

Item: 7.3

Report to:	Primary Care Commissioning Committee
Date of Meeting:	27 th April 2018
Subject:	Physician Associate Roles in Primary Care - Update
Presented by:	Phil Davis Head of Primary Care, NHS Hull CCG
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STATUS OF THE REPORT:	
To approve <input type="checkbox"/>	To endorse <input type="checkbox"/>
To ratify <input type="checkbox"/>	To discuss <input type="checkbox"/>
To consider <input type="checkbox"/>	For information <input type="checkbox"/>
To note <input checked="" type="checkbox"/>	

PURPOSE OF REPORT:
The purpose of this report is to update the Primary Care Commissioning Committee on the progress of the development of PA roles in primary care.
RECOMMENDATIONS:
It is recommended that the Primary Care Commissioning Committee note the contents of the report.

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 update the Primary Care Commissioning Committee on the progress of the development of PA roles in primary care.

2 BACKGROUND

In September 2018 the first cohort of 30 PAs will graduate from Hull York Medical School (HYMS). A recent student survey suggests that at least a third of this cohort is keen to secure employment in general practice. 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 February 2018 Primary Care Commissioning Committee it was recommended to approve CCG financial resources be allocated to supplement the STP wide PA Ready scheme which was being developed through the Local Workforce Action Board (LWAB).

3 INFORMATION

3.1 HUMBER COAST AND VALE UPDATE – PA READY SCHEME

The PA Ready scheme aims to encourage practices to facilitate entry of newly qualified PAs into general practice roles within Humber, Coast and Vale. As this is a new role, supporting practices to employ new PAs and provide a suitable preceptorship period will be instrumental in ensuring they are successfully embedded across the region. Significant time and effort will be required (from practices as well as in the co-ordination of a regional community scheme) to ensure adequate support and clinical governance; financial support will facilitate this process to ensure it can occur at the time and scale required.

To assist general practices in taking the step of considering the appointment of a new Physician Associate (PA), there will be an offer of financial support and guidance:

- Financial support – Local Preceptorship Grant as a recruitment incentive and aid practices in release of time for training, support and supervision.
- Hub support – ATP hubs will provide advice and support in planning, recruitment and ongoing mentoring. This would include signposting, provision of sample/guideline documents and coordination of group learning opportunities.
- To ensure fairness across the region practices taking part should adhere to PA salary guidelines stipulated by the scheme.

The key elements of the PA Ready scheme are as follows:

- The scheme is open to all PAs commencing a programme in the year after first gaining registration on the national register
- The preceptorship programme in HCV will be undertaken for two years (Whole time equivalent).
- The employer will provide a named Educational Supervisor who will give continuity throughout the programme, with 3-monthly review meetings and annual appraisal

- The programme will have guiding principles and standards to ensure consistency in quality of learning and experience. The programme will be developed with employers, new registrants and education providers.
- Year one will enable PA transition into practice, consolidating learning and ensuring safe practice as a member of the team. There will be an initial induction period that will include health and safety policies and procedures, time with the assigned supervisor and ongoing monitoring of progress to enable ongoing development.
- Year two will incorporate a greater focus on personal and professional development that will enable the PA to deliver high quality mentorship skills to support other learners and become an effective preceptor for future generations of PAs, as well as opportunities to develop as educators.
- The weekly timetable will include at least one dedicated session for education. This will be a mixture of self-directed learning and arranged education sessions.
- Access to professional development programme from a local HEI or equivalent should be available which will include alumni activity. The post-holder should usually receive funding for an appropriate educational course(s) from their employer. This could be up to the cost of a postgraduate certificate qualification if appropriate for the preceptor and the service context; this funding should be used flexibly to meet the needs of the preceptor and employing organisation
- The preceptorship programme should enable the post –holder to engage in multi-professional learning activities
- PA's will demonstrate their engagement in self-directed learning and continued professional education in their personal portfolio, recording and reflecting on their education and clinical practice, through an e-portfolio for instance.
- There will be opportunities for PAs to gain peer support whilst in clinical practice and abilities to maintain links between PA students and qualified PAs through the PA society at HYMS and emerging academy of primary care
- Some organisations may collaborate and offer rotational preceptorships with time spent in both primary and secondary care. Where this is not the case, rotation between organisations may possible and should be a discussion between employer and preceptee , at an early stage. Self directed learning time may also be considered to enable the preceptee to access other areas.

The details of the scheme and an invitation for expressions of interest were sent to all practices (and other potential employers) by the STP at the end of March with a deadline for expressions of interest of 10th April.

3.2 HULL CCG EXPRESSIONS OF INTEREST

Following the decision at the February Primary Care Commissioning Committee Hull CCG communicated to all practice groupings that the STP scheme was about to be launched and a commitment from the CCG to support, in conjunction with the STP scheme, up to 8 posts across the 5 practices groupings; the split of the 8 posts was based on the numbers of patients covered by each grouping.

By the deadline of 10th April 3 practice groupings had submitted expressions of interest for a total of 8 posts. The CCG has indicated to the LWAB a preparedness to support an additional 5 posts on the assumption the STP scheme supports 3 posts; hence a total of 8 posts could be supported in Hull. The CCG has however indicated that these 8 posts should be allocated across the 3 groupings that have submitted expressions of interest proportionately to numbers of patients in each grouping.

4 RECOMMENDATION

It is recommended that the Primary Care Commissioning Committee note the contents of the report.