FAQs: Using ARRS funding to support 'other Direct Patient Care roles' – Pharmacy Education Roles

July 2024

Background

The publication of the 2024 GP Contract NHS England and DES letter have highlighted opportunities to utilise the ARRS funding for additional pharmacy workforce to complement the existing ARRS roles.

The letter 'Pharmacy Additional Roles Reimbursement Scheme: Opportunities 2024/25' (Appendix 1) outlines how ARRS funding allocations within PCNs might be used to support roles relating to pharmacy education and training, using the 'other DPC roles' route.

This Frequently Asked Questions document provides additional information that PCNs and pharmacy workforce leads may find useful.

Frequently Asked Questions: Funding Practicalities

- What is 'Direct Patient Care' in the context of ARRS?
  - Please see Glossary and definitions - NHS England Digital for the definition Direct Patient Care roles:

    Direct Patient Care (DPC) staff include anyone who is directly involved in delivering patient care within general practice but who is not a Nurse or GP. This group includes Dispensers, Health Care Assistants, Phlebotomists, Pharmacists, Physiotherapists, Podiatrists, Therapists and Other.

- What are '**other**' DPC roles?
  - A new clause has been added to ARRS, setting out that under-utilised funding within a PCN can now be repurposed within a PCN to fund 'other DPC roles'.
  - The Network Contract DES (April 2024) now states that 'other direct patient care, non-nurse, and non-doctor Multi-Disciplinary Team (MDT)' roles are now reimbursable, if agreed with the commissioner.'
  - The NHS England guidance document describes education and training roles relating to pharmacy that could be supported within the definition of 'other DPC roles'.

- Does this mean there is “new money” available to fund ‘other DPC roles’, or does it fall within the ARRS money that has already been allocated to PCNs?
  - The funding for ‘other DPC roles’ is part of the current allocation to PCNs – it is not “new” money, rather the ‘other DPC roles’ option provides PCNs with additional flexibility to use their ARRS allocation – subject to agreement from the lead for ARRS within your ICB.

- What does this mean if PCNs are fully staffed/have already fully utilised their 24/25 ARRS allocations?
  - If 2024/25 PCN allocations have already been utilised/ringfenced we would encourage PCNs to consider how the ‘other DPC roles’ option could be used in planning for future years to meet the needs of the PCN population.

- If a PCN does not have funding to utilise for other DPC roles, can it access funds from other PCNs?
  - No – it is no longer permitted for ARRS funding not utilised by one PCN to be transferred between PCNs.

- If you have underspend from other professions in a PCN ARRS allocation, could you use this?
  - Yes, as long as this is within the funding allocation of the PCN.

- Is there a process and/or forms you have to fill in?
  - Each PCN wishing to use ARRS funding for a DPC role is required to gain approval from the lead for ARRS within their ICB. Each ICB will have a process in place for this, which may include a designated form for completion.
  - An example form that has been developed by an ICB in the South West region is included in Appendix 2.

Frequently Asked Questions: Designated Prescribing Practitioners (DPPs)

- What verification is needed to ensure someone can act in that role? Are there person specifications for someone to be a DPP?
  - Broadly, a DPP must be registered healthcare professional with independent prescribing rights. This includes 'non-medical' independent prescribers such as pharmacists, nurses and allied health professionals.
  - ***Post-registration independent prescribing courses***: If a registered professional (learner) is undertaking a prescribing course at a university, the university will set the requirements for the DPP which will be included in the admissions information for that university. It may include reference to the RPS DPP Competency Framework.
  - ***Foundation Pharmacist Training from 2025/26:*** The person specification for a DPP supporting a Foundation Trainee Pharmacist (from 2025) can be found in the document Prescribing supervision and assessment in the Foundation Trainee Pharmacist Programme from 2025/26.

- Can the DPP being claimed be from any professional background (e.g. GP, nurse, pharmacist)?
  - While a DPP can come from a range of professional backgrounds (as described above), it should be noted that 'other DPC roles' are described as being non-nurse and non-doctor in order to be reimbursable (with the exception of specific nurse roles described within ARRS).

- Can DPC funding be used to fund a DPP if the trainee is from another sector, for example Trainee Independent Prescribers from community pharmacy?
  - Yes, it is intended that DPPs funded by DPC can support learners from other sectors, including community pharmacy.

- Is there a risk of double paying particularly for DPPs? E.g. a community pharmacy making a payment to a practice for a DPP and practice also using the DPC ARRS money?
  - Where ARRS funding is being used for a DPP (or other supervisor) role, it is expected that the PCN/General Practice can use this role to support supervision for learners from other sectors (such as community pharmacists), and therefore should not request additional payment from another organisation to provide this supervision.

- Where a General Practice is hosting their own Foundation Trainee Pharmacist and receiving funding from NHS England for this, this funding already includes a contribution to the costs of supervision, and it is expected that the PCN would not use ARRS funding to pay for DPP time for these trainees.

- Will there be any KPIs? i.e. proof that funding has been used for supervision
  - It is not anticipated that there will be ongoing monitoring of specific KPIs for these roles after the initial approval through ICB processes, but further information may be available from the lead for ARRS within your ICB.

Frequently Asked Questions: Pharmacy Technician Apprentices

- If ARRS funding pays for the salary of the pharmacy technician apprentice, does the practice need to pay for training costs?
  - Apprenticeship levy (or arranged levy transfer) should be used to fund the training course, at a GPhC-accredited provider. Your training hub may be able to provide additional advice on levy transfer.

- What is the proposed AfC banding / salary for a pharmacy technician apprentice?
  - An apprentice salary should align with the national minimum or living wage. A PCN is still entitled to claim National Insurance and Pension costs.

- If a PCN already employs a pharmacy technician apprentice and pays for this themselves, can the pharmacy technician apprentice be transferred into an 'other DPC role' to attract ARRS funding?
  - Yes, as long as this transfer is prospective (and not back-dated), and as long as the training post is not already commissioned and funded by NHS England.

- If a PCN employs a pharmacy technician apprentice using ARRS funding (via other DPC roles), how will they be supported by the NHSE WT&E team?
  - As NHS England is not directly commissioning these training places it will not have responsibility for the quality management of the sites and/or training. NHSE WT&E can provide general advice. Any other support would need to be discussed with the regional NHSE WT&E team based on their capacity.

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Frequently Asked Questions: Additional employed time/uplift to pay

- How does funding for a DPP or Educational Supervisor role work if they are not supervising all of the time?
  - It would be expected that the time claimed for would reasonably describe the commitment averaged over a longer period of time, with the recognition that the activity will be intermittent.

- Can this be used to release the time of an existing staff member where they already work for the PCN under ARRS?
  - Yes, this funding could be used to resource 'backfill' for another member of staff in order to release the sessional time of an existing staff member to provide supervision.

- Can ARRS funding for 'other DPC roles' be used to uplift the level of pay for someone who is already full time to support the described supervision roles?
  - It is expected that use of funding for 'other DPC roles' will provide additional capacity and activity relating to provision of supervision. Any approach that proposed using this funding to uplift the banding of an individual (rather than increasing whole time equivalent capacity) would need to demonstrate how this would provide additional supervisory capacity. This would need to be demonstrated in the application to the ICB 'other DPC roles' approval process.

Contact

If you require further information, please contact your regional NHSE WT&E Pharmacy Team:

Region	Contact email
East of England	england.WTEpharmacy.eoe@nhs.net
London	england.WTEpharmacy.london@nhs.net
Midlands	england.WTEpharmacy.mids@nhs.net
North East Yorkshire and Humber	england.WTEpharmacy.ney@nhs.net
North West	england.WTEpharmacy.nw@nhs.net
South East	england.WTEpharmacy.se@nhs.net
South West	england.WTEpharmacy.sw@nhs.net

Appendix 1: NHS England Letter (June 2024): Pharmacy Additional Roles Reimbursement Scheme: Opportunities 2024/25

Classification: Official

Pharmacy Additional Roles Reimbursement Scheme: Opportunities 2024/25

This briefing has been provided to inform local decision making around the opportunities for using the Direct Patient Care (DPC) category to support the training and retention of pharmacy staff, as part of the Additional Roles Reimbursement Scheme (ARRS) and NHSE Long Term Workforce Plan.

Primary Care Networks (PCNs) and Integrated Care Systems (ICSs) will need to agree how best to use the pharmacy workforce recognising other professions and local workforce opportunities. This briefing is intended to advise health system colleagues on the new opportunities available and provides information on:

- Additional roles and role requirements,
- Training and supervision requirements and availability
- The ARRS funding route

The addition and contribution of existing Band 5 Pharmacy Technicians and Band 7/8a Clinical Pharmacists as part of the primary care workforce has been widely reported on. Currently there are 2,292 Pharmacy Technicians (Band 5) and 7,581 Clinical Pharmacists (Band 7/8a) working in primary care via the ARRS. Primary care workforce quarterly update December 2023

Since the publication of the GP Contract NHS England and DES letter opportunities to utilise the ARRS funding for additional pharmacy workforce to complement the existing ARRS roles have been broadened.

In addition to the current named pharmacy roles eligible to access ARRS funding, the following groups of pharmacy staff are also now eligible for access to ARRS funding, through the Direct Patient Care (DPC) category with the support of the local PCN and ICB.

- Pharmacy Technician Apprentices – Page 2
- Pharmacy Technician Educational Supervisor Role – Page 4
- Clinical Pharmacist Designated Supervisor and Designated Prescribing Practitioner Role (DPP) – Page 4

These roles will be accessible via the 'Direct Patient Contact (DPC)' option.

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To support workforce pipeline and retention of existing pharmacy staff, the DPC option provides an opportunity to grow the pharmacy workforce and provide some suggested retention opportunities for existing staff to build their responsibilities by supporting education supervision and DPP capacity within PCNs and across the sectors of ICSs.

This information is subject to additional Agenda for Change banding role requirements but provides some examples to support wider capacity expansion as part of primary care workforce plans.

There is also the additional option of utilising the https://www.england.nhs.uk/publication/shared-workforce-model-for-pharmacists/ to consider how these additional opportunities can support across healthcare sectors, such as community pharmacy.

Pharmacy Technician Apprentices

Pharmacy Technicians complement the work of Clinical Pharmacists, through utilisation of their technical skillset. Their deployment within primary care settings allows the application of their acquired pharmaceutical knowledge in tasks such as medicines reconciliation, audits, prescription management support, and where appropriate, advising patients and other members of the PCN workforce. (NHS England » Expanding our workforce)

Pharmacy Technicians (Band 5) have been part of the Additional Roles Reimbursement Scheme (ARRS) since 2021 and at present 2,292 FTE pharmacy technicians are directly employed under the scheme (Primary care workforce quarterly update December 2023)

PCNs can now use the **'Direct Patient Contact'** funding to recruit a Pharmacy Technician Apprentice to support future PCN workforce requirements, with support from their Integrated Care Boards.

The introduction of Pharmacy Technicians into the ARRS has resulted in registered Pharmacy Technicians (Band 5) being recruited from existing parts of the healthcare system with both community pharmacy and hospital pharmacy settings seeing experienced Pharmacy Technicians leave to work in PCNs. This has led to an overall decrease in posts of registered Pharmacy Technicians in community pharmacy and hospitals settings, at a time when the role in all sectors is expanding, and demand is increasing.

There are funding and apprenticeship routes available for training Pre- Registration Trainee Pharmacy Technicians (PTPTs) in the NHS hospital sector and proposals being explored in community pharmacy. However, this has not been the case historically in PCNs. As such, to continue to grow the number of Pharmacy Technicians training and working in primary care we are proposing the inclusion of PTPTs (Apprentice Pharmacy Technicians) in the already established ARRS funded general practice workforce apprenticeship models that are currently available to trainee nursing associates and trainee physicians' associates. This will support a sustainable pipeline and aid growth in an area that historically has primarily recruited registered Pharmacy Technicians from other sectors.

PTPTs (Apprentice Pharmacy Technicians) undertake a two-year work based GPhC Approved training programme which satisfies the 2017 Initial Education and Training Standards. The underpinning curriculum includes chemistry, microbiology, physiology, action and uses of medicines,

law, pharmaceutics, dispensing, pharmacy production, professional practice, ethical decision making, medicines optimisation and accuracy checking.

The NHS Long Term Workforce Plan (June 2023) commits to reaching 16% of training through healthcare apprenticeship routes by 2028/29 and it is recommended that employers in primary care are supported to maximise use of the apprenticeship levy to support the funding of education costs for PTPTs in this area.

Accessing apprenticeship funding:

For employers that are a 'levy payer' 100% of course fees will be funded by the levy. If you are classed as a 'non-levy payer' you will pay 5% of the course fees, and the remaining 95% will be paid by the government. Non levy payers can access 100% of course fees through Levy Transfer. A Digital Apprenticeship Service (DAS) account will need to be set up to reserve these funds.

Your regional NHS England Workforce, Training and Education (WT&E) pharmacy team can provide further advice if required, including signposting for guidance on provision of levy-transfer. Further information regarding the apprenticeship levy can be found on the HASO website.

Eligibility

Pharmacy Technician apprentices must meet the following eligibility criteria:

- To be eligible for government funding at least 20% of an apprentice's normal working hours, over the planned duration of the apprenticeship practical period must be spent on off-the-job training.
- If the apprentice works less than 30 hours per week, they are part time, and your provider must extend the duration.
- Enrolment onto a GPhC Recognised Qualification / GPhC Accredited Course. https://assets.pharmacyregulation.org/files/document/standards_for_the_initial_education_and_training_of_pharmacy_technicians_october_2017_1.pdf
- The entry requirements will vary depending on the apprenticeship provider; however, this is usually the equivalent of four GCSEs at Grade 4 and above (formerly C and above), including mathematics, English language, science and one other subject.
- a minimum of two years relevant work-based experience in the UK under the supervision, direction, or guidance of a Pharmacist or Pharmacy Technician to whom the applicant was directly accountable for no less than 14 hours per week.
- The apprentice must have access to a dispensary environment where they are appropriately supervised to undertake activities relating to the assembly of prescribed items and the accuracy check of dispensed medicines and products.
- Be 16 years of age or older (there is no maximum age limit)
- Progress reviews must take place at least 4 times per year. These must be carried out at least every 12 weeks. Progress reviews can be virtual.
- The apprentice must be employed under a contract and be able to complete the apprenticeship within the time they have available, including the end-point assessment. Visa and fixed term contracts must not expire before duration of apprenticeship.
- Only an apprenticeship at a higher level than a qualification they already hold is permitted, unless materially different from any prior qualification. Your preferred apprenticeship provider will provide guidance regarding former qualifications.

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It is strongly advised that employers negotiate with apprenticeship providers to ensure that the final accuracy checking of items dispensed by others is included within the apprenticeship programme. This is not automatically included by all providers.

Pharmacy Technician Educational Supervisor Role

PCNs with the support of their ICBs can use the **'Direct Patient Contact'** funding option to ***support*** an increase in the sessional employment of ARRS pharmacy technicians to build supervisory capacity and provide a career pathway to support retention of existing band 5 Pharmacy Technicians and supervise PTPTs (Apprentice Pharmacy Technicians) to support future PCN workforce requirements.

To ensure that PTPTs (Apprentice Pharmacy Technicians) have access to educational supervision in PCNs, it is proposed that access to ARRS funding be made available to support the incorporation of formalised educational supervision sessions within Primary Care Pharmacy Technician roles.

There is currently no career framework beyond Agenda for Change band 5 to support retention of ARRS Pharmacy Technicians working in PCN roles and the introduction of a formalised supervision role would support retention, along with allowing practices to further build the supervision capacity whole workforce.

Pharmacy Technicians can access NHS England funded Educational Supervisor training and will be required to provide supervision of apprentices to enable them to fulfil regulatory requirements to support registration. They will be required to have completed a DES recognised Primary Care Pathway education and have a minimum of 12 months experience in their current role.

Clinical Pharmacist Designated Supervisor and Designated Prescribing Practitioner Role

PCNs with support from their ICBs can use **the 'Direct Patient Contact'** funding option to support ***an increase in the sessional employment of ARRS Clinical Pharmacists to build supervisory and increase multiprofessional DPP capacity*** to reflect the supervision of trainees and provide a career pathway to support retention of existing band 7/8a Clinical Pharmacists.

Designated Supervisors (DS) support foundation trainee pharmacists during the final year of the Initial Education and Training of Pharmacists. Designated Supervisors must be pharmacists. They provide Education Supervision and undertake assessment of the foundation trainee pharmacist during the foundation training year. They must meet the GPhC requirements (for the 2024/25 training year) or GPhC-delegated NHS England requirements (from the 2025/26 training year) requirements. This includes having been registered as a pharmacist for at least 3 years.

From the 2025/26 foundation training year, general practice can be the employer of a foundation trainee pharmacist. Where a general practice employs a trainee pharmacist, there must be a Designated Supervisor in place for the trainee pharmacist. There are also opportunities for a general practice to host a foundation trainee pharmacist on a rotation from another training site. Where rotations are 13 weeks or longer, there is a requirement that the rotational training site provides a Designated Supervisor to support the trainee pharmacist.

Designated Prescribing Practitioners (DPPs) provide Education Supervision and assessment of prescribing capabilities for:

(1) Registered Pharmacists and other registered professionals undertaking a post-registration independent prescribing course at a university.

(2) Foundation trainee pharmacists (from the 2025/26 foundation training year, when independent prescribing will be embedded in the initial training of Pharmacists)

For independent prescribing training – both in post-registration university courses and in the foundation training year from 2025/26 – there is a requirement that the prescriber in training completes a 90-hour period of learning in practice specifically related to prescribing, which the DPP oversees. During this time, the DPP must also support practice-based assessments to inform decision making relating to prescribing capability.

DPPs must be independent prescribers. For post-registration courses, universities commonly require DPPs to meet the criteria set out in the Royal Pharmaceutical Society DPP Competency Framework. More information can also be found here.

DPPs supervising Foundation Trainee Pharmacists in the 2025/26 foundation training year onwards will need to meet the requirements in the NHS England person specification. Therefore, there is an immediate need to support registered Pharmacists to train as independent prescribers through university courses. For community Pharmacists, it can be difficult to find someone to be their DPP.

In the 2025/26 foundation training year, there is also a need to support access to DPPs through cross-sector rotations and collaboration between the sectors of practice.

Being able to access funding through ARRS to resource these supervision roles provides a new opportunity for general practice and PCNs to support the supervision of Pharmacists and other healthcare professionals training as independent prescribers through post-registration university courses, and foundation trainees from 2025/26.

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Appendix 2: Example form for completion and submission to ICS (please liaise directly with your ICS for information on local requirements)

Recruitment of other DPC roles via ARRS

Please complete the form and return it for consideration **together with a job description** to the ICB x email address once you have received approval you can add to your claim from April onwards.

Please state the job title for this role:

Please state the salary and equivalent AfC band for this role:

Requirement	page 38 of specification	Please confirm Yes/No
Additional to those already working in PCN's practices (please see 7.2 for full explanation of 'Principle of additionality')	7.3.2-B a)	
Demonstrably different to other roles available for reimbursement via ARRS	7.3.2-B b)	
A clear scope of practice and appropriate training to support its delivery	7.3.2-B c)	
Fits with local care pathways/services and does not duplicate existing provision	7.3.2-B d)	
Is being reimbursed at a rate that is commensurate with its scope of practice.	7.3.2-B e)	
Please ensure you have included a job description when you submit this form		

Please provide a paragraph explaining how this will support patient care at a PCN level:

Please note that funding for the following roles would not normally be supported:

- Roles that are considered to be within the scope of the MH Practitioner (See specification B.14.1 Community Psychiatric Nurse, Clinical Psychologist, Mental Health Occupational Therapist, Peer Support Worker, Mental Health Community Connector or other role, as agreed between the PCN and community mental health service provider, to support adults and older adults with complex mental health needs that are not suitable for NHS Talking Therapies provision)
- Dispensers that are already supported within funding for Dispensing practices.

Please see Glossary and definitions - NHS England Digital for the definition Direct Patient Care roles:

Direct Patient Care (DPC) staff include anyone who is directly involved in delivering patient care within general practice but who is not a Nurse or GP. This group includes Dispensers, Health Care Assistants, Phlebotomists, Pharmacists, Physiotherapists, Podiatrists, Therapists and Other.