

Item: 7.3

Report to:	Primary Care Commissioning Committee
Date of Meeting:	23 rd February 2018
Subject:	Physician Associate Roles in Primary Care
Presented by:	Phil Davis Head of Primary Care, NHS Hull CCG
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STATUS OF THE REPORT:			
To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input checked="" type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:
The purpose of this report is to present a proposal for CCG financial support for the employment and development of PA roles in primary care.
RECOMMENDATIONS:
It is recommended that the Primary Care Commissioning Committee:
<ol style="list-style-type: none"> 1. Consider the contents of the report. 2. Approve the allocation of CCG primary care development resources to support the employment and development of PA roles in primary care.

REPORT EXEMPT FROM PUBLIC DISCLOSURE	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
If yes, grounds for exemption (FOIA or DPA section reference)		

CCG STRATEGIC OBJECTIVE (See guidance notes below)	ASSURANCE FRAMEWORK SPECIFIC OBJECTIVE (See guidance notes below)
The report links with 21st Century Primary Care and to ensure that patients receive clinically commissioned, high quality services.	<ul style="list-style-type: none"> • 21st Century Primary Care • Patients receive clinically commissioned, high quality services

IMPLICATIONS: (summary of key implications, including risks, associated with the paper),	
Finance	Primary care development resources have been identified to support the employment and development of PA roles in primary care.
HR	None at this stage – will be implications for practices/groupings in due course progressing to employ a PA.
Quality	None
Safety	None

ENGAGEMENT: (Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)

The potential role of Physician Associates was discussed at the CCG Council of Members in March 2017. A PA Partnership Group has been established across the STP footprint – membership includes HYMS, CCGs and provider organisations.

LEGAL ISSUES: (Summarise key legal issues / legislation relevant to the report)

None.

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	√
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (How the report supports the NHS Constitution)

The report supports the delivery of the NHS Constitution as the commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care

PHYSICIAN ASSOCIATE ROLES IN PRIMARY CARE

1 INTRODUCTION

The purpose of this report is to present a proposal for CCG financial support for the employment and development of PA roles in primary care.

2 BACKGROUND

The physician associate (PA) is a relatively new healthcare professional in the UK. The role initiated in the US in the 1960s (there are now over 100,000) and numbers are now increasing in the UK. PAs have a generalist medical training and support doctors in the diagnosis, treatment and management of patients in primary and secondary care settings. They work within a defined scope of practice and limits of competence.

Specifically they:

- Take medical histories from patients
- Carry out physical examinations
- See patients with undifferentiated diagnoses
- See patients with long term conditions
- Formulate differential diagnoses and management plans
- Perform diagnostic and therapeutic procedures
- Develop and deliver appropriate treatment and management plans
- Request and interpret diagnostic studies
- Provide health promotion and disease prevention advice

Consideration has been given to PA roles in primary care at previous Primary Care Commissioning Committee meetings and at the CCG Council of Members. At the December 2017 Primary Care Commissioning Committee it was recommended that a proposal for financial support be brought to the February 2018 meeting.

3 INFORMATION

3.1 HUMBER COAST AND VALE UPDATE

Following the December 2017 Primary Care Commissioning Committee discussions have been had with the Local Workforce Action Board (LWAB) of the Humber Coast and Vale STP. The LWAB is exploring the development of a scheme to support the introduction of PA roles in primary care across the STP. Specifically a proposal to develop a PA Ready scheme similar to the Advanced Clinical Practitioner (ACP) Ready scheme is being developed through the Advanced Training Practice (ATP).

The ACP Ready Scheme provides resources to employing practices to support the employment and training of ACPs for the first two years of employment an allocation of £18k per post goes to the practice plus resource to support MSc costs for practitioners. Interested practices must be able to show evidence of:

- A defined role for the ACP to carry out
- Ability to provide a good quality learning environment which involves the whole practice team providing a positive supportive culture of learning

- Ability to allocate a named formal supervisor(s) with the sufficient skills and capacity to support and mentor the ACP (*ideally with a teaching qualification although not essential*).
- Ability to provide access to a range of appropriate experiences for a career in primary care
- Commitment to attend and participate in educational events coordinated by the ATP hub

The aim of a PA Ready scheme is anticipated to be similar ie.to co-ordinate and support practices develop PAs and to integrate them into front line GP services alongside GPs and other more established primary care clinicians. Whilst the details of the scheme and the resources available through Health Education England and the LWAB are yet to be determined early thinking suggests potentially 15 roles may be supported across the STP; Hull would potentially be allocated 2 or 3 of these roles if they are allocated on a population size basis.

The recently published NHS England and NHS Improvement *Refreshing NHS Plans for 2018/19* includes a 2018/19 deliverable for primary care of “An increase in physician associates, contributing to the target of an additional 1,000 to be trained by 2020 (supported by HEE).”

3.2 HULL CCG PROPOSAL

The first cohort of HYMS PAs will complete their training in August 2018 and take the national exam (out-with the HYMS PA programme) in September 2018. After completion of this they will be able to join the PA Managed Voluntary Register (PAMVR) and work as a practicing PA. The Faculty of Physician Associates recommends that being in the PAMVR is a mandatory requirement of all PA appointments.

A proposal setting out two options was developed and submitted to the CCG Prioritisation Panel on February 8th 2018. The assumption was that PAs will be employed as Band 7 roles - the two options for financial support were:

- to match the PA Ready Scheme with additional posts to support one PA role for each of the 5 practice groupings in Hull;
- to support over a 3 year period the costs of employing a PA on the 60% in year 1, 40% in year 2 and 20% in year 3 model established by NHS England for the Clinical Pharmacists in General Practice scheme – again on the basis of one per PA role practice grouping.

The outcome of the Prioritisation Panel was to recommend support for option i) above, with resources coming from the CCG primary care development resources.

The resource associated with option i) is as follows:

Scheme costs *	2018/19	2019/20	2020/21
Total investment per year	£36.0k	£60.0k	£27.0k
Total incremental investment per year	£36.0k	£24.0k	-£33.0k

* assumes 3 posts at Band 7 plus practitioner support and posts commencing October 2018 for 2 years on the scheme.

This recommendation, if supported by the Primary Care Commissioning Committee will go to Planning & Commissioning Committee on 2nd March 2018 for final approval.

3.3 NEXT STEPS

Subject to the development of a PA Ready Scheme by the LWAB, the suggested next steps in progressing a PA Ready Scheme in Hull are as follows:

- i) On-going liaison with LWAB regarding PA Ready Scheme development;
- ii) Attendance at the HYMS PA Partnership Board on 13th March;
- iii) Provide to practice groupings the suite of information regarding PAs as detailed in the paper considered by the Primary Care Commissioning Committee in December 2017;
- iv) Invite expressions of interest for the employment of PAs from Hull CCG practice groupings;
- v) Confirm a Hull CCG presence at the HYMS Careers Fair on April 13th 2018

4 RECOMMENDATIONS

It is recommended that the Primary Care Commissioning Committee:

1. Consider the contents of the report;
2. Approve the allocation of CCG primary care development resources to support the employment and development of PA roles in primary care.