Implementing a salaried portfolio innovation (SPIN) scheme for pharmacists in primary care networks in North East London

North East London (NEL) Training Hub

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Contents

1. Executive Summary

The Salaried Portfolio Innovation (SPIN) pilot scheme for pharmacists aimed to create a sustainable model that improves the recruitment and retention of early years pharmacists in primary care networks (PCNs) and general practices. It also sought to enhance career development and the patient experience through the specialist knowledge of pharmacists and interprofessional collaboration. While the initial focus was on early years pharmacists, the scheme garnered interest from more experienced pharmacists looking to upskill and develop their careers. Feedback from participants and host providers has been largely positive, with several benefits noted, including improved skills, confidence and a better transfer of care for patients.

However, some areas for further consideration were identified, such as: the need for a longer fellowship duration as some took months to settle in due to having only one day a week dedicated to the SPIN scheme; ensuring consistent start times for all participants and providing more face-to-face sessions. There is also an argument for better managing practice expectations, however this would be up to the individual practices to understand the overall benefit. Additionally, host providers pointed out the need for extended inductions, particularly for Clinical Pharmacists (CPs) placed in secondary care settings. The challenge of concurrent enrolment in other courses may impact dedication and commitment and a refined selection process or clearer expectations may be necessary.

While the scheme's long-term impact on retention is difficult to evaluate at this stage, feedback from CPs suggests increased satisfaction and a greater likelihood of staying in their roles. Overall, the SPIN scheme has achieved several of its expected benefits, but there is room for improvement and refinement.

Future steps to consider:

- Extending the fellowship duration to allow for more comprehensive orientation and learning, particularly for CPs placed in secondary care settings
- Addressing concerns related to CPs concurrently enrolled in other courses by refining selection criteria or establishing clearer expectations to ensure consistent dedication among participants
- Enhancing communication and alignment between host providers and participating practices to avoid misalignment of expectations and ensure efficient use of the CPs' time
- Continuously monitoring the long-term impact of the SPIN scheme on the retention of pharmacists in PCNs and general practices to assess its success in achieving this objective
- Considering expanding the SPIN scheme to additional healthcare sectors, building on the success of the pilot and adapt the programme to serve the needs of more experienced practitioners as well
- Ensuring that participants start the programme at the same time to improve peer networking and support
- Recommending an intensive induction process at the beginning of the fellowship to better prepare CPs for their roles and also ensure that they maximise the duration of their time with the host provider

- Continuing to collect feedback from CPs, host providers and employing practices to make ongoing improvements to the programme.

Overall, the SPIN scheme has demonstrated its potential for the development and upskilling of pharmacists in primary care. By addressing the feedback and considering these next steps, the programme can further enhance its impact and potentially contribute to the retention and career progression of pharmacists in the healthcare sector.

2. Background/Context

The Salaried Portfolio Innovation – New to Practice (SPIN NTP) Fellowship Scheme was first introduced in 2017-18 in response to the workforce needs of the system, population health need and to sustain a permanent general practice workforce in the London region (https://www.hee.nhs.uk/news-blogs-events/blogs/salaried-portfolio-innovation-spin-new-practice-fellowship-scheme). The NHS Long Term Plan and People Plan recognises that pharmacists contribute significantly to improving patients' lives but traditional employment models of working in isolated sectors limits the opportunity for expanding expertise and improving the service for patients (https://www.england.nhs.uk/blog/future-plans-for-the-pharmacyworkforce/#:~:text=The%20NHS%20Long%20Term%20Plan,multi%2Dprofessional%20teams%20across%20PCNs). Additionally, The NHS Long Term Plan emphasises the opportunity to tailor roles to benefit both the individual and the needs of the local primary care system.

There was already a successful GP SPIN programme in place in North East London and with the introduction of Primary Care Networks (PCNs) increasing roles and responsibilities of pharmacists in Primary Care, it was important to recognise the impact of their work and develop their skills further. Developing the skills of pharmacists in primary care within GP practices, is crucial to optimising patient care as they help with medication reviews, dose adjustments and counselling, reducing medication errors and overall improving patient understanding. Their expertise also aids chronic disease management and enhances the overall quality of primary care services, contributing to better patient health outcomes and more efficient healthcare delivery. (https://www.england.nhs.uk/gp/expanding-our-workforce/cp-gp/#:~:text=Clinical%20pharmacists%20work%20as%20part,better%20access%20to%20health%20checks)

This collaboration between pharmacists and GPs ensures a comprehensive and integrated approach to patient care, promoting patient safety and cost-effective treatment. The funding required for the pilot would test and develop an employment model which enables pharmacists to work across two sectors. We planned to align these to a variety of priority areas identified from our population health data analysis of patient needs. Our clinical priorities included mental health, respiratory disease, cardiovascular disease and diabetes.

At the same time, we were aware of the risk of destabilising our existing pharmacy workforce in the Acute Trusts and community pharmacy. This project would be part of a strategy to offer an enhanced experience for the pharmacist employee to improve recruitment and retention across the system.

2.1 Case for change

As per the original bid, recruiting pharmacists for primary care positions has been a challenge in certain geographical areas with high turnover in some practices. Additionally, applicants have limited experience of and exposure to other sectors of pharmacy. This can affect the pace at which they progress into a primary care network role but also the retention rate as they move to get experience in other sectors and increase variety in their job roles. This can leave practice/PCN pharmacists feeling isolated.

Between 2021 – 2025, NEL plans to hire more than 250 pharmacists to work in Primary Care Networks. While this is a commendable initiative, it may have an unintended negative impact on the pharmacy workforce in community pharmacies and acute trusts. Therefore, it is prudent to adopt a system-wide approach to recruitment to minimise the effect on other pharmacy sectors across NEL.

2.2 Our response

North East London (NEL) Health and Care Partnership submitted a bid to NHS England, Workforce, Training & Education Directorate - NHSE (formerly Health Education England - HEE) for a pilot of the Salaried Portfolio Innovation programme in North East London Sustainability and Transformation Partnership (STP), which was agreed by NHSE.

The GP SPIN programme was successfully implemented by the Barking, Havering and Redbridge (BHR) systems. Learning from BHR's experience would allow a more customised approach for pharmacists.

As part of the pilot programme, primary care pharmacists were paired up with clinical mentors who had expertise in different clinical areas and worked in various sectors. The pharmacists were required to work with their mentors for at least two sessions and produce a portfolio of evidence. This STP-wide bid was part of a strategy to offer an enhanced experience for the pharmacist employee, to improve recruitment and retention across the system.

It was anticipated that this project would help develop relationships, peer support and a confident, competent pharmacist. The ambition was to build on networks and truly integrate systems such that the pharmacist would get the career development, professional satisfaction and work life balance they want to achieve within NEL. The project intended to test the type of employment model to find the most effective way to ensure a sustainable workforce was built for pharmacists who want to work locally and develop their careers within NEL.

2.3 Funding arrangements

From the early onset of the Clinical Pharmacist SPIN project, it was identified that additional funding was required to develop this pharmacy-specific programme and support the time that pharmacists would spend outside of their core settings, as well as programme management costs.

A funding bid was therefore drafted in September 2020, aligned to the NHSE LaSE Pharmacy priorities of:

- Primary Care and Community Pharmacy
- Early Years Pharmacist Development (Pre-registration and Foundation Pharmacist practice)
- Quality in Education and Training
- Service and workforce transformation

3. Project Aim

The goal of the programme was to create a model that was sustainable across different sectors. It aimed to improve the recruitment and retention of early years pharmacists (equivalent to NHS Agenda for Change bands 6-8a) especially in areas which struggled to recruit or retain pharmacists in PCNs/Practices.

Additionally, the programme sought to support the career development of pharmacists and improve the overall patient experience through the specialist knowledge of pharmacists and their ability to build good working relationships with other healthcare professionals.

Whilst the pilot targeted the recruitment of early years pharmacists, it quickly became apparent through the Expression of Interest forms that more experienced pharmacists would also be able to utilise this as a career development and upskilling tool. As such, the emphasis was more on the retention value the pilot could offer.

3.1 Objectives

Based on experience with the GP model there would be a number of expected benefits for the individual pharmacist, the pharmacy profession, the wider healthcare system and patients, as a learning culture was developed. These include:

- Improve recruitment
- Practices and host organisations benefit from increased capacity and specialist knowledge.
- Improve diversity of thought and understanding of primary and secondary care, in both organisations
- Promote career progression through portfolio working
- Improve profile of local area
- Offer support for early years pharmacists who may otherwise feel vulnerable or isolated
- Encourage integrated system working and collaboration between partners
- Create a sustainable cross-sector model
- Patient benefit from pharmacist's specialist knowledge and their good working relationships with, and knowledge of, other healthcare providers

- Test the mentoring model, clinical leadership support model and how a SPIN model would fit with future multi-sector integrated rotational model
- Deliver tangible outputs including a resource pack, produced during the project to support expansion of the programme, e.g. Project Management Documentation, an employment operating model and supporting documentation e.g. HR contracts, a peer support and mentoring framework.

4. Methodology

4.1 Pilot Scope

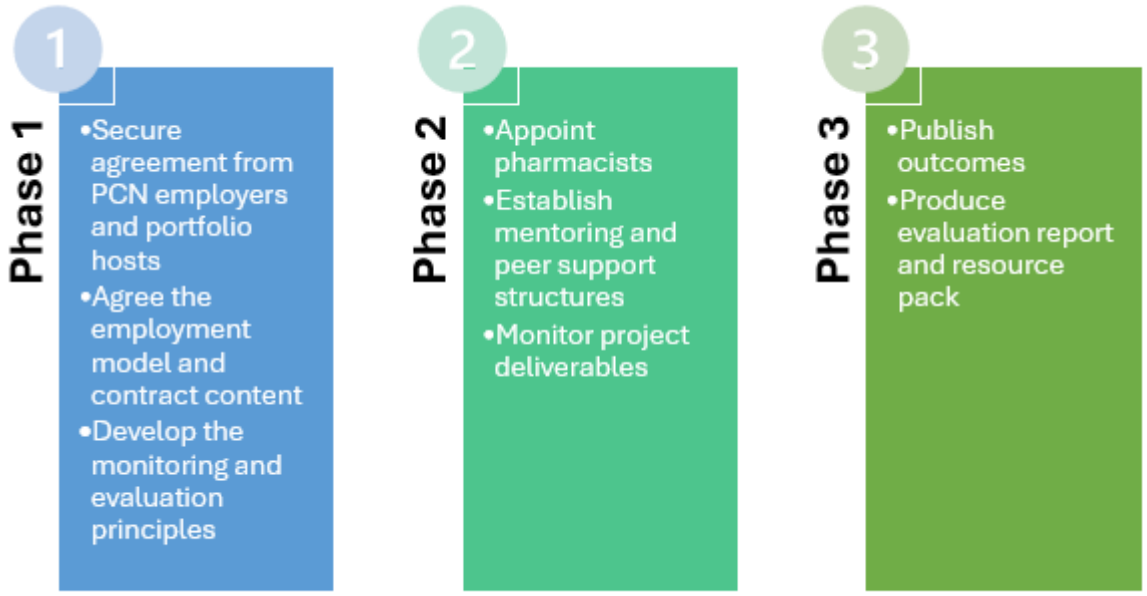
Pharmacy technicians and advanced practice pharmacists were outside of the scope of the pilot. Fellowships would take place in alternative settings with them occurring in diverse environments such as Acute Trusts (specifically Barts Health and BHRUT) and Mental Health Trusts (notably ELFT), as well as community pharmacies or NHS 111.

4.2 Pilot Structure

Pharmacists would be expected to work the majority of the weekly contract for one employer (a core role) plus 1-2 sessions per week in an alternative setting. This could include acute trusts, community and mental health trusts, community pharmacies and NHS 111.

In addition to these sessions, pharmacists would have access to dedicated peer support sessions, facilitated by an experienced clinical lead pharmacist. These sessions would be an important part of supporting individuals' developmental needs. The content of the sessions would be determined by the project pharmacists and would be a forum for sharing issues, concerns or successes.

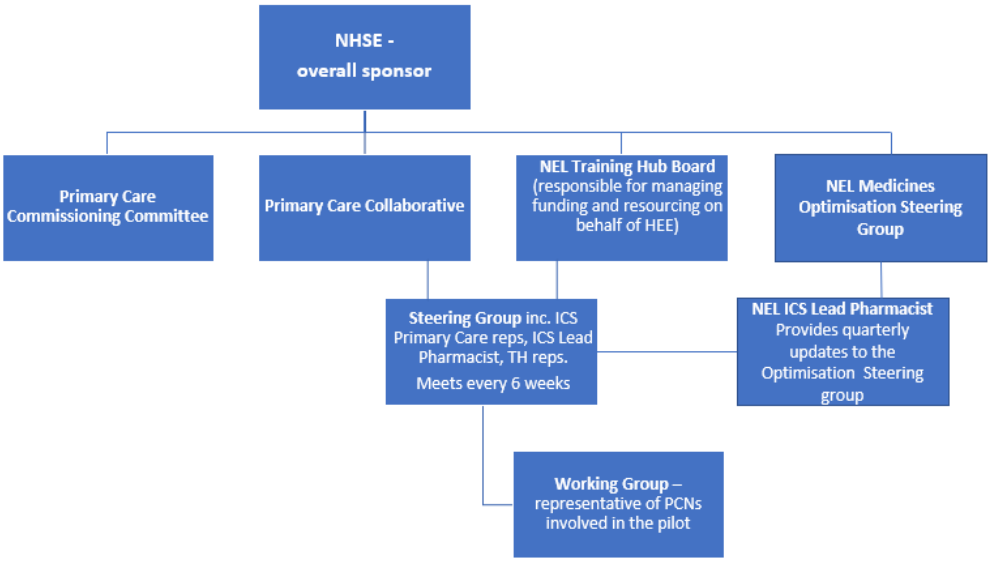
4.3 Project implementation



4.4 Governance

The governance structure for the project included a Programme Director, a Clinical Lead, a cross sector working group and a small steering group looking at overall strategy. The steering group would report to the NEL (STP) Workforce and Training Hub Committee. The working group would also report to the STP Medicines Optimisation Steering Group and Programme Director for Medicines Optimisation and Pharmacy Transformation.

GOVERNANCE STRUCTURE



4.5 Process

A promotional flyer and Expression of Interest forms were developed and shared with all relevant colleagues in the system including PCNs, Trusts and Training Hubs (for further circulation), asking if they would be willing to participate in the scheme. The event was also promoted on the NEL Training Hub website and two presentation events with Question & Answer sessions were organised in March 2022 to provide further insight into the pilot and its benefits. A Clinical Lead Pharmacist was also sought, who had experience in leading pharmacists and developing training programmes; they would have to dedicate up to two sessions per week as a clinical lead to provide guidance and one-to-one support for Fellows joining the pilot. Concurrently, potential host providers were identified by the Programme Director for Medicines Optimisation and Pharmacy Transformation, colleagues in the ICB and NEL Training Hub, who were contacted regarding their interest in hosting a Fellow. A Working Group was also established discussing the strategy and objectives of the pilot representative of all parties involved.

Forms were returned and processed during March/April 2022 and a series of meetings with all respondents took place over a period of several months. 13 Practices/PCNs originally expressed an interest with 11 committing (and two asking to be considered if there were to be a second cohort).

The Clinical Lead was the first position to be recruited in July 2022. We secured interest from three host providers and had three practices which expressed an interest in running Fellowships internally. It was agreed that the practices could also host their own Fellows developing a particular specialty/project that would benefit the wider PCN/local population health needs. Subsequently we engaged 11 Pharmacists onto the scheme:

Table 1:

Borough	**Number of Fellows**
Redbridge	5
Barking & Dagenham	3
City & Hackney	1
Newham	2

Host providers:

Host provider	Pathway offered
Barts Health NHS Trust	Cardiovascular management/AF & lipid clinics: working with the team to deliver care to patients with the associated conditions, would also have the opportunity to manage acute inpatients if desired.
	Acute Medicine: working with the acute medical team, reviewing new patients across a range of specialties, ward round attendance, enhancing comminution and the discharge interface/ transfer of care.
	Paediatrics: working within general acute paediatrics, along with supporting specials and liquid standardisation.
	Medicines Information: developing MI query skill answering, critical appraisal skills, supporting patient queries, service improvement, communication issues at the interface.
	Medication Safety and Governance: working on medicines safety projects associated with our high-risk areas of Controlled Drugs, opioids, antibiotics and insulin.
	Antimicrobial stewardship: working with specialists around this agenda, multiple opportunities to improve use of antimicrobials in both generalist and specialist arenas, Outpatient Parenteral Antibiotic Therapy (OPAT)
	Specialist Medicine (gastroenterology, dermatology, rheumatology): supporting the clinics in continuation of therapies for these patients
	Anticoagulation: support the delivery of anticoagulation to complex patients and improve the prescribing of and transfer of care of anticoagulants.
	Respiratory: complex asthma – spirometry, compliance reviews, meds optimisations – management of modifiable risk factors ahead of moving to biologics. tuberculosis (TB)

	clinics - potential for latent TB in migrant population (to be scoped more completely before being able to offer).
BHR University Hospital NHS Trust	Project to look at (cross-sector) medication issues raised at GP liaison forum and some quick win improvements that can be made to resolve issues and improve the communication pathway between primary and secondary care (separate to electronic transfer of discharge letter to primary care).
NELFT	Learning Disabilities (LD): To support with management of patients with LD, including STOMP clinics and annual health checks.
	Community Mental Health Teams (CMHT): To support with management of patients on CMHT caseload, including antipsychotic depot and clozapine prescribing. Support of optimisation of physical health management, particular medicines.

A mapping exercise then began with 1:1 conversations taking place with Clinical Pharmacists (CPs) to understand their experience and areas of specialism they wanted to pursue in parallel with their PCN/Practices' needs.

A selection form was distributed asking CPs to state their preferences according to the pathway opportunities available and then a mapping exercise ensued looking at best matches (**Appendix 1**).

Memoranda of Understanding (MOUs) were prepared for the pharmacists; these contracts were used as part of the national SPIN fellowship scheme for GPs on which this pilot was modelled. The HR team at NHSE at the time had developed the MOUs for the programme and these were deemed to be the most appropriate contract for this pilot. Signatories for each fellowship were obtained from all relevant parties including the Fellow, their practice, the placement provider, North East London Health & Care Partnership/NEL Training Hub as appropriate.

The MOUs were first shared in September 2022 with revisions made in March 2023 to incorporate the transition between funding providers (Integrated Care Board to Waltham Forest Federated Network) and details of how practices would be reimbursed where they could not claim Fellows' additional project time through the Additional Roles Reimbursement Scheme (ARRS). Nine CPs were onboarded in September/October 2022 with two due to join in April 2023.

Inductions with the host providers were undertaken. Monthly peer support sessions and 1:1 meetings commenced with the Clinical Lead Pharmacist early in 2023. The roles taken by

each Fellow are highlighted in Table 1 below which also shows those who were working on a Quality Improvement (QI) project.

5. Results

5.1 Evaluation of the programme

Of the 11 Fellows originally interested in the scheme, one left their Fellowship (and PCN – Barking & Dagenham) due to career progression. One Fellow wanted to change their chosen pathway halfway through the year which wasn't feasible so would like to be considered if there is a second cohort (Barking & Dagenham). Two Fellows who were due to commence the programme in April 2023 after completing their IP course left their PCN (Redbridge) and had no further communication with the programme team.

All CPs participated in two sessions per week as part of their SPIN project.

Table 2: Roles undertaken by each Fellow and area of practice:

	Borough	**Pathway**	**Host**	**QI project**
1	BHR – Redbridge	Paediatrics	Barts NHS Trust	QI project suggested was around cost-saving on antibiotics prescribed on discharge but was not able to be done due to time constraints
2	BHR – Redbridge	Diabetes	Newbury Group Practice	Currently in the early stages of initiating a diabetes-focused project in their practice, with the aim of

				enhancing the efficiency of care for identified diabetic patients; their objective is to streamline the care process in such cases.
3	BHR – Redbridge	Diabetes	Newbury Group Practice	As above (working alongside colleague)
4	BHR – Barking	Respiratory	Barts NHS Trust	QI project started in primary care using search tools provided by host; QI project was to address over-salbutamol usage and patients not using an ICS inhaler but being prescribed a SABA inhaler.
5	Newham	Acute Medicine	Barts NHS Trust	N/A
6	Newham	Diabetes	Market Street Health Group Practice	QI project was around addressing

				diabetes however due to dedicated time thanks to the SPIN scheme, Fellow is now NEL clinical lead for diabetes supporting in upskilling diabetes in Newham
7	City & Hackney	Anticoagulation	Barts NHS Trust	QI project on Working on secondary lipid lowering therapy – 4 groups. Patients on secondary prevention, 2. Lower strength statin 3. Those on a low intensity statin. 4. Medication not reaching target (<1.8 LDL)

The Clinical Lead's core responsibilities revolved around facilitating and determining the content of peer support sessions for the recruited CPs. These sessions served as a pivotal platform for CPs to engage in knowledge exchange, share experiences and collaboratively

address challenges inherent to their roles within the healthcare sector. This environment fostered not only professional growth but also the development of a dynamic and supportive community.

The Clinical Lead took the initiative to develop one-to-one and peer review worksheets utilising the RPS Core advanced framework (**Appendix 2&3**). This framework aligns seamlessly with the General Pharmaceutical Council's (GPhC) four domains, which include person-centred care and collaboration, professional practice autonomously at a team or service level, leadership and management, education and research which are set out in GPhC Standards for the initial education and training of pharmacists. These worksheets serve as valuable resources, allowing CPs to self-assess their performance and development in critical areas, essential to their professional advancement. The worksheets were approved by NHSE.

In addition to group support sessions, the Clinical Lead conducted monthly one-on-one meetings with each Clinical Pharmacist; these started off as regular meetings but funnelled to ‘as and when’; this was because the majority of the learning was covered in the productive peer review sessions, so the one-on-one meetings served as an opportunity to discuss any concerns or developments in private. These meetings were designed to provide a dedicated space for CPs to discuss their progress, seek guidance on specific cases or projects and address any concerns they encountered in their professional journey. The primary goal of these meetings was to ensure that CPs felt comprehensively supported in their work; this was evidenced by the Fellows mentioning how the Clinical Lead made them feel well supported and was highlighted in the feedback.

Recognising the unique needs of each Clinical Pharmacist, the Clinical Lead was attuned to the fact that more frequent support meetings might be required on an individualised basis. This tailored approach underscores the commitment to the success and well-being of CPs, acknowledging that support must be responsive and adaptive to their evolving needs. Every CP was regularly reminded, whether it was one-on-one or through the peer review meetings, to continue reflecting on their learning and how they use their learning to impact themselves, their primary care practice and team. The Clinical Lead provided mentoring support and clinical information to expand CPs’ thinking and take their learning into practice.

Another vital aspect of the Clinical Lead's role was the provision of updates via regular meetings with all stakeholders. These updates were discussed in the cross-sector working group meetings, which subsequently reported to the NEL ICS Workforce and Training Hub Groups. Through these updates, the Clinical Lead showcased the progress and achievements of CPs under their mentorship. This ensured that stakeholders were well-informed about the programme's tangible impact on the healthcare sector. The SPIN project

team met with NHSE colleagues on a six weekly basis to provide updates on the progress and trajectory of the project.

5.2 Observations after 6 months

Information and reflections were collated throughout the programme to inform the overall success of the pilot at the end of the 12 months. Observations at the midway point included:

- Inductions need to be tailored more specifically according to individuals' experience
- Financial arrangements to be discussed and agreed with the sponsor before 'go live'
- More thorough discussions with CPs before commencement to gauge their level of experience and knowledge and ensure they are appropriately placed
- Agreement on outputs/measurements from all parties within the first 6-8 weeks of the programme.

5.3 Feedback and outputs

To collate overall feedback, a form was produced in agreement with the Working Group to gather qualitative and constructive feedback. This was given to participants towards the end of the scheme, to get a better reflection of how the scheme impacted the individuals involved (**Appendix 4**). However, feedback was collated as an informal mid-year evaluation too. All respondents, including the two pharmacists who left the SPIN scheme early, provided positive feedback on how their secondary care or primary care practice had been impacted.

Surveys were distributed via email to Fellows, host providers/Clinical Supervisors and employing PCNs and practices. (Appendix 5&6)

The feedback on the pilot has been very positive to date, from both Clinical Pharmacists and host providers. The Clinical Lead and SPIN Project Manager were invited to record an overview on the Primary Care UK podcast hosted by Dr Munir Ali-Zubair, in January 2023.

The SPIN scheme was successfully accepted as a poster abstract at the Clinical Pharmacy Congress, in May 2023. The poster garnered positive attention which can be regarded as a significant achievement for the project, the abstract clearly highlighted the goals, method and some achievements. An abstract was also submitted for the Royal Pharmaceutical Society Conference in November 2023. The Project Manager presented the pilot at the London SPIN NTP Strategy meeting in July 2023; Rachel Roberts, Primary Care Dean, London subsequently shared the presentation slides with the Primary Care Workforce NHSE team.

All of the Fellows who responded said they would recommend the scheme

5.3.1 Benefits cited by Fellows included:

- Transferring knowledge and skills acquired on the Fellowship back to their GP Practice
- Developing interpersonal and clinical skills by shadowing a mentor
- Increased confidence and competence
- Protected time to learn specialism
- Good experience observing how patients are cared for in the secondary care setting
- Can now contribute to a better transfer of care of patients that have been admitted to hospital and upon discharge; able to action the discharge communications more effectively
- Better able to advise patients about any changes to their treatment and care

5.3.2 Other feedback and areas for further consideration included:

- A longer Fellowship of c.18 months and a programme to support more experienced and advanced practitioners would be beneficial
- Ensuring the cohort start at the same time to improve peer networking
- Support and mentoring with next steps
- Some face-to-face sessions would have been useful
- Outline end goals at the start so Fellows can plan/map out the year
- Manage GP Practices' expectations more effectively. Understanding of the SPIN programme from wider Practice team, not simply those who have agreed to the programme in the Practice
- Programme could have been geared more towards primary care. Educate mentors on the role of GP Pharmacists and inform them of the clinical areas and type of learning that will be of benefit
- Not having a mentor for first few months caused some teething problems
- Intranet access/resource issues at host provider site
- Limited induction
- Designated buddy due to staff resourcing issues would have been useful.

5.3.3 Feedback from host providers included

- Fellow has been able to demonstrate learning within the clinical area and has been able to practise without supervision
- Lack of clear personal learning objectives from Fellow at start/unclear how this fits in with PCN role
- Initial challenges based on need for extended induction into secondary/tertiary care clinical pharmacy roles, clinical & logistical; difficult to achieve with weekly visit- recommend an intensive e.g. week induction at start
- The speciality fellowship should be offered to experienced practitioners only (several years in PCN first or previous hospital pharmacy experience) alternatively, a generalist SPIN rotation first before a speciality experience
- Fellow felt ward-based clinical pharmacy role and practice was not relevant to their PCN role; therefore needing to spend time in other areas e.g. clinics- less contribution within pharmacy team/mismatch of expectations
- The host team learnt from the unique experience offered by the GP Pharmacist
- The Fellow was able to support the team and help address transfer of care issues
- One day (two sections) per week might not be sufficient to optimise the learning experience of the Fellow
- There are some fundamental learning elements e.g. reconciling discharge medications, that were unable to be completed due to time limit.

5.3.4 Feedback from employing GP practice and PCNs included:

- Fellow's pathway was changed due to lack of available staff. Practice was disappointed and felt Fellow's time was not used efficiently
- Payment chasing issues

  Fellow's skills have been well-implemented into their Practice e.g. identifying incorrect coding at the practice and making amendments
- Increased confidence with clinical consultation. Upskilled with training, more confidence with medication choices tailored to patient need
- More specific information about time commitment would be helpful, along with a framework including milestones to track progress
- CPs need to be aware that they should not be involved in other training whilst on the Fellowship programme.

A subset of the pharmacists are actively engaging in practice-based or secondary care projects, driven by their acquired knowledge through designated allocations. The projects are highlighted in Table 1 above.

The Clinical Lead personally attests to the positive impact of the SPIN scheme and has witnessed first-hand, substantial growth and increased confidence in each Fellow under their supervision. Constructive feedback received from both Fellows and Host providers aligns with the Clinical Lead's observations. Notably, there is consensus that the induction period, particularly for CPs placed with secondary care host providers, warrants an extended duration of one to two weeks. This extension is considered essential to provide an adequate period for comprehensive orientation, as the current one-day-per-week arrangement had been deemed insufficient for an induction.

Furthermore, it has been acknowledged by the CPs who were concurrently enrolled in other courses that it can be challenging juggling several courses, depending upon their varying academic deadlines and priorities (in particular those enrolled in the CPPE PCPEP pathway or those doing their independent prescribing course). Addressing this concern may involve refining the selection criteria or establishing clear expectations to ensure participants' are supported to complete all terms of participation in the SPIN scheme e.g. submitting their worksheets or attending meetings in a timely manner.

5.4 Reflections from a Fellow – Diabetes Fellowship undertaken at employer practice

Prior to the SPIN programme I was doing general long-term condition (LTC) reviews including diabetes. I had an interest and passion to pursue diabetes however there was no capacity in practice for me to be released or supported beyond continuing professional development (CPD).

The Fellowship enabled me to have protected and dedicated time only for diabetes. I was also provided protected supervision time from the Lead Diabetes Consultant GP. I had a separate clinic for diabetes as well as time to learn and carry out quality improvement work.

Increased volume in diabetic reviews and weekly debriefing of cases with my supervisor was crucial in developing and enhancing my confidence and competence in diabetes. The Fellowship enabled me to become a specialist diabetes pharmacist.

The year allowed me to complete two quality improvement projects, attend and represent the practice at diabetes multi-disciplinary team (MDT) meetings and expand the Practice Diabetes Team, thus enable a higher volume of patient reviews as well as quality of care through specialist training.

The complex cases I dealt with, and improvement work, contributed significantly to my core advanced portfolio. I have now successfully passed my credentialing and am an advanced pharmacist. Without SPIN I would not have been able to gather sufficient evidence of practice for the period of submission. I can now work as an Advanced Diabetes Pharmacist.

With the enhanced skillset and experience gained from the year, I felt confident enough to apply for a post as a clinical diabetes lead for education and facilitation and was successful in securing the post.

Outline of fellowship
First quarter: Refreshed and updated my knowledge and skills. I learnt how to conduct effective diabetic reviews and detailed understanding and insight into the eight care processes. I was signed off to complete diabetic foot checks and increased my confidence in reviewing annual diabetic reviews.

Second quarter: I focused on all levels of diabetic reviews including complex cases. My confidence in referrals to secondary care and Diabetes Specialists Nurses in the community grew. I started to attend the diabetes MDT meetings, run and supported by the diabetologist and specialist diabetes nursing team. I also started reviewing patients and titrating insulin [doses].

Third quarter: I was fully independent and confidently prescribing for diabetes across all complexities. I was supporting colleagues within my practice with diabetes queries: HCAs, nurses, doctors. I identified two improvement projects: Pathway to early diabetic reviews for learning difficulties and identifying and appropriate coding for chronic kidney disease (CKD) and potential diabetic nephropathy.

Fourth quarter: Trained for group consultation in diabetes. Established member of the practice diabetes team. Recognised clinician at the diabetes MDT.

Next steps:

- *I will be working as an Advanced Diabetes Pharmacist*
- *Continuing my work as a Clinical Diabetes Lead for education and training*
- *Sign off to prescribe initiation of insulin*
- *Considering steps for Consultant Diabetes Pharmacists*

6. Conclusion

In conclusion, the Salaried Portfolio Innovation (SPIN) pilot scheme for pharmacists has made significant strides in achieving its aims and objectives. The scheme has demonstrated success in various dimensions.

The SPIN scheme has not only attracted early years pharmacists but also garnered interest from more experienced practitioners seeking career development. Feedback from participants and host providers has been largely positive, highlighting improvements in skills, confidence and patient care transfer. The scheme has effectively enhanced interprofessional collaboration and promoted a comprehensive and integrated approach to patient care.

The pilot has shown positive early indicators of success. While the long-term impact on retention is challenging to evaluate at this stage, feedback from Clinical Pharmacists (CPs) suggests increased job satisfaction and a higher likelihood of staying in their roles. The

benefits cited by Fellows, including the transfer of knowledge and skills, increased confidence, and improved patient care, align with the scheme's objectives.

The question of the model's sustainability remains a crucial consideration. The positive feedback and interest from participants suggest a promising foundation, but ongoing monitoring is essential. Recommendations for extending fellowship duration, refining selection criteria and ensuring consistent dedication among participants reflect a commitment to refining the model for long-term success.

The SPIN scheme has addressed challenges in recruiting pharmacists for primary care positions and has provided a framework for retaining them. The feedback from host providers and employing practices indicates positive outcomes, with Fellows actively contributing to their respective workplaces and demonstrating increased competence.

Improvements in patient experience have been observed from the feedback received by the Fellow. For example from the feedback given in this report the Fellow has reported enhanced abilities in conducting diabetic reviews, contributing to quality improvement projects, and actively participated in multidisciplinary team meetings. The positive impact on patient care is evident, aligning with the scheme's overarching goal of improving the patient experience through the specialist knowledge of pharmacists.

While the SPIN scheme has demonstrated success, it is hard to quantify if that was in question. Areas for development in future have been identified, these include the need for a longer fellowship induction duration, better alignment of start times for participants, and improved communication between host providers and participating practices and lastly the challenges of concurrent enrolment in other courses and the importance of reviewing expectations highlight the need for ongoing refinement. To build on the success of the pilot, future steps should involve addressing the identified areas for improvement. This would include continuously monitoring the long-term impact on retention. Expanding the SPIN scheme to additional healthcare sectors and accommodating more experienced practitioners aligns with the scheme's adaptability and potential for broader impact.

Overall, the pilot has provided benefits across the system and has fulfilled its remit of successfully trialling a recruitment and retention model for early year pharmacists in primary care networks (PCNs) and general practices. With the findings in this report, it would be prudent for stakeholders to consider the next steps for developing this model; whether that be with a similar, new cohort in NEL, widening the eligibility parameters to include a broader range of pharmacists or assisting with the roll out of this programme across other ICS networks.

7 Appendix

7.1 Appendix 1: Fellowship Preference Selection Sheet

SPIN Clinical Pharmacist Fellowship opportunities

CLINICAL PHARMACIST NAME:

PCN:

BARTS HEALTH NHS TRUST					**PREFERENCE 1-5**	**Any other comments/additional information**
Brief overview of the placement, key responsibilities etc.	**Support available e.g. dedicated Supervisor, mentor etc.**	**Number of placements you could support**	**Particular days (if applicable) the Pharmacist/s would be required to maximise training opportunities etc.**	**Location of placement**		
Cardiovascular management / AF & lipid clinics: working with the team to deliver care to patients with the associated conditions, would also have the opportunity to manage acute inpatients if desired	Yes. Via Consultant Pharmacist, CV. Will also be supported by clinical specialist pharmacists in team (8a or above)	2	Mon – Tues Wed – Thurs (two consecutive days per person, but only 1 per day). If for Hypertension would need to be Fri – can negotiate but not regular day – exposure towards end of placement	SBH		
Acute Medicine: working with the acute medical team, reviewing new patients across a range of specialties, ward round attendance,	Yes. Acute Medicine lead pharmacist. Will also be supported by clinical specialist pharmacists in	1	Mon – Tues Or Thurs – Fri	RLH		

SPIN Clinical Pharmacist Fellowship opportunities

enhancing comminution and the discharge interface / transfer of care	team (8a or above)					
Paediatrics: working within general acute paeds, along with supporting specials and liquid standardisation	Yes. Via Consultant Pharmacist, Paediatrics. Will also be supported by clinical specialist pharmacists in team (8a or above)	1	Tues and Wed	RLH		
Medicines Information: developing MI query skill answering, critical appraisal skills, supporting patient queries, service improvement, communication issues at the interface	Yes. MI lead pharmacist	1	Any, but consecutive	Whipps Cross		
Medication safety and Governance: working on Med safety projects	Yes. Senior governance pharmacist	1	Mon – Tues OR Thurs – Fri	RLH		

associated with our high risk areas of Controlled Drugs, Opioids, Antibiotics and Insulin						
Antimicrobial stewardship: working with specialists around this agenda, multiple opportunities to improve use of antimicrobials in both generalist and specialist arenas, OPAT	Yes. Micro lead pharmacist	1	Mon – Tues Or Thurs – Fri	RLH		
Specialist Medicine (gastroenterology, dermatology, rheumatology): supporting the clinics in continuation of therapies for these patients	Yes. Spec Medicine lead pharmacist. Will also be supported by clinical specialist pharmacists in team (8a or above)	2	Gastro – Tues and Wed (TBC) Rheum and Derm – Mon and Tues (TBC)	1 x RLH / Mile End (gastro) 1 x Mile / End Whipps Cross (Rheum / Derm)		
Anticoagulation: support the delivery of anticoagulation	Yes. Via Lead Pharmacist, Anticoagulation.	1	Mon and Thurs	RLH / SBH		

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to complex patients and improve the prescribing of and transfer of care of anticoagulants						
Respiratory: complex asthma – spirometry, compliance reviews, meds optimisations – management of modifiable risk factors ahead of moving to biologics. TB clinics - ? potential for latent TB in migrant population (to be scoped more completely before being able to offer)	Yes. Via lead Pharmacist, Respiratory. Will also be supported by clinical specialist pharmacists in team (8a or above)	1	Mon and Tues preferably (could consider Wed / Thurs with discussion)	SBH		

BHR UNIVERSITY HOSPITAL NHS TRUST						
Brief overview of the placement, key responsibilities etc.	**Support available e.g. dedicated Supervisor, mentor etc.**	**Number of placements you could support**	**Particular days (if applicable) the Pharmacist/s would be required to maximise training opportunities etc.**	**Location of placement**		
Project to look at (cross-sector) medication issues raised at GP liaison forum and some quick win improvements that can be made to resolve issues and improve the communication pathway between primary and secondary care (separate to E transfer of discharge letter to primary care).	Dedicated Supervisor – either a Senior Pharmacist or Deputy CMO	2 minimum				

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NELFT						
Brief overview of the placement, key responsibilities etc.	**Support available e.g. dedicated Supervisor, mentor etc.**	**Number of placements you could support**	**Particular days (if applicable) the Pharmacist/s would be required to maximise training opportunities etc.**	**Location of placement**		
NELFT – Learning Disabilities: To support with management of patients with LD, including STOMP clinics and annual health checks.	Yes – Senior Pharmacist or Learning Disabilities	1	Tues/Wed	Goodmayes/BHR sites		
NELFT – Community Mental Health Teams (CMHT): To support with management of patients on CMHT caseload, including antipsychotic depot and clozapine prescribing. Support of optimisation of physical health management, particular medicines.	Yes – Senior Pharmacist for CMHT	1	Flexible	Goodmayes / BHR sites		

7.2 Appendix 2: Monthly one-to-one document

Monthly one to one document

Key achievements since last one-to-one. Think about What did you learn? And how does it support your current role? How do you plan to utilise this information? How can your peers benefit?	Priorities / Areas of focus for next month
Issues / Concerns / Points to raise	**Key Successes / Development Needs / Review of Actions from last meeting**
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7.3 Appendix 3: Monthly peer review worksheet

Monthly peer review worksheet:

Person centred care and collaboration	
Identify a complex patient[Appendix 1] and describe how they are being cared for: What is the pharmacist's role in the care of this patient? Have you made any contributions to the care? How is the MDT being utilised in their care? (non-medical interventions)	
Professional practice	
How have you applied clinical knowledge and skills to identify, optimise, and prioritise patients with complex, psychological or social needs[see points 2&3 in appendix 1.]? How has the team collaborated to optimise medication for a patient: Have you identified a patient with a working diagnosis? Can you formulate a differential diagnosis? How has local and national guidelines been utilised?	
Leadership and management	
Have you been able to demonstrate any leadership or team management? If so, please give an example of this: Have you seen any examples of great team management that would help you in future or your peers?	

Learning and education	
Have you read any new guidelines or reflected over past ones? Any updates to your personal development plan? Any areas identified you can improve on? How can this benefit your role/primary care practice?	

Appendix. 1. FACTORS CONTRIBUTING TO COMPL EXITY
1. Clinical
• Presence of very severe illness or rare and serious diseases
• Presence of multiple morbidities, where one or more illnesses impact on treatment options of others
• Presence of conditions with limited/ ambiguous evidence base for treatment
• Presence of significant mental illness
• Polypharmacy
• Presence of genetic variability that alters treatment options
• Cognitive impairment
• Involvement of/management by multiple teams across system interfaces
2. Socio-economic
• Lack of access to healthcare, shelter, financial means or other support
• Low educational attainment
• Absences of a safe and supportive home/social network
3. Cultural
• Language barrier
• Requirements for alternative care in line with cultural/religious needs
• Presence of distrust of healthcare provision
4. Readiness to engage
• Presence of distractions/distress
• Behavioural barriers, uninterested in change to harmful behaviours

7.4 Appendix 4: Fellows' survey

Fellows

1. Please enter your details:

   Name:
   Practice/PCN:
   Borough that you work in:
   Programme start date:
   Email address:

2. Please provide brief details/objectives of your chosen Fellowship pathway.

3. Please provide a bulleted summary of your achievements/what has gone well in your fellowship.

4. What challenges have you faced and what could be improved?

5. Do you feel supported? If not please provide details of how you feel this could be addressed.

6. Which parts of the peer support sessions do you find the most useful? Please provide any suggestions on how the sessions could be improved. Please suggest any topics you would like to be covered during the peer support sessions.

7. Has the Fellowship met your expectations?

8. Do you feel you have developed professionally?

9. Have you benefitted the patients i.e. in reviews, consultations, advice etc. in what you have learnt throughout your time in the SPIN scheme?

10. Would you recommend the SPIN scheme?

No	Somewhat	Unsure	Yes	Highly

Appendix 7.5: Host providers and clinical mentor's survey:

Host providers/Clinical mentors

1. Please enter your details:

   Name:
   Organisation:
   Name of Fellow you have been hosting:
   Programme start date:
   Email address:

2. Please provide brief details of the Fellowship pathway.

3. Please provide a bulleted summary of what has gone well with the pilot.

4. What challenges have you faced and what could be improved?

5. Has the pilot met your expectations?

6. Would you recommend the SPIN scheme?

No	Somewhat	Unsure	Yes	Highly

Appendix 7.6: PCN and Practice's survey:

PCNs/Practices:- Aimed at GP supervisors for the Pharmacists

1. Please enter your details:

   Name:
   Organisation:
   Email address:
   Name of Fellow:

2. Please provide brief details of your expectations of the pilot and your Clinical Pharmacist.

3. Please provide a bulleted summary of what benefits the pilot has provided to your Clinical Pharmacist and how these have been transferred to the Practice/PCN.

4. What challenges have you faced and what could be improved?

5. Has the pilot met your expectations?

6. Would you recommend the SPIN scheme?

No	Somewhat	Unsure	Yes	Highly