

### Background and introduction:

This project aligns to the NHS People Plan, NHS Long Term Plan and HEE objectives to develop the pharmacy workforce as part of integrated care systems. It is also part of an over-arching objective in the draft NEL Integrated Pharmacy and Medicines Optimisation plan to develop our pharmacy workforce to meet the needs of our local population.

### Aims and objectives:

The project aims to support pharmacy professional development, integration across the ICS and improve recruitment and retention within primary care networks.

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We will offer cross-sector placements aligned to our clinical priorities and population health needs analysis.

### Method:

The project involves pairing primary care pharmacists with clinical mentors who are specialised secondary care pharmacists. These mentors possess expertise in a range of sectors, including respiratory, acute medicine, paediatrics, cardiovascular, mental health, and others.

The pharmacists participate in a program that entails dedicating two or more sessions to working alongside their mentors, with the aim of delivering a portfolio of evidence to ensure quality and consistency in their professional development.

## Implementing a Salaried Portfolio Innovation (SPIN) Scheme for Pharmacists in Primary Care Networks in North East London



The project will develop and test an employment model to find the most effective means to build a sustainable workforce

The objectives of the programme are to:

- Develop a sustainable cross-sector model
- Improve recruitment and retention particularly in hard to recruit areas.
- Support pharmacist career development
- Enhance the patient experience through the pharmacist's specialist knowledge and good working relationships with other healthcare professionals

### Results:

The project successfully secured 12 allocations across Barts Health and NELFT, with 11 pharmacists assigned to their chosen areas. The project received positive feedback from GPs at their respective surgeries, clinical mentors, and the participating pharmacists themselves. The outcomes demonstrate how pharmacists can learn from one another and apply their knowledge from secondary care to enhance their primary care practice. For example, the pharmacists were able to reduce referrals to the respiratory clinic by leveraging their knowledge of the local hospital formulary to prevent further intervention.

### Discussion and conclusion:

The scheme has identified a gap between primary and secondary care, which can be bridged through mutual benefit in safe and effective prescribing. Patients can particularly benefit from increased expertise expressed in primary care consultations. The scheme has demonstrated the potential for pharmacists to lead in improving the quality of consultations in primary care.

Additionally, when patients are discharged from secondary care, the scheme can enhance the understanding of the secondary care team regarding what is beneficial, obtainable, and sustainable for patients when they are discharged back to their surgery.