

Strengthening And Mobilising ARRS Roles To Unlock Capability And Potential

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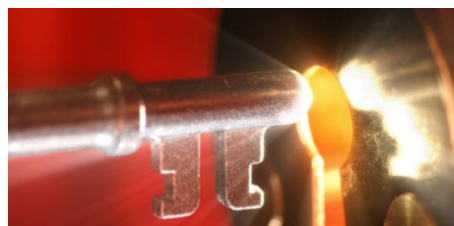
Background

The Fuller report (NHS England and NHS Improvement, 2022) suggests two cultural shifts are required to meet increasing challenges in primary care.

- Move towards a psychosocial model of care
- Realignment of the health and care system to a population-based approach.

Allied health professionals uniquely contribute to tackling health inequalities (Dougall & Buck, 2021) and delivering psychosocial interventions. AHPs often work across several organisational boundaries, are well placed to see cross-system pathways and flows, and work on seamless integration. There is a perception that tackling health inequalities is for people working at scale; however, there is an important role that allied health professionals can play in individual consultations. Influencing locally on the design and delivery of services within networks, connecting a patient to services to meet their needs and advocating for their needs with another professionals.

Additional Role Reimbursement Scheme (ARRS) enables the recruitment of new additional staff to deliver health services (NHS England, 2021). Bringing an additional 26,000 staff into general practice by 2024. roles. PCNs can choose from 13 roles. Five of these roles are practitioners known as allied health professionals (AHPs). This new workforce has yet to reach its full potential, and further development work is required to support the transition into a new model of team-based working in primary care.



30-minute interviews were conducted April-September 2022

56 Interviews

12 PCNs



32 ARRS stakeholders participated

14 people in ARRS roles participated



ARRS Project aims:

1. Understand the impact of the ARRS roles in Sheffield.
2. Identify and share good practices.
3. Gain assurance that we are meeting the ARRS role requirements.
4. Identify gaps, unmet needs, or ways these roles can be optimised.

Impact

Opportunities for impact are significant. There are lots of good examples. We need to create space for this learning to be shared and celebrated.



Human factors

Create a sense of belonging, have a defined purpose, value my contribution, empower me to influence, help me work as a team. Help me grow as a leader.



Things that are important:

Preceptorship & connection
Clinical & professional leadership
Peer support
Communities of practice
Outcome measurement



Our number 1 asset is our workforce & team-based working.



References

NHS England and NHS Improvement. (2021). Building strong integrated care systems everywhere. ICS implementation guidance on effective clinical and care professional leadership (Issue September).

NHS England and NHS Improvement. (2022). Next steps for integrating primary care: Fuller Stocktake report. <https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller@stocktake-report.pdf>

Unlocking the potential

Use population health data to inform workforce development.

Build knowledge on how to develop ARRS roles.

Invest in organisational development to optimise ARRS roles.

Plan for the future ARRS workforce.

