



Knowing the ARRS from the elbow

Simon Randall, Manager, Ely PCNs

Ely PCNs

- Ely North PCN (38,659) – Dr Zoe Hutchinson
 - Cathedral, St George's, St Mary's
- Ely South PCN (37,223) – Dr Richard Brixey
 - Burwell, Haddenham, Staploe
- Joint PCN Board of six GP Partners
- Work as one PCN
- Make up 6 of the 8 Practices in East Cambs

Our Additional Roles

Additional Roles Reimbursement Scheme

- 5 Social Prescribers
- 5 Clinical Pharmacists
- 3 Health & Wellbeing Coaches
- 3 Care Co-ordinators
- 2 First Contact Physios (1 year contract with CCS)
- 2 Pharmacy Techs

Further PCN-funded roles

- **Innovation fund monies**
- 1 Drug and Alcohol Worker (1 year contract with CGL)
- Project supporting young people who've experienced DV (Acorn project)
- Carers Break Co-ordinator (contract with Caring Together)

- **Development funding and Core funding**
- Diabetes Lead GP - one session per week
- Frailty Lead GP - one session per week
- PCN Lead Nurse - one session per week
- PCN Manager – full time.

Recruitment that fits strategy and needs

- Joint strategy and recruitment plans agreed at PCN Board.
 - *What do we want most, how many do we want / can we afford?*
- Chose those professions most beneficial to day-to-day work of Practices.
- And those most helpful in fulfilling Enhanced Service contracts?
 - *SMRs, referrals to Social Prescribers, Frailty.*
- Specific projects from local neighbourhood need
 - *drug and alcohol, breast feeding, DV, Carers.*
- We're interested in MH workers and Paramedics
 - *Currently issues that need working out with System Partners.*



Groups of ARRS staff

- We decided to recruit ‘departments’ of ARRS.
 - Peer support and buddies
 - Individuals not spread too thinly between Practices.
 - Shared goals, priorities, training
 - Considering seniors – helps line-management arrangements org chart.
- Clinical supervision vs line management.
 - Set fee agreed for GPs supervising Clinical Pharmacists. Invoices to Nominated Payee.
- Useful for leaders to have clear, shared vision and expectation of the role
 - the new ARRS will ask what you want them to do.
 - Care Co-ordinator good example - broad church.

Costings

- ‘On Costs’ – amounts reimbursed are for staff salary + employers contribution to NI and Pension. So factor in the on costs aside when agreeing salary, or Lead Practice / PCN will take a hit.
- Created a spreadsheet that calculates hourly <-> annual salary that takes into account on costs.
- Careful using Practice’s Rule of Thumb on costs
 - can be higher than actuals, leaving you with non-competitive rates of pay.
 - Rule of thumb of 26.38% – 28.5% but calculating from payslips, actual on costs nearer 23-25%
- Warning re costings for commissioned services if claiming via reimbursement portal.
- Little point in offering low start wages, as only reimbursed at that low level.
- Conversely, little scope for salary progression as there is a maximum reimbursement cap.

Recruitment

- Jobs specs have particular demands and constraints
 - can tweak to local focus, but only within overall spec and remit, or won't be reimbursed.
- NHS Jobs – can set up PCN 'organisation' like a Practice.
- Centralised recruitment offers helpful.
- Share .pdf of advert across Practices and websites.
- Job specifications available in Network DES, and online PCN fora.
- Lead Practice model, be clear about employer being Nominated Payee.
- Our recruitment success has been variable.
- Prepare for questions at interview
 - training courses, base of work, salary progression, +/- 6 month probation etc
- Involve Network Practices and the ARRS staff in post in selection panels and questions.

Preparing for their start 1

- Remember ARRS staff are employees of Lead Practice.
 - Include in team info, mandatory training, Teams channels as such.
- Ensure finance leads / payroll know of recruitment.
- Communicate post to Network Practices and System Partners.
- Supervision. Clinical and managerial. 6mo probation reviews and appraisals.
- Authorisations
 - Annual leave? Particularly when work at more than one Practice. Practice processes vary.
 - Who takes sickness absence calls?
 - Who authorises study and training?
- Register them on workforce portal.
- Equipment and tech
 - PCs, laptops, mobile phones, nhs.net email, access to Teams channels.
 - Smartcard, multiple SystmOne log ins, SystmOne training.

Preparing for their start 2

- Room availability!
- Homeworking policy and arrangements.
- Identify supervisors and buddies.
- Schedule supervision times, more frequent at first.
- Communicate with Network Practices
 - office bases, days of work, hours per week available to that Practice.
- Referral processes – set up S1 Task groups, shared email, askmyGP group, MDT.

Inducting and supporting

- ARRS staff can feel 'outside' the Practice Teams.
 - Not quite like recruiting and inducting our usual Practice staff.
 - New to them, new to us, new to patients.
 - Acknowledge role uncertainty.
- Invite to Practice meetings / MDTs.
 - Connects
 - Helps referrals
- Org charts and contact details useful.
- Identify their Go To people.
- ARRS Department meetings.
- Record the supervisions, 6mo probation.
- Training courses.

Our learning 1

- Agree together.
- Get widest possible involvement in recruitment and leadership.
- Found it useful to have a spreadsheet balancing ARRS hours available with Practice list size. Helps fairness and positioning.
- National Ready Reckoner worth spending time on.
- CCG support team very helpful – Nicola, Emma, Jo, Alys, et al.
- Watch the on costs.
- Practice room space and IT availability.
- Supervisions and ‘department’ meetings.

Our learning 2

- Need to do all the things you'd normally do for a new team member, and more.
 - New role to practice teams
 - New role to patients
 - New role to incumbents
 - Cross-Practice working
 - Reimbursement portal monthly
 - Constraints on salary
- Easier working with another PCN.
- Bear with the manager leading this for your PCN and Practices.

Questions

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