursement for physiotherapists and physician associates will begin in April 2020, PCNs will want to consider the timing of their recruitment plans to ensure that they take full advantage of the funding available to them. Any physiotherapists and physician associates who are employed/engaged after 1 April 2019 will not be eligible for reimbursement until April 2020. As such, PCNs will need to employ these staff at the PCN's own expense until this time.'

14. A social prescribing link worker is funded by a CCG on a fixed-term contract ending on 31 August 2019. The post has been included in the CCG baseline as the staff member was in post as at 31 March 2019. Are CCGs required to continue to fund fixed term contracts or posts that were part of a pilot for a period of 5 years?

    Yes, this expectation was clearly set out in *Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan.* The aim of the new Additional Roles Reimbursement Scheme is to fund additional workforce capacity in general practice. As with any snapshot baseline assessment, there will be winners and losers but there is a clear expectation that if CCGs were funding posts as at 31 March 2019, that funding should be maintained on an ongoing basis.

15. Is the reimbursement, once claimed, guaranteed for five years?

    Once claimed, PCNs will be entitled to continue to receive reimbursement on an ongoing basis as part of their Additional Roles Reimbursement Sum so long as they continue to meet the requirements set out in this guidance and in the Network Contract DES Specification.

16. In the event a role within the PCN baseline becomes vacant, what are the implications for the PCN and any funding?

    When a vacancy occurs within one of the five reimbursable roles in the PCN baseline this has eligibility implications for claims being made under the Additional Roles Reimbursement Scheme, regardless of who employs the vacant post within the PCN baseline.

    In such circumstances, the PCN would not be eligible to claim for one of the same roles (to that of the vacancy) through the Additional Roles Reimbursement Scheme, until such time as the vacant post is refilled. This is due to the PCN no longer meeting the additionality rules outlined in the Network Contract DES.

    By way of an example - if a clinical pharmacist role becomes vacant in the PCN baseline, the PCN would not be eligible to claim for one clinical pharmacist under the Additional Roles Reimbursement Scheme, until such time as the vacancy is filled. In the interim, the PCN would need to agree how the PCN clinical pharmacist for which funding cannot be claimed will be resourced.