

Meeting of the BSW CCG Primary Care Commissioning Committee Report Summary Sheet

Report Title	Primary Care Network Additional Roles Reimbursement Scheme Summary					Agenda item	9d		
Date of meeting	22 October 2020								
Purpose	Approve		Discuss		Inform	X	Assure		
Executive lead, contact for enquiries	Jo Cullen, Director of Primary Care								
This report concerns	BSW CCG	X	BaNES locality	X	Swindon locality	X	Wiltshire locality	X	
This report was reviewed by	BaNES locality Primary Care Operational Group Swindon Primary Care Operational Group Wiltshire Primary Care Operational Group								

Executive summary	The report summarises recruitment proposals and forecast spend against funding allocations for the Network Contract DES Additional Roles Reimbursement Scheme (ARRS).								
Equality Impact Assessment	N/A								
Public and patient engagement	N/A								
Recommendation(s)	1. The Committee is asked to note the report and the anticipated spend against the CCG allocation.								
Link to Board Assurance Framework or High-level Risk(s)	Recruitment to additional posts will provide additional capacity, support developing the role of PCNs in transformation and contribute to developing a skilled workforce.								
Risk (associated with the proposal / recommendation)	High		Medium		Low	X	N/A		
Key risks	There is a risk that the PCNs will not recruit to the planned levels and resources will be lost to the system.								
Impact on quality	Additional roles will expand the workforce and support improved patient safety, clinical effectiveness and patient experience								
Impact on finance	<ul style="list-style-type: none"> Planned spend of £5,626,284 against an allocation of £6,585,443 Latest guidance suggests costs will be fully funded at the level required 								

	Finance sign-off: John Ridler	x
Conflicts of interest	All practices have access to funding ARRS roles through the Network Contract DES.	
This report supports the delivery of the following CCG's strategic objectives:	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner	
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan	

Additional Roles Workforce Planning – PCN intentions 2020/21

Summary of recruitment proposals and forecast spend
against funding allocations

Kath Whysall



1. Context: Update to GP contract agreement 2020/21 – 2023/24

The Network Contract DES Additional Roles Reimbursement Scheme (ARRS) has been extended to include Pharmacy Technicians, two new personalised care roles, and three Allied Health Professional (AHP) roles. This is in addition to the Clinical Pharmacist, Social Prescribing link Worker (SPLW), First Contact Physiotherapist (FCP), Physician Associate, and Paramedic roles.

1.1 The new roles introduced from April 2020 are

- First Contact Physiotherapists
- Pharmacy Technicians
- Occupational Therapists
- Dieticians
- Podiatrists
- Health and Wellbeing Coaches
- Care coordinators

1.2 Further expansion of Additional roles

Nurse Associates and Trainee Nurse Associates were very recently added to the list and are appointable from October 2020. Mental Health Practitioners and Paramedics are reimbursable from April 2021

1.3 Workforce Roles with limit on number reimbursable

As stated in the Network Contract DES Specification 6.3.3, reimbursement for Pharmacy Technicians and FCPs is limited to one role per PCN (up to 99,999 patients) during 2020/21.

However, it is stated at 6.3.4 that “The commissioner may waive any limits in (Table 1) where this is agreed by the PCN, the commissioner, and the relevant Integrated Care System”

2. Guaranteed Investment in the Scheme

From April 2020/21, each PCN was allocated a single combined maximum sum, based upon its weighted population share. The basis for weighting is the same as for the practice global sum. The allocations have been calculated using January 2020 weighted population.

2.1 Making full use of funding

GPC England and NHSE/I are insistent that the additional roles funding should be fully used each year, rather than lost to general practice. They have laid down a workforce planning process and timetable for PCNs, with support from CCGs and systems.

2.2 Planning Process

As part of the DES, all PCNs are ‘expected to seek to utilise 100% of their available funding’. The CCG is required to develop a CCG-wide plan to use the available ARRS

budget every year, jointly with Clinical Directors and LMCs. Community partners should also be engaged.

2.3 Planning timetable

All PCNs were required to submit a first draft of their Workforce Plans using a national template by 31 August 2020. Of the 24 PCNs, templates were received from all other than Great Western. The completion of recruitment intentions for 20/21 was mandatory (Part A), and PCNs were invited to complete their indicative intentions for the period 2021/22 – 2023/24. Very few PCNs completed this voluntary information at this first stage of plan submissions.

Final submissions are now required by 31 October 2020, including intentions for the remainder of the five year GP contract deal (Part A and Part B).

The primary care team have aggregated the workforce template submissions for all PCNs in BSW CCG, and the summary was forwarded to NHSE nationally and regionally on 9 September as required.

3. PCN intentions

3.1 Summary of proposed recruitment for 2020/21

The table below provides an overall summary of recruitment intentions across BSW PCNs, for roles expected to be in post by 31 March 2021.

Top picks appear to be more Clinical Pharmacists and SPLWs, Pharmacy Technicians and FCPs. As mentioned above, recruitment to the posts of Pharmacy Technician and FCP are restricted in 2020/21 to 1.0wte per PCN with population list size up to 99,999. However, some PCNs have stated their desire to employ more in the remainder of this year, and are in discussions with senior Primary Care colleagues about this.

Table 1

Role	Totals
2019-20	
Clinical Pharmacist	25.03
Social Prescriber	13.36
2020-21	
Clinical Pharmacist	37.84
Social Prescriber	31.04
First Contact Physiotherapist	19.76
Physicians Associate	7.00
Pharmacy Technician	22.20
Occupational Therapist	1.00
Dietitian	5.00
Podiatrist	0.00
Health & Wellbeing Coach	4.64
Care Co-ordinator	8.60
Total WTE	175.47

4. PCN indicative spend

4.1 High level summary of indicative spend and potentially unclaimed allocation

Based on the 23 templates submitted, a significant underspend is forecast as shown in Table 2, and in the highlighted cells in Table 3.

Table 2

2020-21 allocation	£6,585,443
2020-21 anticipated spend	£5,626,284
August submission anticipated shortfall spend against allocation	£959,160
PCN overspends (funded at risk)	-£27,192

£986,352

The anticipated spend is 85% of the CCG allocation. The range of lowest to highest anticipated spend of allocation of the PCNs is from 39% (Brunel 2) to 112% (Salisbury Plain). Salisbury Plain, Devizes, and Heart of Bath are planning managed overspends in this financial year. They could potentially bid against unallocated funding after October.

A separate more detailed summary of roles and spend per PCN is attached separately, as is a summary showing roles and spend per PCN.

4.2 Indicative spend per role

Table 3 also shows the breakdown of proposed spend per role

Part A (Required for all PCNs)							Table 3	
Name of CCG:	NHS Bath and North East Somerset, Swindon							
Org Code (if known):	92G							
Last updated:	02 September 2020							
Allocation available to the CCG under the Additional Ruler Reimbursement Scheme								
CCG weighted population as at January 2020:						923,489		
CCG-level ARRS Allocation 2020/21:						£6,585,400		
Recruitment intentions for 2020/21 through the Additional Ruler Reimbursement Scheme (due by 31st August)								
This section sets out all additional roles available through the scheme in the forthcoming year. The full time equivalent (FTE) number of people in each role that PCNs intend to recruit is shown in the table below, based on a 37.5 standard working week. The template splits recruitment by quarter to allow a more accurate calculation of spend against the available allocation. Where a PCN anticipated the loss of a role recruited through the scheme during the year (for example, because a role is changing to be split across neighbouring PCNs), this will have been entered as a negative figure. Note that the indicative spend calculation is based on the maximum reimbursement amount for each staff role, and assumes that individuals are in place for the whole of the quarter for which they are								
	Recruited during 2019/20	Recruitment intentions for 2020/21				Additional FTE as at March	Indicative spend per role 2020/21	
		Quarter 1 April-Jun	Quarter 2 Jul-Sep	Quarter 3 Oct-Dec	Quarter 4 Jan-Mar			
Clinical pharmacists	25.03	7.00	11.00	17.64	2.20	62.87	£2,764,199	
Social prescribing link workers	13.29	6.20	7.30	13.14	4.40	44.33	£1,154,920	
First contact physiotherapists		4.00	5.40	9.20	1.20	19.80	£720,927	
Physician associates		0.00	0.00	7.00	0.00	7.00	£188,034	
Pharmacy technicians		1.60	6.20	14.40	0.00	22.20	£475,982	
Occupational therapists		0.00	0.00	0.00	1.00	1.00	£13,431	
Dietitians		0.00	0.00	3.00	2.00	5.00	£107,448	
Podiatrists		0.00	0.00	0.00	0.00	0.00	£0	
Health and wellbeing coaches		0.00	0.00	2.64	2.00	4.64	£64,408	
Care coordinators		0.00	1.60	7.00	0.00	8.60	£136,935	
				TOTAL:		175.44	£5,626,283	
				Amount left to PCNs:			£959,117	

The WTE recruitment intentions entered by the PCN is used to calculate a theoretical cost this year based on the 'Quarter' in which the PCN expects to recruit to that particular role. The template assumes that recruitment will be from the start of the quarter and calculates at the maximum cost per WTE. There is likely to be slippage on the value derived by this if the PCN hasn't appointed on the 1st of each quarter and/or pays less than the cap amount. This would make the potential underspend larger.

5. Role Requirements, Recruitment and Retention

5.1 CCG and systems support to PCNs

The BSW Training Hub (TH) is available to offer support to PCNs and practices recruiting Additional Roles. Members of the TH team are already allocated, as well as the hub currently trying to recruit a Pharmacy Lead. The Leads will have an advisory capacity in relation to recruitment, competency frameworks and career development, as well as facilitating peer support groups and arranging other suitable supervision events. The Hub may also be able to fund any additional training needs not already covered in support of this scheme.

Working in collaboration with other Training Hubs in the South West, BSW are in a best practice network, and looking at the potential for mixed STP support when cohort numbers are low and can't be sustained.

The Primary Care Teams and/or GPFV leads in each locality are also in regular contact with PCNs and can offer advice and signposting about the roles and the ARRS program itself.

5.2 Community partner service providers

Schemes are already in place and new ones emerging whereby local community providers, both NHS, independent and CVS are offering and delivering hosted employment (e.g. FCPs, SPLWs). Commissioners are involved in discussions with providers to ensure that employment meets the required conditions and delivers the required outputs, as well as being sustainable across the wider workforce.

A full section of information on the Additional Workforce roles is available at **Annex C: Network Contract DES Workforce Role Descriptions and Outputs** (Update to the GP contract agreement 2020/21 – 2023/24)

6. Next steps and timetable

6.1 Local liaison with PCNs

CCG primary care leads, together with Training Hub leads, will discuss recruitment plans with individual PCNs and local/community partners. Plans can be adjusted and developed where possible to maximise use of ARRS funding allocations.

6.2 Agreement of Plans

By 30 September CCG to agree aggregate plans with CDs and determine amounts of unclaimed allocations for in-year distribution to other PCNs if necessary. By 31 October PCNs to provide recruitment intentions up to 2023/24 to CCG.

6.3 Bidding process

The CCG must advise PCNs on a process to bid for additional funding in October. This will be shared with LMCs and NHSE. Any redistributed funds will be a one-off payment for 2020/21 and will not add recurrently to the ARRS allocation to the benefitting PCN in future years.

6.4 Discussions with NHSE and national Primary Care leads

Clinical Directors have written via the BSW Primary Care Director, upwards to national Primary Care colleagues, expressing concern about the lack of flexibility to utilise unclaimed in-year ARRS allocations. Direct discussions are ongoing at the time of writing.

Primary Care leads representing each BSW Locality met with the Regional NHSE team on 18 September to review workforce plan submissions. The issue of flexibilities was again pursued at this meeting.

Kath Whysall
GPFV Lead
21 Sept 2020

Part A (Required for all PCNs)

Name of CCG:
 Org Code (if known): 92G
 Last updated: 02 September 2020

Allocation available to the CCG under the Additional Roles Reimbursement Scheme

CCG weighted population as at January 2020: **923,489**
 CCG-level ARRS Allocation 2020/21: **£6,585,400**

Recruitment intentions for 2020/21 through the Additional Roles Reimbursement Scheme (due by 31st August)

This section sets out all additional roles available through the scheme in the forthcoming year. The full time equivalent (FTE) number of people in each role that PCNs intend to recruit is shown in the table below, based on a 37.5 standard working week. The template splits recruitment by quarter to allow a more accurate calculation of spend against the available allocation. Where a PCN anticipated the loss of someone recruited through the scheme during the year (for example, because a role is changing to be split across neighbouring PCNs), this will have been entered as a negative figure. **Note that the indicative spend calculation is based on the maximum reimbursement amount for each staff role, and assumes that individuals are in place for the whole of the quarter for which they are entered into the table.**

	Recruited during 2019/20	Recruitment intentions for 2020/21				Additional FTE as at March 2021	Indicative spend per role 2020/21
		Quarter 1 April - Jun	Quarter 2 Jul - Sep	Quarter 3 Oct - Dec	Quarter 4 Jan - Mar		
Clinical pharmacists	25.03	7.00	11.00	17.64	2.20	62.87	£2,764,199
Social prescribing link workers	13.29	6.20	7.30	13.14	4.40	44.33	£1,154,920
First contact physiotherapists		4.00	5.40	9.20	1.20	19.80	£720,927
Physician associates		0.00	0.00	7.00	0.00	7.00	£188,034
Pharmacy technicians		1.60	6.20	14.40	0.00	22.20	£475,982
Occupational therapists		0.00	0.00	0.00	1.00	1.00	£13,431
Dietitians		0.00	0.00	3.00	2.00	5.00	£107,448
Podiatrists		0.00	0.00	0.00	0.00	0.00	£0
Health and wellbeing coaches		0.00	0.00	2.64	2.00	4.64	£64,408
Care co-ordinators		0.00	1.60	7.00	0.00	8.60	£136,935
TOTAL:						175.44	£5,626,283
							Amount lost to PCN: £959,117

Indicative intentions for 2021/22 (due by 31st October)

This section is for emerging recruitment intentions (reflecting perceived demand) across all staff groups as a whole figure for each remaining year of the GP contract deal. CCGs will share this information to support demand and supply modelling at local, system, regional and national level. Further detail for each role is set out on the 'Supporting Information' tab.

	2020/21	2021/22	2022/23	2023/24	Position as at March 2024
Clinical pharmacists	62.87	3.00	3.00	0.60	69.47
Social prescribing link workers	44.33	4.50	1.00	1.70	51.53
First contact physiotherapists	19.80	3.50	1.00	0.00	24.30
Physician associates	7.00	5.00	3.00	2.00	17.00
Pharmacy technicians	22.20	6.00	1.00	2.00	31.20
Community paramedics	-	11.50	0.00	0.30	11.80
Occupational therapists	1.00	0.00	0.00	0.00	1.00
Dietitians	5.00	0.00	2.00	0.00	7.00
Podiatrists	0.00	0.00	0.00	0.00	0.00
Health and wellbeing coaches	4.64	1.00	0.00	1.00	6.64
Care co-ordinators	8.60	3.00	3.00	1.75	16.35
Mental health practitioners	-	14.50	2.00	1.50	18.00
Indicative total recruitment as at end March 2024:					254.29

Additional comments (please ensure you do not include any personally identifiable information in this section).

Requests for support to progress recruitment activity (e.g. advertising posts, supporting recruitment activity, brokering recruitment opportunities with neighbouring PCNs):

Bath Independent Practices, - ; Brunel PCN 1, K84012/J83009/J83633 - ; BRUNEL HEALTH GROUP PCN2, U71014 - ; Brunel 3, J83057, J83036, J83064, J83645, J83646 - ; brunel 4, J83038 - ; CaYK, U68450 - Through the BSW GP Jobs website this should be advertised in all relevant sector recruitment vehicles. A recruitment fair for additional roles. Easy pathways for mandatory role training and CPD. Encourage agencies who may be interested in tendering for the contract to provide a service where there is interest across PCNs.; Chippenhm Corsham and Box (CCB), - We would very much like support in the Occupational therapist role and recruitment as this is a new job role for us please - any contacts or suggestions as to where to recruit from would be great; Devides, U25572 - We would be keen to gain preceptorship funding through the Training Hub, with a view to providing a robust development program for newly qualified PA's within the Devides PCN. As a network, we would be willing to support the brokering of recruitment opportunities between neighbouring PCNs with a view to supporting those networks with mentorship and

Any other comments:

Bath Independent Practices, - ; Brunel PCN 1, K84012/J83009/J83633 - ; BRUNEL HEALTH GROUP PCN2, U71014 - The capitation figures above have not been adjusted with the changes to the makeup of the PCN, therefore the calculations of the available spend are incorrect. ; Brunel 3, J83057, J83036, J83064, J83645, J83646 - ; brunel 4, J83038 - ; CaYK, U68450 - NB CaYK assumption is that recruitment intentions/year stated here but costed cumulatively against a budget on following COSTED DUMMY and MODELLED tabs. CaYK workforce planning strategy: (1) develop mental health team by expanding the range of HCPs to include the skills of HWB coaches as well as expanding the capacity of our current MHP role (2) develop and utilise paramedics, as funding becomes available, to form part of the Practice Duty Team and support the management of housebound patients aiming for better, more coordinated care to reduce number of avoidable admissions (3) develop a new role for a Care Coordinator to support the GPs/Practice Admin team with Safeguarding work (4) pharmacy strategy is to build a PCN-wide

Part B (Voluntary for all PCNs)

Name of CCG: NHS Bath and North East Somerset, Swin
Org Code (if known): 92G
Last updated: 01 September 2020

Recruitment intentions for 2020/21 across the CCG's wider PCN teams

PCNs can now enter additional information on planned recruitment for 2020/21 across the wider team to support skills mix planning. This will support discussions with the primary care training hub to plan for the education, supervision and career support needs of the whole multi-disciplinary team. It will also feed into the development of recruitment and retention initiatives at CCG and system level. The starting position as at end March 2020 should reflect latest workforce information provided by the PCN and its member practices to the National Workforce Reporting System. Numbers should be entered in full time equivalent (FTE) terms, as per Part A.

	Staff numbers as at March 2020	Quarter 1 April - Jun	Quarter 2 Jul - Sep	Quarter 3 Oct - Dec	Quarter 4 Jan - Mar	Position as at March 2021
GPs (excluding registrars and locums)	42.89	-0.23	0.78	-0.33	0.00	43.11
Nurses	58.72	-2.46	0.47	-0.74	0.00	55.99
<i>Of these, how many do you anticipate will be:</i>						
...advanced nurse practitioners		7.73	0.00	-1.00	0.00	6.73
PCN Clinical Directors	3.88	0.00	0.00	0.00	0.00	3.88
Other direct patient care staff (outside of ARRS)	8.07	0.00	0.00	0.00	0.00	8.07
Non-clinical / admin roles	143.21	-1.24	0.89	-0.57	0.00	142.29

Indicative intentions for the remainder of the five year GP contract deal

Lastly, enter emerging recruitment intentions (including perceived demand) across the same staff groups for each remaining year of the GP contract deal. CCGs will share this information to support demand and supply modelling at local, system, regional and national level. Information already entered for 2020/21 recruitment, and recruitment under the ARRS scheme, will automatically feed through to this section.

	2020/21	2021/22	2022/23	2023/24	Position as at March 2024
GPs (excluding registrars and locums)	43.11	0.00	0.00	0.00	43.11
Nurses	55.99	0.00	0.00	0.00	55.99
Clinical pharmacists	62.87	3.00	3.00	0.60	69.47
Social prescribing link workers	44.33	4.50	1.00	1.70	51.53
First contact physiotherapists	19.80	3.50	1.00	0.00	24.30
Physician associates	7.00	5.00	3.00	2.00	17.00
Pharmacy technicians	22.20	6.00	1.00	2.00	31.20
Community paramedics		11.50	0.00	0.30	11.80
Occupational therapists	1.00	0.00	0.00	0.00	1.00
Dietitians	5.00	0.00	2.00	0.00	7.00
Podiatrists	0.00	0.00	0.00	0.00	0.00
Health and wellbeing coaches	4.64	1.00	0.00	1.00	6.64
Care co-ordinators	8.60	3.00	3.00	1.75	16.35
Mental health practitioners		14.50	2.00	1.50	18.00
PCN Clinical Directors	3.88	0.00	0.00	0.00	3.88
Other direct patient care staff	8.07	0.00	0.00	0.00	8.07
Non-clinical/admin staff	142.29	0.00	0.00	0.00	142.29
Total indicative multi-disciplinary team:	428.78	52.00	16.00	10.85	507.63

Additional comments (please ensure you do not include any personally identifiable information in this section).

Supporting information and / or requests for support Please provide any supporting information below, or indicate if your PCN requires any further support to help progress recruitment workforce planning activity.

Bath Independent Practices, 0 - ; Brunel PCN 1, K84012/J83009/J83633 - ; BRUNEL HEALTH GROUP PCN2, U71014 - ; Brunel 3, J83057, J83036, J83064. J83645, J83646 - ; brunel 4, J83038 - ; CaYK, U68450 - ; Chippenham Corsham and Box (CCB), 0 - ; Devides, U25572 - ; East Kennet, U62545 - ; Sarum North PCN, 0 - ; Heart of Bath, 0 - ; Keynsham PCN, 0 - ; Melksham & Bradford on Avon, U82536 - Clinical Director is 8 hours per week. Network Manager is currently 8 hours per week. Proposal being costed for additional Banking, financials and contract management 5 hours a week. Admin/data analyst 12 hours per week; Minerva, 0 - ; North Wilts Border PCN, U61347 - ; Salisbury Plain PCN, U21547 - ; Sarum South PCN, U82430 - ; Sarum West, U55979 - ; 3 Valleys Health, U05340 - ; Trowbridge PCN, U85644 - ; Unity Medical Group, 0 - ; Westbury & Warminster PCN, U78164 - ; Wyvern Health Partnership, J83001, J83022, J83024, J83027, J83059 - ;

Nursing Please indicate which branch of nursing you are considering (e.g. adults, children's, mental health, learning disability etc):

Bath Independent Practices, 0 - ; Brunel PCN 1, K84012/J83009/J83633 - ; BRUNEL HEALTH GROUP PCN2, U71014 - ; Brunel 3, J83057, J83036, J83064. J83645, J83646 - ; brunel 4, J83038 - ; CaYK, U68450 - ; Chippenham Corsham and Box (CCB), 0 - ; Devides, U25572 - ; East Kennet, U62545 - ; Sarum North PCN, 0 - ; Heart of Bath, 0 - ; Keynsham PCN, 0 - ; Melksham & Bradford on Avon, U82536 - Frailty / Older Persons Nurse; Minerva, 0 - ; North Wilts Border PCN, U61347 - ; Salisbury Plain PCN, U21547 - ; Sarum South PCN, U82430 - ; Sarum West, U55979 - ; 3 Valleys Health, U05340 - ; Trowbridge PCN, U85644 - ; Unity Medical Group, 0 - ; Westbury & Warminster PCN, U78164 - ; Wyvern Health Partnership, J83001, J83022, J83024, J83027, J83059 - ;

Other direct patient care staff (i.e. those recruited outside of the ARRS scheme), please give an indication of the roles being considered (e.g. health visitors, nursing associates, health care assistants) to support conversations with your training hub:

Bath Independent Practices, 0 - ; Brunel PCN 1, K84012/J83009/J83633 - ; BRUNEL HEALTH GROUP PCN2, U71014 - ; Brunel 3, J83057, J83036, J83064. J83645, J83646 - ; brunel 4, J83038 - ; CaYK, U68450 - ; Chippenham Corsham and Box (CCB), 0 - ; Devides, U25572 - ; East Kennet, U62545 - ; Sarum North PCN, 0 - ; Heart of Bath, 0 - ; Keynsham PCN, 0 - ; Melksham & Bradford on Avon, U82536 - ; Minerva, 0 - ; North Wilts Border PCN, U61347 - ; Salisbury Plain PCN, U21547 - ; Sarum South PCN, U82430 - ; Sarum West, U55979 - ; 3 Valleys Health, U05340 - ; Trowbridge PCN, U85644 - ; Unity Medical Group, 0 - ; Westbury & Warminster PCN, U78164 - ; Wyvern Health Partnership, J83001, J83022, J83024, J83027, J83059 - ;

