Q&A – 12 May – Embedding and Supporting the personalised care roles

| Question | Answer |
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| What funding is available for training, supervision and supporting the ARRS roles? | Funding is made available through System Development Funding to the ICB for training primary care staff including the PCN multidisciplinary team; the ICB will usually work with the lead and locality training hubs to identify training priorities aligned to service delivery priorities.  PCNs are expected to provide supervision and support for the additional roles through their wider income streams. It is possible that some of the supervision is provided by more senior members of the MDT and therefore reimbursed through ARRS itself; for example a senior clinical pharmacist (band 8a) might be required to spend some of their time supervising the work of band 7 clinical pharmacists. |
| Is the funding just for the salary of the ARRS employee, or is there funding available for other costs e.g. supervision, back office costs. This is esp relevant when working with a third part provider so interested to know? | A PCN is able to claim 100% reimbursement for ARRS roles up to the maximum reimbursable amount including employer on-costs for NI and pensions. (see Tables 2 and 3 in section 10 of the [DES contract specification](https://www.england.nhs.uk/wp-content/uploads/2023/03/PRN00157-ncdes-updated-contract-specification-23-24-pcn-requirements-and-entitlements.pdf))  Where the PCN sub-contracts a social prescribing service from another provider then they may be able to claim up to £200 per month per WTE subject to the same maximum reimbursable limit for directly employed social prescribers (see para 10.5.9 of the [DES contract specification](https://www.england.nhs.uk/wp-content/uploads/2023/03/PRN00157-ncdes-updated-contract-specification-23-24-pcn-requirements-and-entitlements.pdf)) |
| Has there been an underspend on the allocated ARRS funding? | PCNs are eligible for a total maximum allocation based upon their weighted population; for example a PCN with 50,000 patients could claim up to £1.1m if they recruit fully. In practice the PCN (and the ICB on its behalf) can only draw down as much as they spend and any shortfall remains with the national team. |
| Will ARRS in the future become eligible for NHS pension, immediately increasing costs by 14.3%? | The short answer to this question is that depends on who is employing the ARRS employee and whether they are an employing authority and/or holds an APMS contract. Further guidance and scenarios can be found [here](https://www.nhsbsa.nhs.uk/sites/default/files/2020-12/Primary_Care_Networks_and_NHS_Pension_Scheme_Access_20201216_%28V3%29.pdf). |
| Are all PCNs using some sort of platform for Social Prescribers for referrals and management of referrals, such as Elemental or 'Joy' - how are costs for this met? | Not all are using this, however some ICS have taken an ICS wide approach to this. For example, NWL are procuring Joy across the whole ICS. Whereas NEL and SWL have started procuring Joy across a few boroughs.  The costs are likely come from Digital budgets.  The National team, are currently working on the MDS, where EMIS and SystemOne will also be able to collect a minimum amount of data around referrals to SP. |
| Useful to have a direct email we can contact if we have any issues re ARRS roles- who is best to contact? | Suggest you share the ICB workforce lead and training hub leads in the first instance – see below |

| ICB | Workforce Lead | Training Hub |
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| NWL | Maggie Neale  Maggie.neale@nhs.net | Caroline Durack [carolinedurack@nhs.net](mailto:carolinedurack@nhs.net) |
| NCL | Marta Nowacka  [Marta.nowacka@nhs.net](mailto:Marta.nowacka@nhs.net) | Michael Fox  Michael Fox mfox@nhs.net |
| NEL | Zehra Safdar  Zehra.safdar@nhs.net | Asad Khan asad.khan35@nhs.net |
| SEL | Chloe Hardman chloe.hardman@nhs.net | Matthew Shimwell  Matthew.shimwell@nhs.net |
| SWL | Lorraine Winter  Lorraine.wynter@swlondon.nhs.uk | Laura Jackson laura.jackson@nhs.net |