PCN Additional Roles

9 August 2021

The purpose of this document is to provide an overview of each of the roles available for reimbursement via the Network Contract Directed Enhanced Service (DES) Additional Roles Reimbursement Scheme (ARRS) and how these roles may be used in Primary Care Networks (PCNs), that should assist in considerations for your workforce planning.

For more information on the additional roles, including case studies, sample job descriptions and model job adverts please visit FutureNHS.

The Network Contract Directed Enhanced Service (DES) Specification provides the minimum role requirements, (Annex B), eligibility for the role and details for reimbursement, including the latest maximum reimbursable rates. To note that the maximum reimbursable amount figures contained in the tables below, are correct up to October 2021.

The number of additional staff that a PCN can recruit is based on:

- their annual Additional Roles Reimbursement Sum; and
- any limit on the number of staff that can be recruited within each role.

In 2021/22 there is a limit on the number of some roles, the details of which can be found in the appropriate sections below.

To note that the information contained in this document is to provide helpful, supplementary information on how the roles may be used by PCNs and does not supersede any information contained within the Network Contract DES.

<table>
<tr><th>Trainee Nursing Associate (TNA)</th><th>Maximum reimbursable amount
Standard: £26,188
Outer London: £31,038
Inner London: £31,921</th></tr>
<tr><td colspan="2">Overview of the role: Delivery of high quality, compassionate care whilst undertaking specific clinical and care tasks under the direction of a registered nurse (or other registered care professional dependent on PCN), with a focus on promoting good health and independence.

Key tasks include: Over the course of the 2-year TNA programme, develop the skills and knowledge to provide direct care to patients and families which may include:
undertaking additional training, providing flu vaccinations, ECGs, venepuncture, and other relevant clinical tasks as required by the PCN, in line with the competencies of the role
performing and recording clinical observations such as blood pressure, temperature, respirations, and pulse
discussing and sharing information with registered nurses on patients' health conditions, activities, and responses
developing an understanding of caring and supporting people with complex conditions such as dementia, mental health conditions, and learning disabilities</td></tr>
<tr><td>Funding:</td><td>Additionally, PCNs can access £4,000 per year HEE training support and £15,000 funding for the 2-year foundation degree available through the apprenticeship levy. For details of the funding, PCNs should contact their local Training Hub.</td></tr>
<tr><td>Training[i] required once in post.</td><td>Where a PCN employs or engages a TNA under the Additional Roles Reimbursement Scheme, the PCN must ensure that the TNA:
is working towards completion of the Nursing Associate Apprenticeship programme
is enrolled on a foundation degree awarded by a Nursing and Midwifery Council (NMC) approved provider over a 2-year period</td></tr>
</table>

Nursing Associate (NA)	Maximum reimbursable amount Standard: £29,726 Outer London: £34,577 Inner London: £35,916
Overview of the role: The Nursing Associate role bridges the gap between healthcare support workers and registered nurses to deliver hands-on, person-centred care as part of the nursing team. They bring a breadth of knowledge and skill to general practice. Nursing Associate training spans all age ranges, is across all four fields of nursing (adult, child, mental health and learning disability) and provides experience in a variety of clinical contexts. This is hugely beneficial in general practice settings. With continued professional development, Nursing Associates will provide additional capacity within the nursing team. This might be in areas such as contributing to cervical cytology screening, to support delivery of Quality and Outcomes Framework activity and management of long-term conditions. **Key tasks include**: Provide and monitor care, including care for individuals with complex conditions such as dementia, mental health conditions, and learning disabilities and contribute to the delivery of integrated care, support registered nurses to enable them to focus on the more complex clinical care, perform and record clinical observations such as blood pressure, temperature, respirations, and pulse, perform the clinical health check. May also (after undertaking additional training), provide flu vaccinations, ECGs, venepuncture, and other relevant clinical tasks as required by the PCN, in line with the competencies of the role.	
Training required once in post.	Where the PCN has employed a Trainee Nursing Associate, once they are registered with the NMC, then they fulfil the requirements for working in a PCN.

Physician Associate (PA)	**Maximum reimbursable amount** **Standard: £54,841** **Outer London: £61,022** **Inner London: £63,673**
Overview of the role: Physician associates are medically trained, generalist healthcare professionals, who work alongside doctors and provide medical care as an integral part of the multidisciplinary team. Physician associates are dependent practitioners working with a dedicated medical supervisor but are able to work autonomously with appropriate support. Physician Associates will have a role to play as part of the diverse multi-skilled PCN team, including: managing patient lists; providing health promotion and disease prevention advice for patients; performing physical examinations; diagnosing illnesses; seeing patients with long-term conditions; undertaking residential, nursing and home visits; taking medical histories from patients; analysing test results; making referrals and developing management plans. **Key tasks include**: Seeing patients with long-term chronic conditions; taking medical histories from patients; performing physical examinations; Seeing patients with undifferentiated diagnoses; formulating differential diagnoses and management plans. Performing diagnostic and therapeutic procedures; developing and delivering appropriate treatment and management plans; requesting and interpreting diagnostic studies; providing health promotion and disease prevention advice; peak flow examinations and urine dip sticks. **Regulation of Physician Associates:** The Department of Health and Social Care is working with the General Medical Council to bring Physician Associates (PAs) into regulation as early as possible in the second half of 2022. Until Physician Associates are regulated, the Faculty of Physician Associates (FPA) strongly recommend that employers only consider recruiting physician associates who are registered on the Physician Associate Managed Voluntary Register (PAMVR) . This is a register, managed by the FPA, of fully qualified Physician Associates who have been declared fit to practise in the UK. Currently, PAs are not able to prescribe or request ionising radiation (e.g. chest x-ray or CT scan).	
Funding:	Health Education England (HEE) have funding available to support the development of both clinical and professional skills in Primary Care for newly qualified Physician Associates. There is a £5,000 preceptorship allowance to support the supervision and educational needs for newly qualified physician associates working in primary care in England. For details PCNs should contact a regional HEE office (provided in the Physician Associate Preceptorship guidance).

Training required once in post	Requirements of the preceptorship: • The preceptorship programme will be undertaken for a minimum of a 1 year (WTE) and must entail a minimum of 50% [or 6 months' full time equivalent in any rotation of placements] being spent in Primary Care. • Open to all PAs commencing a programme in the first 12 months of practice after gaining registration on the national register, or a PA taking up their first post in primary care since gaining registration. This would also include the transition of PAs from secondary care with a maximum of 3 years' experience • The weekly timetable should include at least 1 dedicated session for education. • Placements should have an educationally approved primary care clinical supervisor. • Enable the post–holder to engage in multi-professional learning activities, attend Training Hub Education and Peer Support sessions. • Individual post–holders will be expected to complete and maintain all the requirements of the UK PA managed voluntary register (PAMVR). There are a number of useful documents to support the development of PAs in general practice that are located on the general practice employers page on the Faculty of Physician Associates website.

Clinical Pharmacist (CP)	**Maximum reimbursable amount** **Standard: £56,829** **Outer London: £63,010** **Inner London: £65,660**
Overview of the role: Clinical Pharmacists working in PCNs play a key patient facing role in joining up patient care across primary and secondary care by working closely with other healthcare professionals such as community and hospital pharmacy teams. When carrying out an in-depth structured medication review, pharmacists are able to spend longer consulting with patients so any issues can be discussed in detail, freeing up GP resource and helping to improve access. Continuity of care can also be established which means the pharmacist can better understand their patients' circumstances, needs and desired outcomes with regards to their medicines. They help to deliver better outcomes for patients, including stopping some medicines which are no longer needed.	

Clinical Pharmacists often treat those patients who already have a diagnosis, typically those with long term conditions such as asthma, diabetes, high blood pressure and arthritis. They can give individual advice about how medicines work, carry out monitoring and checks, and talk about side effects, providing much needed reassurance and clinical advice to patients. As independent prescribers they are able to monitor trends and interpret blood results to focus on reducing any potential harm that can come from the long-term use of medicines or poor compliance. This will be key when implementing any recommendations from the forthcoming review of overprescribing, the PHE Prescribed Medicines Review and the Independent Medicines and Medical Devices Safety Review. **Key tasks include**: Developing bespoke integrated pharmaceutical care plans for individual patients and performing medication reviews, facilitate communication and liaise across a patient's care pathway (including wider primary care workforce, secondary care, social care and domiciliary as well as link prescribers), manage patients with more complex long-term conditions such as "difficult" hypertension, compliance with lipid-lowering therapy and supporting innovation and access and uptake to medicines.	
Training required once in post	Clinical Pharmacists employed through the Network Contract DES will either be enrolled in, or been granted exemption from, the 18-month Primary Care Pharmacy Education Pathway (PCPEP)*. This pathway equips the pharmacist to be able to practice and prescribe safely and effectively in a primary care setting. *The 18-month pathway includes 28 dedicated study days. Independent prescribing is in addition to the training pathway and will be completed following completion of the PCPEP.

Pharmacy Technician (PT)	**Maximum reimbursable amount** **Standard: £36,114** **Outer London: £41,714** **Inner London: £43,581**
Overview of role: Pharmacy Technicians play an important role within PCNs and complement the more clinical work of Clinical Pharmacists, through utilisation of their clinical and technical skillset. Their deployment within primary care settings allows the application of their acquired pharmaceutical knowledge in tasks such as audits, discharge management, prescription issuing, and where appropriate, informing patients and other members of PCN workforce. Work is often under the direction of Clinical Pharmacists as part of the PCN pharmacy team. They will lead system improvements to maximise safe, cost effective best practice in prescribing to improve the quality of patient care, including improved repeat prescribing and medicines optimisation.	

Key tasks include: Undertaking patient-facing and patient supporting roles to ensure effective medicines use, through shared decision-making, medicines optimisation, supporting medication reviews and reconciliation for new care home patients, synchronising medicines for patient transfers between care settings and linking with local community pharmacies, supporting antimicrobial stewardship and providing expertise to address both the public health and social care needs of patients, including lifestyle advice, service information, and help in tackling local health inequalities. Providing support to the PCN multi-disciplinary team by: implementing efficient ordering and return processes and reducing medication wastage; supporting practice reception teams in streaming general prescription requests, so as to allow GPs and clinical pharmacists to review the more clinically complex requests; providing training and support on the legal, safe and secure handling of medicines, including the implementation of the Electronic Prescription Service (EPS).	
Training required once in post	Where a PCN employs or engages a Pharmacy Technician under the Additional Roles Reimbursement Scheme, the PCN must ensure that the Pharmacy Technician is enrolled in, undertaking or qualified from, an approved training pathway. For example, the Primary Care Pharmacy Educational Pathway (PCPEP). PCPEP, takes on average 15 months to complete.

First Contact Physiotherapist	**Maximum reimbursable amount** **Standard: £56,829** **Outer London: £63,010** **Inner London: £65,660**
Overview of the role: First Contact Physiotherapists can carry their own caseload as an autonomous practitioner working in primary care. They triage, assess, diagnose and manage a range of complex problems in a holistic and expert manner. Depending on the relevant qualification clinical practice skills may also include additional independent prescribing, injection therapy and diagnostic ultrasound expertise. These roles have been piloted and evaluated in recent years and show significant benefits across primary care and the wider pathway where appropriately integrated, and where clinicians can demonstrate that they are working at academic level 7. Early intervention from a physiotherapist can help to prevent chronic MSK issues and encourage self-management. **Key tasks include**: Assess, diagnose, treat, and manage MSK problems and similar conditions. Request and clinically correlate MSK investigations (such as x-rays, blood tests and ultrasound) and refer to appropriate primary community and secondary care health services, as well as mental health services, social services, and resources in the third sector where able. Develop and make use of their full scope of practice, including skills relating to independent prescribing, injection therapy and investigation.	

Training required once in post	Allied Health Professionals are able to follow roadmaps to evidence their capability as First Contact Practitioners (FCPs) or Advanced Practitioners (APs). For details please view the guidance on supervision training and responsibility.

Dietitian	**Maximum reimbursable amount** **Standard: £54,841** **Outer London: £61,022** **Inner London: £63,673**
Overview of the role: Dietitians can support PCNs by offering dietary management advice for short and long-term conditions, and at the front of pathways for patients presenting with gastroenterological conditions and food allergies. Dietitians can support dietary needs in the management of patients with long term conditions, including obesity, diabetes, heart disease, mental health conditions, hyperlipidaemia, stroke and hypertension. Dietitians have supplementary prescribing rights and they currently supplementary prescribe a range of medications. Dietitians can advise on the appropriate use of nutritional supplements. Dieticians who are operating at the first contact level can work autonomously. **Key tasks include:** Providing specialist nutrition and diet advice and education to patients, their carers and healthcare professionals, including the wider PCN through treatment and education plans and prescriptions.	
Training required once in post	Allied Health Professionals are able to follow roadmaps to evidence their capability as First Contact Practitioners (FCPs) or Advanced Practitioners (APs). For details please view the guidance on supervision training and responsibility.

Podiatrist	**Maximum reimbursable amount** **Standard: £54,841** **Outer London: £61,022** **Inner London: £63,673**
Overview of the role: The Podiatrist will provide effective and efficient assessment, diagnosis and care planning undifferentiated, undiagnosed foot and lower limb problems. The Podiatrist will use precision clinical skills and provide highly developed diagnostic services. They can assess and treat patients of all ages across a wide range of conditions. This includes people with lower limb biomechanical problems, structural deformities, vascular issues, diabetes, arthritis, dermatological problems, and general infections. Podiatrists who are operating at the first contact level can work autonomously.	

Depending on the relevant qualification, clinical practice skills may also include independent prescribing, as part of their patient management. **Key tasks include**: Assess, diagnose, treat and manage a caseload of patients with lower limb conditions and foot pathologies for a range of patients from low risk to long term acute conditions, deliver foot health education to patients and colleagues, use and provide guidance on a range of equipment including surgical instruments, dressings, treatment tables, and orthotics. Use therapeutic and surgical techniques to treat foot and lower leg issues (e.g. carrying out nail and soft tissue surgery using local anaesthetic) and prescribe, produce, and fit orthotics and other aids and appliances.	
Training required once in post	Allied Health Professionals are able to follow roadmaps to evidence their capability as First Contact Practitioners (FCPs) or Advanced Practitioners (APs). For details please view the guidance on supervision training and responsibility.

Occupational Therapist (OTs)	**Maximum reimbursable amount** **Standard: £54,841** **Outer London: £61,022** **Inner London: £63,673**
Overview of the role: Occupational Therapists (OTs) can reduce demand on primary care by resolving underlying complex problems that are the root cause of multiple issues. For example, frailty, end of life care, mental health, social isolation, loneliness, sickness absence from work, or unemployment. Their early intervention can prevent crises or loss of ability to manage day-to-day activities. Their work can potentially reduce unnecessary hospital admissions and improve successful transitions to the community and back to work. Occupational therapy-led primary care mental health services have the potential to reduce the need for referral to secondary care. OTs can identify the need for medication review and liaise with an independent prescriber. OTs who are operating at the first contact level can work autonomously. **Key tasks include**: Assessment, planning, implementing and evaluating treatment plans, with an aim to increase patients' productivity and self-care, through a shared-decision making approach to plan realistic, outcomes-focused goals. Help find ways to help people to continue with everyday activities that are important to them, supporting people of all ages with physical, mental, social or developmental difficulties to build or rebuild life skills.	
Training required once in post	Allied Health Professionals are able to follow roadmaps to evidence their capability as First Contact Practitioners (FCPs) or Advanced Practitioners (APs). For details please view the guidance on supervision training and responsibility.

Paramedic	Maximum reimbursable amount Standard: £54,841 Outer London: £61,022 Inner London: £63,673
Overview of the role: Paramedics use their enhanced clinical assessment and treatment skills, to provide first point of contact for patients presenting with undifferentiated, undiagnosed problems relating to minor illness or injury, abdominal pains, chest pains and headaches. They are health professionals who have the capability to make sound judgements in the absence of full information and to manage varying degrees of risk when there are complex, competing or ambiguous information or uncertainty. Paramedics can triage patients, undertake telephone and face-to-face consultations, carry out home visits (including residential and nursing homes) as well as request, review and act on laboratory results. They can refer to specialist services for certain investigations as appropriate. Depending on the relevant qualification, clinical practice skills may also include independent prescribing, injection therapy and diagnostic imaging expertise. Please note, that for paramedics who are not operating at Level 7 capability in paramedic areas of practice or equivalent (such as advanced assessment diagnosis and treatment) the PCN must ensure that each Paramedic is working as part of a rotational model, in which they have access to regular supervision and support from clinicians signed off at clinical practice level 7. **Key tasks include**: Assess and triage patients, including same day triage, perform specialist health checks and reviews, perform and interpret ECGs; alongside other results as appropriate, perform investigatory procedures as required, undertake the collection of pathological specimens including intravenous blood samples, swabs, etc., support delivery of care plans for people with long term conditions, minor injuries, and minor illness, such as those who require wound care, have fallen, have musculoskeletal problems, or who have urinary tract or respiratory infections. Paramedics are also able to prescribe, issue and review medications as appropriate following policy, patient group directives, national and local clinical guidelines and local care pathways. They can work with patients in order to support compliance with and adherence to prescribed treatments and provide information and advice on prescribed or over-the-counter medication on medication regimens, side-effects and interactions.	
Training required once in post	A Paramedic employed by a PCN must be working towards developing Level 7 capability in paramedic areas of practice and, within six months of the commencement of reimbursement for that individual (or a longer time period as agreed with the commissioner), has completed and been signed off formally within the clinical pillar competencies of the Advanced Clinical Practice Framework.

Mental Health Practitioner (MHP)	**Maximum reimbursable amount** A PCN may claim 50 per cent reimbursement for an adult mental health practitioner (MHP) service from within the allocated Additional Roles Reimbursement Sum to a maximum of: Band 5 Standard: £18,057 Outer London: £20,857 Inner London: £21,790 Band 6 Standard: £22,443 Outer London: £25,533 Inner London: £26,859 Band 7 Standard: £27,421 Outer London: £30,511 Inner London: £31,836 Band 8a Standard: £31,352 Outer London: £34,443 Inner London: £35,768 50% of the funding will come from the Mental Health Trust

Overview of the role: These roles are designed to support adults and older people. It is likely that their focus will be people whose needs cannot be met by IAPT, but who may not need ongoing care from secondary mental health services. The role can be reimbursed at Band 5 – 8a and the level of reimbursement will depend on the practitioner that the Community Mental Health Provider recruits in agreement with the PCN. The practitioner can be any clinical registered role such as a community psychiatric nurse, clinical psychologist or mental health OT, for example. Mental Health Practitioners may be the first contact for patients with mental health symptoms such as low mood, anxiety and depression. They can provide guidance and advice about self-management or access to treatment services if needed.

They may operate without the need for formal referral from GPs, including accepting some direct bookings where appropriate, subject to agreement on volumes and the mechanism of booking between the PCN and the provider. PCNs can also secure a CYP practitioner on the same basis, with the agreement of the Provider.

Key tasks include: PCNs and MH providers will want to work together to determine the exact nature of the practitioners' duties and their job description, based on the role outline. However, these are some of the key tasks/responsibilities of the role: provide a combined consultation, advice, triage and liaison function, supported by the local community mental health provider; support shared decision-making about self-management; facilitate onward access to treatment services; provide brief psychological interventions, where qualified to do so and where appropriate; work closely with other PCN-based roles to help address the potential range of biopsychosocial needs of patients with mental

health problems, for example, PCN clinical pharmacists for medication reviews, and social prescribing link workers for access to community-based support.	
Limit on numbers recruited	In 2021/22 there is a limit on the number of Mental Health Practitioners that can be reimbursed through the ARRS. There is a limit of one WTE where the PCN's patient's number is 99,999 or fewer, and a limit of two will apply where the PCN's patients' number is100,000 or over. However, the PCN and Community Mental Health Provider may additionally agree to the provision of a service to support child and young people's (CYP) mental health. Employment and reimbursement arrangements will be the same as for the Adult Mental Health Practitioner.
Training required once in post	N/A

Social Prescribing Link Worker (SPLW)	**Maximum reimbursable amount** **Standard: £36,114** **Outer London: £41,714** **Inner London: £43,581**

Overview of the role: Social Prescribing Link Workers (SPLWs) work with people to give them time, focusing on the question 'what matters to me?' and taking a holistic approach to people's health and wellbeing. They connect people to community groups, activities and statutory services for practical, social and emotional support to address wider and social determinants of health.

SPLWs also support existing community groups to be accessible and sustainable, and help people to start new groups, working collaboratively with all local partners.

Social prescribing works for a wide range of people, including people:

- with one or more long-term conditions
- who need support with their mental health
- who are lonely or isolated
- who have complex social needs which affect their wellbeing.

SPLWs take referrals from a wide range of local agencies, including general practice, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise (VCSE) organisations. Self-referral is also encouraged.

Key tasks include: Provide personalised support to individuals, their families and carers by identifying what matters to the person and wider determinants that may

be affecting their health and wellbeing. Coproduce personalised care and support plans and connect people to community support and groups to address emotional, practical and social support. Use a coaching approach to support people to take control of their health and wellbeing. Proactively identifying and reaching out to cohorts that are most at risk of health inequalities as well as taking referrals. Drawing on and increasing the strengths and capacities of local communities, enabling local VCSE organisations and community groups to receive social prescribing referrals including introducing or reconnecting people to community groups and services.	
Funding:	For social prescribing services sub-contracted by a PCN to another provider, the PCN may claim a contribution towards additional costs charged by the sub-contracted provider of up to £200 per month (£2,400 per year) for each WTE that the sub-contracted provider has apportioned to the PCN related activity. The overall contribution claimed cannot exceed £200 per month and the total amount claimed must not exceed the maximum reimbursable amount for a social prescribing link worker.
Training required once in post	PCNs are required to ensure that social prescribing link workers complete the following training: • Completion of the NHS England and NHS Improvement online learning programme. • Enrolled in or qualified in appropriate training as set out by the Personalised Care Institute • Attendance of peer support networks coordinated by NHS England and NHS Improvement at ICS and/or STP level

Care Coordinator	**Maximum reimbursable amount** **Standard: £29,726** **Outer London: £34,577** **Inner London: £35,916**
Overview of the role: Care Coordinators work as part of a multidisciplinary team in primary care to identify and provide additional assistance to people in need of proactive support. They work with a case load of patients, acting as a central point of contact to ensure appropriate support is made available to patients and their carers where relevant. Care coordinators work with people individually, building trusted relationships and focusing on what matters to the person in order to support them to develop a personalised care and support plan. Care coordinators also support people in preparing for or following up on consultations with health care professionals to help them to be actively involved in managing their care and supported to make choices that are right for them.	

Key tasks include: Identifying and working with people who need additional support to manage their care. Helping people to develop a personalised care and support plan, which includes what matters to the person, how best to support them, their goals and what they can do to support themselves. Helping people with making appointments and ensuring that the care people receive is joined up around their needs. Ensuring that people have high quality information to help them make choices about their care and helping people prepare for shared decision-making conversations.	
Training required once in post	Care Coordinators must be enrolled in, undertaking or qualified from a two day health coaching course or a two day course in care coordination from an accredited Personalised Care Institute provider.

Health and Wellbeing Coach	**Maximum reimbursable amount** **Standard: £36,114** **Outer London: £41,714** **Inner London: £43,581**

Overview of the role: Health and Wellbeing Coaches provide people with one to one or group coaching. They use coaching and motivational conversation techniques to support people to set health related goals and to take steps to achieve these.

They typically work with each person over six to eight sessions, with each session lasting approximately 50 minutes. They might work with people face to face, by phone or through video conference.

Health and Wellbeing Coaches might work with people:

- Identified as at risk of developing a long-term condition, for example through health checks
- People who need additional support to manage a new or existing long-term condition
- People wanting help with weight management or obesity, smoking or alcohol related issues
- People living with chronic pain.

Health coaches use coaching and motivational conversation techniques to support people to set goals for themselves and to take the steps to achieve these.

Key tasks include: Managing and prioritising a case load, providing one to one or group coaching for people over a number of sessions, to support people to set and achieve health related goals and helping people to consider what other help they could draw on to help them look after their health and wellbeing, including referring

people to Social Prescribing Link Workers and signposting people to self–management education programmes.	
Training required once in post	Health and Wellbeing Coaches must be enrolled in, undertaking or qualified from a four-day health coaching course provided by a Personalised Care Institute accredited provider. In addition, Health and Wellbeing Coaches should have monthly supervision from a suitably qualified and experienced Health and Wellbeing Coach.

Additional Information and links

Supervision across all roles are varied dependent of the level of training and capability for the role. For further information about view the Supervision for roles recruited through the Additional Roles Reimbursement Scheme (ARRS).

As a result of the recruitment of the additional roles, PCNs will need to accommodate more people on their estate footprint. Resources are available on FutureNHS, including case studies and tools, which are designed to help PCNs and systems to address this challenge.

[i] Information on qualifications/educational requirements to be eligible for the roles is contained in the Network Contract DES