The King's Fund Ideas that change health and care

Integrating additional roles into primary care networks

Overview

- The Additional Roles Reimbursement Scheme (ARRS) was introduced in England in 2019 as a key part of the government's manifesto commitment to improve access to general practice. The aim of the scheme is to support the recruitment of 26,000 additional staff into general practice.
- This represents a huge scale of ambition and requires the implementation of significant and complex change across general practice. While primary care networks (PCNs) have swiftly recruited to these roles, they are not being implemented and integrated into primary care teams effectively.
- Our research focused on four roles — social prescribing link workers; first contact physiotherapists; paramedics and pharmacists — to examine the issues related to the implementation of these roles, looking at the experiences of working in these roles and of the people managing them.
- We found a lack of shared understanding about the purpose or potential contribution of the roles, combined with an overall ambiguity about what multidisciplinary working would mean for GPs. Successful implementation of the scheme requires extensive cultural, organisational and leadership development skills that are not easily accessible to PCNs.

Beccy Baird, Laura Lamming, Ree'Thee Bhatt, Jake Beech, Veronica Dale

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Background

The King's Fund has a long history of supporting and developing teams working in and across health and care systems, and more recently we have been working with general practices and PCNs as they develop team-based models of care. Drawing on this experience and expertise, we developed this project to explore the factors affecting the successful implementation and integration of ARRS roles within general practice, focusing on the experience of staff working within these roles, to explore what might be done at national and local level to address any challenges.

Our research

This work focused on four ARRS-funded roles: social prescribing link workers; first-contact physiotherapists; paramedics and pharmacists. We selected these roles for several reasons: they have been covered under the ARRS for the longest period; they represent a mix of both clinical and non-clinical roles; and they represent a mix of employment models. We carried out focus groups and semi-structured interviews with professionals from each of the four ARRS staff groups and interviewed stakeholders from relevant national bodies and PCN clinical directors and managers.

This work was commissioned by the Department of Health and Social Care and funded by the NIHR Policy Research Programme (grant number NIHR200702) as part of the Partnership for Responsive Policy Analysis and Research (PREPARE), a collaboration between the University of York and The King's Fund for fast-response analysis and review to inform the Department of Health and Social Care's policy development.

Our findings

- We found that PCNs are in their early stages of development and in many cases lack a clear, shared overall purpose and strategy or a clear, shared vision and buy-in for the ARRS roles. Many PCNs do not share a team identity, and this makes deploying network-wide staff in a supported way very complex when there are different strategies, different cultures and different identities to be managed.
- The confusion around strategy is also linked to a lack of agreement about whether the roles are primarily intended to deliver the requirements of the PCN contract or to undertake what might be considered the 'core' work of general practice.

- The potential contribution of additional roles to general practice is not universally understood, despite large amounts of written guidance, job descriptions and roadmaps, all of which may even have added to the confusion.
- There is ambiguity among GPs about what multidisciplinary working would mean for them and their working practices, both clinically and in the way in which their practices are run. While the national direction of travel appears to be that multidisciplinary working in general practice is a key part of the future vision, there has not been enough consideration about how GP roles, or the organisation of general practice itself, might need to change as a result.
- The cultural change required by the introduction of additional roles, and new approaches to teamworking, requires extensive organisational development, leadership and service redesign expertise and this has not been adequately available to PCNs, nor is it present in many individual practices. All this has been compounded by the impact of the Covid-19 pandemic on general practice.
- This lack of effective and supported implementation means that the core needs of individuals working in ARRS roles – autonomy, belonging and contribution – are not being met in many cases.
- A variety of support – including clinical supervision and managerial, human resources (HR) and peer support – is critical to the effective integration of ARRS roles within general practice and yet there is inadequate additional funding to provide PCNs with the capacity to provide this support well.
- Centralised or subcontracted employment models have the potential to provide some of this support more easily but may leave ARRS staff feeling even more distanced from the teams they are working alongside.
- A lack of an adequate estate is fast becoming an issue in many areas. The solutions will require expertise in the design and use of space to support multidisciplinary teamworking, and it is not clear how PCNs will access such expertise.
- The uncertainty around the funding for the ARRS roles after 2023/24 has started to generate concern. Expectations of the impact that these roles will have are high, but like all new roles, it will take time before they are fully understood. Creating stability and certainty will play an important part in this.
- The Covid-19 pandemic has had positive and negative impacts on the deployment of ARRS roles. Learning from that experience and taking proactive steps to address the issues identified need to be a clear part of recovery from the pandemic if the significant investment in ARRS roles is to have the intended impact.

- We found examples of good practice and positive stories of implementation, but to ensure successful implementation of the roles we make recommendations including:
    - a clearer, shared vision for a multidisciplinary model of care
    - a comprehensive package of support for implementation of the scheme including improved support for clinical and managerial supervision
    - streamlining and communicating current guidance and roadmaps in different ways that make them more accessible and practical for PCNs, practices and professionals to understand and implement
    - a focus on future sustainability, including funding, estates strategy and career progression
    - leadership and management skills development embedded in GP specialist training.

To read the full report, *Integrating additional roles into primary care networks*, please visit **www.kingsfund.org.uk/publications/integrating-additional-roles-into-primary-care-networks**