ADVICE NOTE FOR PCN CLINICAL DIRECTORS:
Accommodating additional Multi-Disciplinary Team (MDT) staff appointed under the Network Contract DES
June 2020

Introduction

i. The Network Contract Directed Enhanced Service (DES) Contract Specification 2020/21 – PCN Entitlements and Requirements ('the Contract') paves the way for around seven additional new full-time clinical support staff for an average PCN in 2020/21. This figure rises to 20 full-time staff by April 2024. It is predicted that the introduction of these new staff, under the Additional Roles Reimbursement Scheme (ARRS), will transform service delivery for patients, and ease the mounting pressures on existing clinical staff, including GPs and practice nurses.

ii. The 'Update to the GP Contract Agreement 2020/21 – 2023/24' (published 6th February 2020) makes reference to ensuring sufficient space is available for additional staff employed under the ARRS (paragraph 1.34).

iii. This advice note sets out pertinent considerations for Networks facing potential challenges in terms of estate. It should be read in conjunction with NHS England & NHS Improvement good practice guidance **Supplementary guidance: Accommodating additional Multi-Disciplinary Team (MDT) staff appointed through the Network Contract DES[1]'**

Advice

1. New MDT support staff will provide a service across a PCN, and in some cases may work across several sites, and / or across multiple PCNs. In terms of estates, this does not mean that every clinician will require a permanent, dedicated room at every (or any) site.

2. It is important for PCNs to fully understand their existing estate and any capacity within it (both in physical terms and in terms of vacancy of room occupation across a given day / week). An assessment of current estate, workforce and service provision delivered to the PCN population is key to developing a viable plan, before testing future options with PCN partners. The scope of this assessment must include general practice, mental health, primary, community and secondary care alongside social care and the voluntary sector.

3. The effective use of technology will enhance service delivery and has the potential to offset the need for future physical space requirements across the PCN. Recent responses to COVID-19 across the Health system introduced new ways of working which may now offer unique opportunities to deliver future MDT services in different and innovative ways.

[1] Further advice and guidance can be found on the 'PCN Frequently Asked Questions' page of the NHS England website: https://www.england.nhs.uk/primary-care/primary-care-networks/pcn-faqs/

4. Not all new services will need to be delivered from existing GP estate. Consideration must be given as to the most appropriate setting for each service, linked to the service model and care pathway being offered. For example, clinical pharmacy staff could undertake telephone consultations from home or may be best located within local Pharmacies, with access to patient consultation rooms to undertake Medication Reviews. Use of Local Authority (Council) buildings or other NHS estate may be appropriate[2]; social prescribing activity could take place in the local library or delivered from Voluntary Sector service locations, for instance. Other Primary Care providers - such as dentists and optometrists - may also present opportunities for shared working and benefits. Mobile solutions should also be considered, particularly in rural PCNs where distances between patients and practices are significant.

5. Duplication and inefficiency should be minimised across a PCN. Where multiple practices have come together to form a PCN, it is likely that they will each have the same number of staff meeting rooms, conference and group rooms and other staff related ancillary accommodation functions. Consideration could be given in the medium- and long-term to consolidating and sharing conference or group room facilities to free up space and create additional clinical or admin space to host for MDT hubs, for example. These could be given over to operational clinical floorspace to accommodate new MDT staff, for example.

6. Steps to address the need for additional capacity may include:

    a. Consideration of 'Digital First' solutions at every stage of service delivery with a view to reducing the volume of patient footfall where alternative service delivery is more appropriate;

    b. Identifying space across a PCN footprint freed up as a result of the digitisation of Lloyd George Records national programme;

    c. Promotion of flexible / home working for Clinical and MDT staff to reduce pressure on the estate;

    d. Accessing the estate of all PCN partners, relieving the pressure on GP practice premises;

    e. Creation of telephony or digital 'pods' in an under-utilised patient waiting room, or an existing oversized clinical consulting room or staff meeting room to support online consultations and free up clinical space;

    f. Consolidation of estate where sharing arrangements could be developed;

2 In these instances, a licence agreement for use by MDT staff may be a required.

g. In addition to accessing clinical rooms during lunchtime closures in surgeries, MDT staff could utilise the full floorspace of GP practices into the evenings, at weekends or during other periods of inactivity – this, potentially, could create more than 30 hours of additional capacity per room and provide an immediate solution[3];

h. PCNs should critically assess their sessional occupation of clinical rooms on a regular basis. A consultation room, for example, could be utilised by members of the MDT team in between morning and afternoon GP sessions, or on GP non-working days. Administration and other non-patient facing tasks can be undertaken from a central back office, a GP-breakout or admin room, or even off-site to free up clinical rooms to effect full time and extended use;

i. Reconfiguration of existing floorspace which requires capital investment is a last resort and should only be considered where all other options have been considered and exhausted;

7. Notwithstanding any of the above, it is acknowledged that the success of estate solutions will depend on strong working relationships, collective understanding and the effective sharing of knowledge, information, and data across all PCN partners. GP Practices should not consider this to be a problem they must address in isolation.

NHS England and Improvement
Primary Care Estates Team

For further advice and guidance on estates and PCNs, please access the PCN estates network by following the steps below:

- Go to www.networks.nhs.uk;
- Click 'register' (in the top right hand corner);
- Once you are registered, click onto the link https://www.networks.nhs.uk/nhs-networks/pcn-estates-network/view and select 'join this network'. You will then receive a confirmation from NHS Networks.

[3] Assuming an additional 2 hours per evening, 5 days a week, totalling 10 hours; an additional 20 hours spread across Saturday and Sunday, and; any additional utilisation within the core hours – for example, between morning and afternoon surgeries.