

SPIN New to Practice GP Fellowships



**Reflections about supporting and retaining
newly qualified GPs in London**

June 2021

What are the key messages?

What did we do?

SPIN New to Practice Fellowships

Health Education England and NHS England and NHS Improvement worked together to develop SPIN New to Practice Fellowships in London. The Fellowships aimed to recruit and retain newly qualified GPs to salaried posts in a local general practice. In addition to their salaried role, Fellows were funded to complete a postgraduate certificate or undertake a portfolio role for 1-2 sessions per week for 1-2 years. Portfolio roles included developing a special interest, supporting a population health project or working in organisations such as Training Hubs, hospices, hospitals, universities or similar. In addition, GPs were offered monthly facilitated peer support sessions and support as needed from a dedicated local Programme Director.

Reflecting on Fellowships

Health Education England and NHS England and NHS Improvement wanted to understand whether SPIN New to Practice Fellowships were achieving their aim of supporting newly qualified GPs and increasing their intention to stay working in a local general practice.

We invited all GPs who began Fellowships between 2019 and May 2021 to provide feedback using online surveys, interviews and discussion groups. We also compared work intentions from a cohort of GPs when they started their Fellowships in 2020 and again 6-10 months later. We surveyed and interviewed other stakeholders involved in the programme, including Training Hubs, GP employers, organisations that hosted portfolio roles, and members of the programme team. Over 400 people provided feedback, which was compiled by an independent team.

What did we achieve?

Recruitment

Over the past 2-3 years, Fellowships have helped to recruit 425 newly qualified GPs to general practices in London. All but one borough in London has hosted at least one Fellow.

About one third of practices that employed GP Fellows said they had previously found it difficult to recruit. These practices said that being able to offer Fellowships helped them to recruit and retain GPs for the 1-2 years of the Fellowship, and they were hopeful that the GPs would stay with them.

Supporting new GPs

New GPs spoke in depth about the benefits they gained from their Fellowship, including:

- **feeling supported** in their transition to working as a salaried GP (96%)
- **enhancing skills** and confidence through Fellowship projects and networking (97%)
- embedding in **wider health and care systems** to support integrated working (94%)

1 in 3 London Fellowships had more portfolio sessions than the England-wide offer funded by NHS England and NHS Improvement

Retention

9 out of 10 newly qualified GPs said that the Fellowships increased their intention to continue working at a local general practice (88%). It is too early to say whether there will be a change in retention statistics in the longer term. Data are not currently available to differentiate GPs who took part in Fellowships and those who did not.

Wider benefits

Services that hosted new GPs in portfolio roles said they gained extra capacity to offer new or enhanced services. They believed that the mutual understanding built up between new GPs and the service would have lasting impacts for the wider system.

How could we keep developing?

New GPs and wider stakeholders suggested that Fellowships could keep developing by:

- **promoting** the benefits of Fellowships more widely to potential portfolio hosts, practices and soon-to-qualify GPs. 1 in 5 key stakeholders had not heard of Fellowships
- more **equitable** and targeted distribution of Fellowships to support practices and boroughs most in need such as those with the most vacancies and those finding it difficult to recruit
- streamlining the programme into a more **consistent and co-ordinated London-wide** initiative, with a single website, application forms and processes, rather than a separate programme with different procedures and staffing in each Integrated Care System
- speaking with national funders about whether **pro rata funding** of portfolio sessions discriminates against those with caring responsibilities or health issues and considering whether the Fellowships could be made available to a wider range of GPs
- improving **monitoring** of the Fellowships, including the longer term impacts on retention, the costs for stakeholders and whether the programme is supporting practices most in need
- considering whether resources from Health Education England are adding value or mainly **subsidising** the universal offer funded by NHS England and NHS Improvement

What are the take away messages?

Feedback from over 400 people suggests that SPIN New to Practice Fellowships helped GPs **feel supported** in their first few years and increased new GPs' intention to **stay working** in their local general practice. (Virtual) peer support and education sessions facilitated by personable and knowledgeable local Programme Directors was a key success factor. Fellowships also benefitted wider systems by developing relationships and encouraging joint working across organisations.

SPIN New to Practice Fellowships were **feasible** to implement but required ringfenced capacity to generate portfolio roles, support organisations with HR issues, provide peer support and manage the programme. Others considering this approach may need adequate capacity for programme management, HR support and senior strategic input to troubleshoot and navigate policy.

London fills over 500 GP trainee places each year. All who qualify will be eligible for a Fellowship. Therefore it is important that Fellowship processes are scalable and sustainable. In 2021/22, Health Education England is investing in 5 WTE Programme Manager roles and 1 WTE Programme Director role (divided into 5 posts). This provides capacity to develop, promote and support portfolio roles. It will be important to review whether this investment adds more value than the universal offer already funded by NHS England and NHS Improvement across England.

Contents

What did we do?	5
What is this document about?	5
What did the programme do?	5
How did we collect feedback?	7
What did we find?	8
How many new GPs took part?	8
Were there any benefits for new GPs?	9
Were there any benefits for wider stakeholders?	12
What could we develop further?	18
What does this mean?	22
Did the Fellowship achieve its aims?	22
Where to from here?	23

Acknowledgements

Health Education England and NHS England and NHS Improvement would like to thank all of the new to practice GPs, general practice representatives, organisations hosting Fellows, Training Hubs, Programme Directors and members of the programme team and others who have built and sustained the programme and shared their experiences to help it continue developing.

An independent team from The Evidence Centre helped to compile people's reflections.

The content of this report reflects the views of the individuals that provided feedback, not necessarily the views of Health Education England, NHS England and NHS Improvement or any other organisation.

What did we do?

This section describes SPIN New to Practice Fellowships and how we collected feedback about the impacts.

What is this document about?

Health Education England worked with NHS England and NHS Improvement to test a new approach to supporting and retaining newly qualified general practitioners (GPs) in London.¹ This document briefly summarises what the programme achieved over the past 2-3 years and stakeholders' reflections about its impact.

What did the programme do?

Programme aim

The Salaried Portfolio Innovation Scheme (SPIN) New to Practice Fellowship aimed to:

- help general practices **fill vacancies** for salaried GP positions
- help newly qualified GPs **feel supported** in their transition to work as a general practitioner
- and, as a result, encourage more newly qualified GPs to **stay working** in a salaried role in a local general practice (ideally the practice that hired them as part of the Fellowship)

The programme was conceived by Health Education England in 2018/19 to help London general practices recruit salaried GPs to fill vacancies, particularly in areas where practices found it difficult to recruit.² From 2019/20, the programme expanded across London.

NHS England and NHS Improvement used this as a model to develop national New to Practice Fellowships, whereby all newly qualified GPs and practice nurses in England are eligible for 1 funded portfolio session per week. In London, Health Education England provided additional funding for monthly peer support sessions, project management and a postgraduate certificate option, with the goal that at least 30-40% of the portfolio opportunities were 2-sessions per week.

The context of general practice work changed during the COVID-19 pandemic, with salaried posts more in demand, vacancies perhaps less difficult to fill and locum work seen as less stable or desirable. The aim of the SPIN New to Practice Fellowship remained the same throughout: to recruit new GPs to salaried posts and increase their intention to remain in those posts.

1 The model was developed by Health Education England in London and later adapted and extended nationally by NHS England and NHS Improvement. Health Education England initially focused on GPs so this report focuses on impacts for GPs. The Fellowship has now extended to general practice nurses, who are not covered in this report.

2 London fills all of its GP trainee places, but there were issues with recruiting newly qualified GPs into substantive roles. The GP Salaried Portfolio Innovation Scheme (SPIN) was set up in Barking, Havering and Redbridge in 2018/2019, where there was particular difficulty attracting GPs who qualified in the area to take on substantive GP roles locally. A survey of GP trainees in this area and another survey across London found that very few GPs nearing qualification wanted to work 7 or more clinical sessions per week. The majority wanted portfolio working and many were considering locum work. SPIN was set up to create attractive salaried and portfolio posts to help keep newly qualified GPs working locally, in the area they trained. From 2019/20 SPIN was extended into North East London and then across London, with all parts of London actively offering Fellowships from 2020/21.

Programme activities

The programme aimed to achieve its objectives by offering:

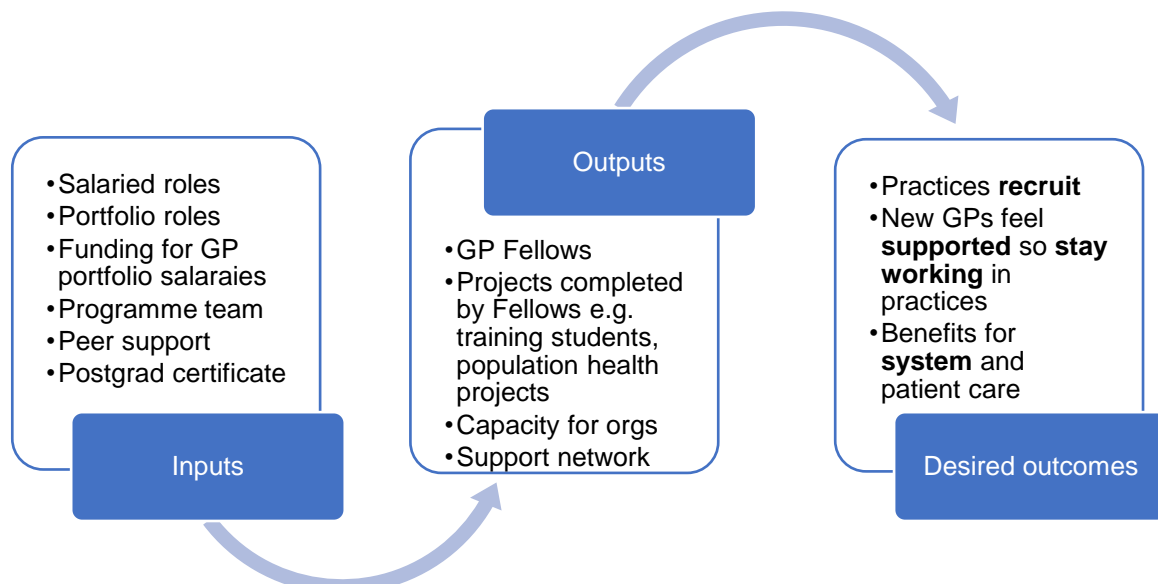
- monthly **peer support** sessions, where GPs taking part in the Fellowship would meet in person or virtually to support one another and take part in sessions facilitated by a Training Programme Director. Mentoring became available in 2021/22, though was not specifically part of the Fellowships;
- **1-2 paid sessions per week away from usual clinical practice** undertaking a portfolio role with another organisation or completing a postgraduate certificate in leadership. The portfolio roles included working with universities to train medical students, working with Training Hubs and Integrated Care Systems to explore commissioning or population health projects, or working on a special interest with a service provider such as a hospital, hospice or charity, for example

There were multiple configurations of the 'programme offer' and it was arranged differently in various parts of London. However the basic principle was for new GPs to have paid time away from clinical work each week to undertake continuing professional development or a portfolio role, and thus feel happier and more likely to want to stay in general practice (see Figure 1).

GPs were paid a set fee for their portfolio role, funded by NHS England and NHS Improvement for up to 1 session per week, pro rata. The portfolio host was asked to contribute for a second session if possible. Portfolio session reimbursement was less than the standard fee for a clinical session in London. Health Education England funded 2 sessions per week for a postgraduate certificate.

Health Education England funded 5 part-time Programme Directors (2 sessions per week) and, from 2021/22, 5 full-time Programme Managers to facilitate the programme and develop 2 session portfolio roles. Programme Directors worked with Training Hubs and other organisations to advertise the benefits of hosting a GP and develop portfolio posts. Training Hubs received funding for their input in 2019/20, and from 20/21 were expected to support Fellowships as part of business as usual.

Figure 1: SPIN New to Practice Fellowships 'theory of change'



How did we collect feedback?

Health Education England and NHS England and NHS Improvement wanted to understand whether and how SPIN New to Practice Fellowships were having an impact, from the perspective of those involved. We collected feedback about the approach using the following methods:

- surveying new to practice GPs near the beginning of their Fellowship in 2020 (52 GPs) and again after 6-8 months in May 2021 (93 GPs),
- surveying GPs coming to the end of their Fellowship in 2020 (32 GPs)
- interviewing and hosting discussion groups with GPs during their Fellowship and a sample of GPs not taking part in Fellowships (54, of which 20 GPs were not doing a Fellowship)
- surveying and interviewing representatives from stakeholder organisations and the programme team in 2020 (76) and again in 2021 to consider progress over time (168)
- monthly meetings with Health Education England and NHS England and NHS Improvement teams, including Programme Directors
- reviewing programme documents and reports, and compiling available statistics

In total, data were compiled from 475 interviews, surveys and discussion groups, though this counts some people more than once if they participated in both 2020 and 2021.

Table 1 shows the number of new to practice GPs taking part in the key phases of data collection. This equates to about 4 out of 10 GPs enrolled in the Fellowship as of May 2021. It is important to emphasise that **Fellows who chose not to provide feedback may have different views**.

In May 2021, 168 wider stakeholders provided feedback about their experience of Fellowships. This included representatives from GP practices (employers) (70%), Training Hubs (15%), portfolio hosts such as hospitals, community services and hospices (8%), GP Federations, Integrated Care Systems or similar (3%) and members of the programme team working across London or in specific areas (4%).

Table 1: Number of people who provided feedback

Area	Fellows feedback October 2020	Fellows feedback May 2021	Total Fellows in post May 2021	Stakeholders feedback October 2020	Stakeholders feedback May 2021
North Central London	40	35	74	21	45
North East London	25	18	74	7	25
North West London	11	10	23	8	30
South East London	5	10	28	9	29
South West London	10	20	24*	23	35
Other	-	-	-	8	4
Total	91	93 (42%)	223	76	168

Note: *excludes 22 Fellows who began in May 2021 as they were too new to feed back. 2020 figures include 52 GPs that were just beginning their Fellowship when surveyed.

What did we find?

This section describes reflections about SPIN New to Practice Fellowships from new GPs and wider stakeholders.

How many new GPs took part?

As of May 2021, SPIN New to Practice Fellowships had helped to recruit 425 newly qualified GPs to London general practices (see Table 2). The numbers rose each year.

Records were incomplete about how many Fellows did 1 portfolio session per week (which equates to a universal offer funded by NHS England and NHS Improvement across England) and how many did 2 or more sessions per week during the history of the Fellowship.

As of May 2021, 1 in 3 Fellowships included more than 1 portfolio session per week (31%). This included those undertaking a postgraduate certificate (see Table 3).

Table 2: Number of GPs participating in Fellowships each year

	2018/19	2019/20	2020/21	2021/22 to May	Total
North Central London		19	60	74	153
North East London	6	25	72	74	177
North West London		10	18	23	51
South East London		2	23	28	53
South West London		2	18	46	66
Total	6	58	191	245	500

Note: These official figures from Health Education England double count GPs who did a 2-year Fellowship. 41 Fellows were recorded as being in the second year of their Fellowship in 20/21 and 34 in 21/22. 17 Fellows undertook a postgraduate certificate in 2019/20 and 34 in 2020/21. These are included in the figures. 37 places are available beginning September 2021.

Table 3: Number of Fellows doing 2 or more portfolio sessions per week as of May 2021

	Fellows in post as of May 2021	Number doing 2+ portfolio sessions	% of total doing 2+ portfolio sessions
North Central London	72	21	29%
North East London	77	28	36%
North West London	23	17	74%
South East London	28	9	32%
South West London	46	1	2%
Total	246	76	31%

Note: These numbers vary slightly from the numbers in Table 2, as they were provided by local programme teams. Those doing 2 or more Fellowship sessions per week include Fellows undertaking a postgraduate certificate, where Health Education England funds 2 sessions per week.

Were there any benefits for new GPs?

In interviews, discussion groups and survey feedback, GP Fellows and wider stakeholders were positive about the value of SPIN New to Practice Fellowships. The main perceived benefits were:

Building knowledge and skills

- opportunities for GPs to develop special interests or explore non-clinical work
- building leadership, management and communication skills
- exposure to things that a newly qualified GP may not otherwise see, such as commissioning and population health
- insight about different organisations in the healthcare system that impact on primary care

Building relationships and support systems

- peer support and networking with like-minded people
- building relationships between GPs and other organisations such as Training Hubs

Recruitment and retention

- support to find and stay in salaried posts
- support to stay working locally in general practice
- helping practices recruit into roles and fill vacant posts
- encouraging practices to consider how to make roles attractive to new GPs

Increased job satisfaction

- new GPs feeling valued
- new GPs feeling like their work was making a difference
- increased variety in the working week

Adding value to practices and other organisations

- new GPs applying newly developed skills or knowledge in their day-to-day practice work
- bringing a new perspective to portfolio hosts
- adding extra capacity for local priorities and projects, or developing new services

Feeling supported

Newly qualified GPs thought that Fellowships had many benefits (see Figure 2). Almost all said that the Fellowship helped them **feel supported** as a newly qualified GP (96%).

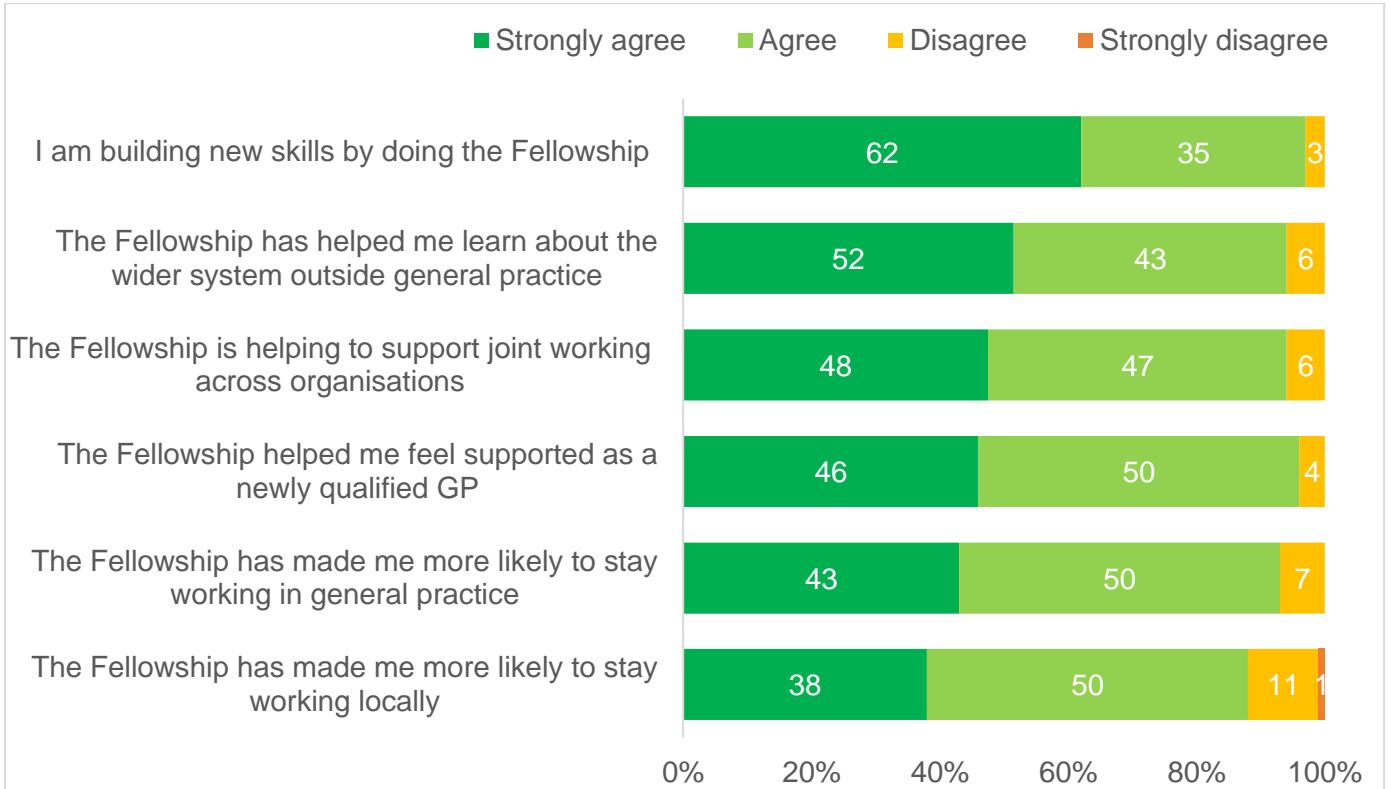
Box 1: Rasheedah’s story

“The Fellowship gave me extra support. You are around people going through the same things and you’re able to share your experience. Everyone doing a Fellowship gets together once a month to provide a support network. I qualified in the middle of a pandemic with all sorts of challenges. It is reassuring to speak with others regularly, and with our dedicated Programme Director and my mentor. I can always call on their knowledge and experience.”



“The Fellowship encouraged me to stay working in my local general practice and is helping me build up my skills. I am tutoring and supporting medical students for 2 sessions a week. I have inspired some of my students to think about becoming a GP when they weren’t considering this as a career option before. I feel like I’m making a difference. My portfolio sessions are the highlight of my week.”

Figure 2: GP Fellows’ perceptions of the impacts of SPIN New to Practice Fellowships



Note: based on interview and survey feedback from 93 GP Fellows in May 2021.

Developing new skills

Almost all new GPs who provided feedback said they had **developed new skills** by doing a Fellowship (97%). 7 out of 10 said they had variety in their working week (75%).

“I have gained skills in leadership, project management and education. My practice has benefitted from having medical students because of the Fellowship. I also think it has helped me and the practice have a better understanding of the local area and systems.” (New to practice GP)

Box 2: Chee Ling’s story

“Doing a Fellowship improved my knowledge, skills and confidence. I’m more confident as a GP. I can run engagement meetings, plan projects and have a better understanding of the infrastructure to support this. I’ve met people that I would never usually be exposed to. I’ve built relationships with networks, Training Hubs, community and hospital teams and commissioners. I’ve learnt how the system works and how to mobilise people.



It can be daunting transitioning from being a GP Trainee to a newly qualified GP. The Fellowship helped my confidence. I’ve learnt transferrable skills such as how to start a project from scratch, engage stakeholders and lead change. Fellowships provide support, mentorship and opportunities to network. You learn about people and places in your community and are inspired about where your career can take you. I want to stay working locally. I feel connected with colleagues and the system.”

Building connections

9 out of 10 newly qualified GPs said that Fellowships helped them learn about the wider system outside general practice (94%) and helped to support joint working across organisations (94%). A similar proportion of practices, portfolio host organisations and other organisational stakeholders also suggested the Fellowships helped newly qualified GPs learn more about the wider system outside general practice (87%).³

“The Fellowship has really exceeded my expectations. It’s helped me find connections in my area, given me a wider appreciation of the systems working in primary care and given me leadership experience. I’ve found the sessions thought-provoking and useful, I’ve found the mentorship and shadowing invaluable and am really looking forward to learning more as my project develops.” (New to practice GP)

“Fellows have worked on various projects such as increasing medical student placements and supporting new members of the primary care workforce through induction etc. This creates a network of new GPs who understand the local system a little better and know each other across practice- and Primary Care Network-geography.” (Training Hub representative)

³ These numbers are based on feedback from 110 stakeholders surveyed who knew about Fellowships.

Box 3: Danielle's story

“Doing a Fellowship gives me a more interesting working week and helped me learn more about the system outside general practice.

In my portfolio sessions, I run a homeless health project working with NHS services and charities. I've been organising clinics in hotels and shelters to vaccinate homeless people against COVID-19.

There are lots of services for homeless people, but they're not linked up. I'm now part of a new initiative to bring charities, health services and social care together.

I recommend GPs do a Fellowship because it will help you and your community. It is a great opportunity to work in new fields on your own, with mentorship and peer support as back up. I've got to know people and understand how CCGs and Primary Care Networks work. It's helped me in so many ways. I'm now confident to speak to senior people across the system.”



Were there any benefits for wider stakeholders?

8 out of 10 wider stakeholders said that the Fellowships had positive impacts for the portfolio host organisation, general practice or local area (78%). These included recruitment, retention and having more capacity to run services or undertake local priority projects.

Recruitment

SPIN New to Practice Fellowships recruited 425 newly qualified GPs to salaried posts between 2018 and May 2021; with at least one GP Fellow recruited to almost every London borough.

In interviews, some GP Fellows said that Fellowships had encouraged them to consider working in practices or boroughs where they would not otherwise have considered working.

About 1 in 3 general practices that took part said that being able to offer a portfolio role helped them recruit salaried GPs when they had previously had difficulty recruiting.

“I think recruitment of GPs to inner city areas is really valuable. It also works as a supported step up into the great wider world of general practice and I believe has reduced the numbers going into locum world.” (General practice representative)

However, this benefit was not clear cut. Two thirds of practices employing a Fellow that provided feedback said that they had not had difficulty recruiting in the past.

Health Education England compiled information about the extent to which GP Fellows were employed in London boroughs with the highest levels of need. Table 4 shows that the areas with the highest 'need' (red) did not always have the greatest number of GP Fellows as of May 2021.

Table 4: Number of GP Fellows employed in boroughs with different levels of need

Borough	Number of GP Fellows in post as of May 2021
North central London	
Barnet	21
Camden	17
Enfield	11
Haringey	10
Islington	13
North east London	
Barking and Dagenham	5
City and Hackney	10
Havering	3
Newham	11
Redbridge	2
Tower Hamlets	31
Waltham Forest	15
North west London	
Brent	1
Central London	2
Ealing	1
Hammersmith and Fulham	5
Harrow	6
Hillingdon	2
Hounslow	2
West London	4
South east London	
Bexley	5
Bromley	4
Greenwich	3
Lambeth	4
Lewisham	12
Southwark	0
South west London	
Croydon	3
Kingston	7
Merton	7
Richmond	6
Sutton	2
Wandsworth	21

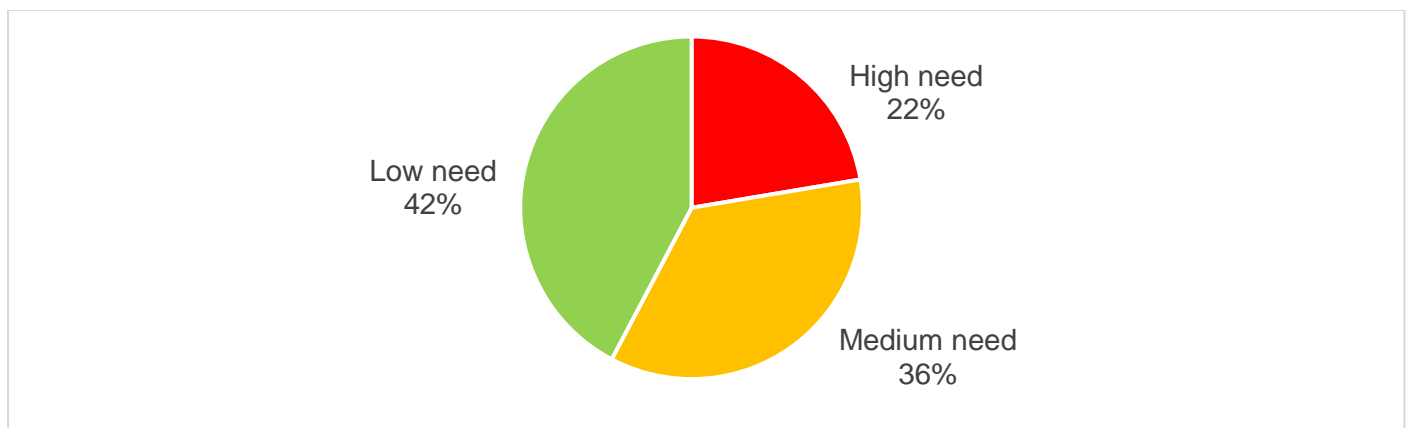
Note: Need was based on a composite ranking including factors such as deprivation level and ratio of GPs and general practice nurses to patients. Boroughs were ranked as red = high levels of need, amber = middle and green = low need. Ideally, the highest number of GP Fellows would be in 'red' boroughs.

For example Camden, Tower Hamlets and Wandsworth had relatively low levels of deprivation and need for additional GPs, but had relatively high numbers of GP Fellows in post. On the other hand, Brent, Greenwich, Havering, Hillingdon, Hounslow and Redbridge had relatively high levels of deprivation and need, but all of these boroughs had 3 or fewer GP Fellows employed as of May 2021.

On the positive side, some boroughs judged to be in high need had recruited a relatively large number of Fellows, including Enfield, Newham and Waltham Forest.

Figure 3 shows that as of May 2021, **about 1 in 5 Fellows were employed in boroughs of highest need (22%)**.

Figure 3: % of GP Fellows employed in boroughs with different levels of need (May 2021)



Retention

SPIN New to Practice Fellowships may increase new GPs' willingness to continue working in general practices in the areas where they qualified.

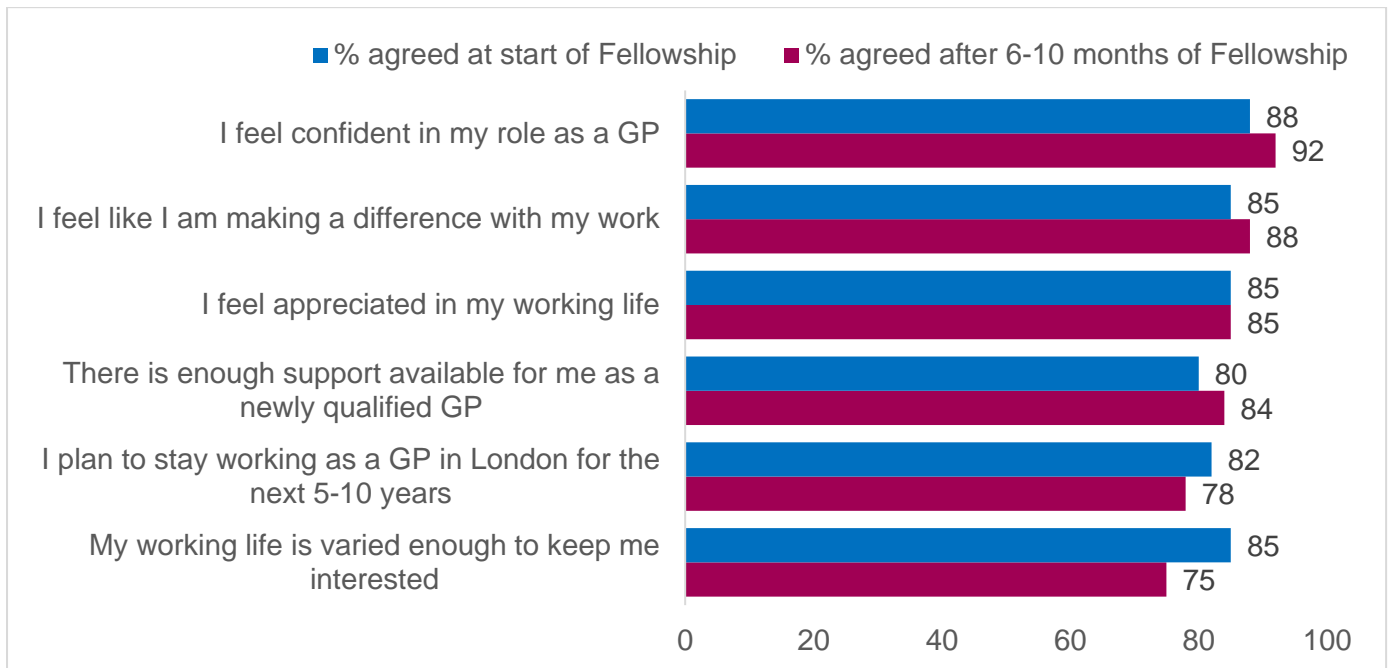
9 out of 10 GP Fellows who provided feedback said that Fellowships made them more likely to **stay working in general practice (93%)**.

9 out of 10 GP Fellows said that Fellowships made them more likely to stay working locally (88%).

Wider stakeholders also thought that the Fellowships were encouraging newly qualified GPs to stay working in general practice (85%) and to stay working locally (78%)

However, despite the positive feedback, there were no marked improvements in GPs' intentions at the start of their Fellowships compared to 6-10 months into their Fellowships (see Figure 4).

Figure 4: GP Fellows' feedback at start of Fellowships and after 6-10 months



Note: 52 GPs provided feedback when starting their Fellowship in 2020. 93 GPs provided feedback 6-10 months later in May 2021.

Unexpectedly, after 6-10 months there was a trend towards GP Fellows being less likely to feel strongly about staying working in London general practice for the next 5-10 years. There were no significant differences in overall trends (82% at the start versus 78% after 6-10 months). However people's strength of feeling may have altered. 41% strongly agreed that they intended to stay working in general practice for 5-10 years when beginning the Fellowship compared to 28% strongly agreeing 6-10 months later.

This may be for several reasons:

- New to practice GPs had positive perceptions of their working life and intent to stay working in general practice at the start of their Fellowships so there was not a lot of room for improvement.
- Ways of working and support have been affected by the COVID-19 pandemic, so this may have influenced people's perceptions and intentions to stay, as has been found in surveys of other professionals recently.
- 6-10 months may not be long enough to see significant improvements.

"It's hard to evaluate the Fellowship now as there have been so many challenges in the last year and it was a strange time overall to be qualifying. Not sure how much of how I'm feeling relates to other factors beyond the Fellowship!" (New to practice GP)

This is unlikely to be a cause for concern, given all the other positive feedback, but it highlights that longer follow-up is needed to see whether GPs' positive feedback is reflected in retention figures over time.⁴

Interestingly, 100% of GPs who completed their Fellowship in 2019/20 and 2020/21 said that the Fellowship had strengthened their intention to stay working in a local general practice. The difference compared to 2021/22 may be partly to do with working during the COVID-19 pandemic, but may also be related to differences in the way the Fellowship was initially set up and funded by Health Education England compared to the universal offer now funded by NHS England and NHS Improvement. The differences are:

- Health Education England originally allowed GPs to begin taking part in a Fellowship in their first few years whereas the universal offer requires GPs to be in their first year after qualifying.
- Health Education England encouraged funded portfolio posts for 2 sessions per week whereas the universal offer funds 1 session per week.
- Health Education England funded portfolio sessions at a rate more equivalent to clinical sessions and did not fund pro rata, whereas the universal offer funds portfolio sessions at a lower rate and pro rata, so GPs who are not working 'full-time' in clinical practice do not get full funding for their portfolio session.

GP Fellows and wider stakeholders commented about funding rates, the number of portfolio sessions and extending Fellowships to people in their first 3-5 years as areas for development (see overleaf). Therefore these factors may have contributed to the difference in retention intentions compared to previous years of the Fellowship.

Increasing capacity

Organisations that hosted Fellows in portfolio roles were positive about the Fellowships. They said that working with a GP for 1-2 sessions per week increased their capacity to provide services or undertake work in line with local priorities. They emphasised the value of integrated working.

⁴ Health Education England does not currently have access to official retention data to compare overall retention before and after the Fellowship was introduced, or to compare retention amongst those that have and have not taken part in a Fellowship. Nor has detailed feedback been collected from GPs who did not take part in a Fellowship. This type of monitoring would help to understand whether Fellowships affect retention in future.

Box 4: North London Hospice's story

“Every year, North London Hospice supports over 3,000 people with a life-limiting illness and their families, friends and carers. We also provide training and strategic development.

NORTH·LONDON
HOSPICE

We hosted 3 newly qualified GPs as Fellows for 1-day per week, each from a different borough. We match-funded the Fellows, so we paid part of their salary on the days they worked with us. Each GP did a project to improve care for people with a life-limiting illness. We assigned them a Programme Director and a mentor and provided opportunities for all 3 GPs to come together to reflect and learn.

This will benefit the people we support. This was a great opportunity to work alongside GPs. We learnt from them and they learnt from us. One of the Fellows took on extra clinical work with us during COVID-19 surges. We got additional capacity and they got a wealth of experience and opportunities.

We are building GPs' confidence and experience at recognising symptoms and providing holistic end of life care for patients and their support network. The GPs learnt what they can manage on their own, when they need a hospital bed and when to call the hospice. We hope this will have rewards across care settings. The GPs will carry this experience with them throughout their careers.”

Box 5: UCL Medical School's story

“UCL Medical School's Department of Primary Care and Population Health hosts newly qualified GPs as Teaching Fellows in Medical Education. The new GPs teach small groups of undergraduate medical students for 1-2 sessions per week at the practice where Fellows work clinically.

UCL Medical School
M B B S
Undergraduate Medical Education

We strongly recommend Medical Education Fellowships to all medical schools. They increase the quality and quantity of undergraduate education in primary care and are a win-win for all concerned.

New GPs build their skills and benefit from the variety of a portfolio career. They get access to teaching courses and a community of peer educators.

Medical students tell us they like being taught by someone near their stage in life and often feel more comfortable asking questions.

General practices benefit from the kudos of being a teaching practice. The new GPs embed everything they're learning into their work at the practice.

Patients get more time in consultations with medical students and value the opportunity to contribute to training future doctors.”

What could we develop further?

Suggestions for development

GPs who took part in Fellowships suggested the following areas for development:

Funding

- funding portfolio sessions at an equivalent rate to a GP's salary for clinical sessions
- funding part-time GPs more than pro-rata to take part in the portfolio sessions
- funding 2 portfolio sessions per week (1 full day)

Fellowship criteria

- making Fellowships available to a wider range of people such as those in the first 3-5 years after training. Some felt that many GPs in their first year may not be ready for a portfolio role or postgraduate certificate as they transition into work as a fully qualified GP

Ways of working

- more peer support sessions (some people said they had only had 1 or 2 sessions in 2021)
- more peer support session times for those who cannot attend a particular day
- pan-London networking and training opportunities for Fellows
- making it mandatory for practices to release Fellows for a half-day per week plus monthly peer support time. Fellows reported that some practices were not allowing this
- making sure that GP employers provide a supportive environment and release Fellows for Fellowship activities, rather than letting 'just any practice' take part in the Fellowship
- more joined up working between Primary Care Networks and those organising Fellowships

Portfolio roles

- giving Fellows more choice over their portfolio role, rather than focusing on service delivery
- more support finding portfolio roles (some Fellows were invited to find their own roles)

Other suggestions

- wider promotion of the Fellowship so organisations and practices know what Fellows are
- a more structured and organised approach to Fellowships across London, such as a standardised application form, advance warning about dates for applications and sharing details of portfolio roles early on so new GPs have equitable access to opportunities
- more induction and information about how to get started in Fellowship roles
- more information about opportunities and ongoing support available after the Fellowship
- being realistic that the postgraduate certificate may require more than 2 sessions per week

Fellows felt particularly strongly about how the Fellowship was funded:

“The pay system is pretty unfair and penalises part time workers who are typically women. The funding is already below average pay for a clinical session ... I feel underappreciated by this discrepancy in pay which I feel penalises women and exacerbates the gender pay gap. In all honesty it makes me feel undervalued rather than a valued member of general practice.” (New to practice GP)

“I think it is fundamentally unfair that the payment is pro-rotta. It means that those who choose to work part-time (e.g. due to childcare, health or diverse work commitments) are paid significantly less e.g. if you work a 4 session week you are paid £3,600 per annum, but if you work 8 sessions the same project-time is paid £7,200. I feel that disadvantages a large group of people; this certainly doesn't promote career choice. Even for a full-time GP (which is now rare) £7,200 is less than the current 'value' of a GP clinical session (average £9,000). This reflects the perceived 'value' of project work in comparison to clinical work.” (New to practice GP)

Wider stakeholders suggested the following areas for development, many of which were different to the suggestions from GP Fellows. Comments marked with ** indicate that the same point was made by GP Fellows:

Fellowship criteria

- making Fellowships available to a wider range of people, including mid-career GPs and locums, not solely newly qualified GPs (and general practice nurses)**
- providing consistent information and criteria, including for employers. Stakeholders said information and criteria appeared to change frequently and differ between areas
- simplifying rules and paperwork about funding and who qualifies to take part, including having standardised simple application forms and documents such as SLAs to be used across every area

Funding and incentives

- increased funding so that the Fellowship funds for education or portfolio roles are equivalent to a GP's salary for clinical work**
- extending the funded hours, as it is difficult to find meaningful portfolio roles for 1 session per week **
- considering funding 1 day per week for 1 year, rather than a half day per week for 2 years
- funding part-time GPs more than pro-rata**
- ensuring that Training Hubs or others coordinating Fellowships are properly funded for the time it takes to organise and support Fellowships
- more incentives for general practices to take on Fellows, especially if they are required to release them for peer support and other activities

Ways of working

- more joint guidance or coordination between Health Education England and NHS England and NHS Improvement
- providing funding earlier in the year so that local teams can promote and offer Fellowships earlier
- providing general practices and portfolio hosts with more information about what a GP Fellow is doing, so all partners are fully informed
- clearer forecasting of potential Fellowship opportunities, so they are equally available to all
- more structured induction for new Fellows**
- providing more support and leadership for Fellows rather than leaving them to largely fend for themselves (in the opinion of some stakeholders)

Promotion

- setting up a central website across London highlighting Fellowship opportunities, with simple application forms and processes, consistent across every part of London, and case stories / testimonials from previous Fellows, employers and hosts**
- adjusting the wording of promotional materials to be more appealing
- sending a summary of the Fellowships to potential employers and hosts and those who can advertise the scheme, including GP trainers, practice managers and general practices
- sending promotional materials in a more timely manner, corresponding to when soon to be qualified GPs are looking for posts (before completion)**

Raising awareness

A lot of work was done to raise awareness of Fellowships, but stakeholders believed that more promotion would be worthwhile.

We asked a wide range of 168 stakeholders whether they had heard of SPIN New to Practice Fellowships. **One in five said they had not heard of Fellowships** (19%). These included representatives from general practices, Integrated Care Systems and potential portfolio hosts. Stakeholders were invited to complete a survey by Programme Directors and their teams, Health Education England and NHS England and NHS Improvement. Therefore the stakeholders were people that might be expected to have heard of the Fellowships.

Amongst stakeholders who had heard of the Fellowships:

- 1 in 3 said they did not feel well informed about Fellowships (28%)
- 1 in 3 did not think there was enough information available about Fellowships for stakeholders like themselves (31%)

These comments mainly came from general practices, Integrated Care Systems and potential portfolio hosts.

This means that of all the stakeholders who provided feedback via interviews or surveys, **about half either had not heard of the Fellowships or did not think there was enough information** available about Fellowships.

Increased coordination

4 out of 5 stakeholders who knew about Fellowships thought that it was easy to engage with the team responsible for Fellowships in their area and 1 out of 5 did not (20%).

Whilst most stakeholders thought that Fellowships seemed well coordinated between Health Education England and NHS England and NHS Improvement, about 4 out of 10 did not (37%). Comments about improving the coordination and guidance between lead organisations were common.

GP Fellows and stakeholders also commented on a perceived lack of consistency in how SPIN New to Practice Fellowships were implemented in each of the Integrated Care Systems in London. They mentioned different promotional materials, websites, application forms, application deadlines and numbers and types of Fellowship opportunities. Those providing feedback suggested that it sometimes appeared as though there were five separate Fellowship programmes running, rather than an integrated and consistent London-wide programme.

The programme had separate teams operating in each Integrated Care System to draw on local knowledge, build relationships with portfolio hosts and provide localised facilitated peer support. GP Fellows commented very positively about the support they received from local Programme Directors and there was no call for this type of support to be more centralised. However, feedback suggested the programme management and promotional functions might be more streamlined and coordinated to enhance consistency and perceived equity across areas.

What does this mean?

This section summarises overall reflections and potential next steps.

Did the Fellowship achieve its aims?

Improving support and retention

The three main aims of SPIN New to Practice Fellowships were to:

- help practices recruit new GPs to salaried posts, especially where there was high need
- help new GPs feel more supported
- increase retention of new GPs in local general practices

The programme made good progress towards achieving each aim.

Recruitment

The Fellowship helped to recruit more than 400 newly qualified GPs to London practices. About one third of the practices providing feedback said that they had difficulty recruiting before offering Fellowships. Some London boroughs most in need of GPs were able to recruit new GPs, but some boroughs with less need also benefitted. As of May 2021, only 1 in 5 GP Fellows was employed in a borough judged as in high need. This may mean that more could be done to target boroughs with greater levels of need in line with the Fellowship's original remit of supporting practices that were finding it more difficult to recruit.

Support

New GPs said that the Fellowship, particularly the peer support element, helped to smooth the transition between training and work as a salaried GP. It gave them opportunities to debrief their experiences. This may have been especially useful given new ways of working during the COVID-19 pandemic. Newly qualified GPs and wider stakeholders said that Fellowships helped new GPs connect with other newly qualified GPs, build a support network and feel more supported overall. Fellowships also increased new GPs' reported knowledge about local services and sense of belonging to their community. They helped new GPs build their leadership and negotiation skills and feel more valued and interested in their work.

During the COVID-19 pandemic peer support sessions changed from being in-person to virtual. Whilst some new GPs said they would like to be able to meet in person, others said that virtual sessions were accessible to greater numbers and reduced travelling time. Fellows wanted more options for peer support timing and about one third said that their practices would not release them for monthly peer support sessions.

Retention

9 out of 10 new GPs said that they were more likely to stay working as a salaried GP in their local area as a result of the Fellowship. It is too early to tell whether these intentions will be realised in the longer term. Health Education England's business intelligence team reported that it did not have access to data about retention trends, and was not able to compare retention amongst those that did or did not take part in Fellowships. Retention is an underpinning goal of the Fellowships so it will be important to rectify this gap and follow up new GPs over time.

Success factors

Some of the elements of the Fellowship programme regularly mentioned as helping to achieve the outcomes included:

Direct support for new to practice GPs

- Monthly facilitated peer support sessions available virtually (to reduce travel time)
- Peer support sessions facilitated by a Programme Director to ensure quality and continuity
- Combining peer support debriefs with educational teaching about specific topics
- Whats App groups to facilitate peer support and regular interaction
- One-to-one pastoral support for Fellows as needed, and offers of mentoring

Support for and promotion with system partners

- Actively seeking out general practices that have a vacancy or would be willing to employ someone doing a portfolio role, and working with them to become 'SPIN friendly' practices
- Actively seeking out and helping to develop portfolio roles
- Working with Training Hubs and Integrated Care Systems to promote Fellowships, including attendance at system meetings and liaising with GP specialist trainee groups
- Providing HR support and tools, including advice about contracts, leave, service level agreements and similar

Programme processes

- Hiring Programme Managers so that Programme Directors could focus on clinical leadership and supporting Fellows
- Programme Directors (and Managers) across London communicating with each other regularly to help address challenges and support each other
- Regular opportunities for Programme Directors and other team members to interact with Health Education England and NHS England and NHS Improvement, including monthly area-specific meetings

Where to from here?

Box 6 summarises some of the potential next steps based on feedback from those involved in the programme.

Box 6; Potential priorities based on feedback

1. Increase London-wide coordination and consistency

- Continue opportunities for the programme team to collaborate across London to streamline and avoid duplication, at the same time as keeping a local flavour
- Set up a single website and a single application process for all areas
- Use the same forms, processes and communications pack across areas with consistent messaging. This includes templates for host agreements, employer MOUs, Fellow agreements, feedback surveys and reports

2. Embed the programme in the day-to-day work of organisations

- Roll out the Fellowship model so it is part of routine expectations. For example, some Medical Schools say that having Fellows is part of their business as usual now.
- Be clear about who has responsibility to implement the national offer and make sure that areas are starting to embed this work into those organisations rather than relying on additional staffing or separate infrastructure
- Develop an 'exit strategy' with steps and targets for areas to work towards so significant extra sums are not needed for programme management and infrastructure

3. Let more people know about Fellowships, particularly potential host organisations

- Promote the benefits of Fellowships more widely using visuals and case stories
- Focus on the benefits of Fellowships to practices and host organisations
- Seek to have every Medical School in London offering Fellowships
- Explore whether existing hosts can take increased numbers of Fellows and other ways to boost numbers of successful Fellowships

4. Set up a simple and sustainable approach for tracking impacts over time

- Increasing retention is a core aim so the programme needs to access existing statistics about retention of GPs that do and do not take part in Fellowships
- Health Education England should set out requirements for every Programme Manager to keep records about outputs and collect information about impacts regularly and consistently, including case stories and videos from hosts, Fellows and employers;
- Undertake longer-term follow-up of whether Fellows are retained over time and whether their portfolio projects are embedded and continue to show benefits
- Evaluate the impact of the postgraduate certificate
- Examine the costs of organising and running Fellowships for Health Education England, employers and hosts

5. Share lessons nationally and with other regions

- Celebrate the successes of SPIN New to Practice Fellowships and share lessons, including the impact of pro rata funding on morale and calls for extending the cohort covered by Fellowships to include those in the first 3-5 years
- There may also be a need to consider 'what next' after GPs complete their Fellowship and how they can be further supported to ensure they are retained in their practices in the medium to long-term

Scalable and sustainable processes

There are now over 500 new GP trainees each year in London, all of whom will be eligible for a Fellowship when they qualify. This means that it is important that SPIN New to Practice processes are scalable and sustainable.

Health Education England responded to feedback about the need for management and administrative capacity by funding 5 WTE Programme Manager posts for 2021/22. There is enough work to require this additional capacity in 2021/22. However, rather than each area developing its own promotional materials, reporting templates and contracts, this could all be done once, with standardised documents and a single website for all of London. GP Fellows and wider stakeholders have called for consistency across areas, and standardised promotional materials, application forms, MOUs for employers and hosts and other infrastructure.

Interactions with potential employers and portfolio hosts and peer support could continue to be done locally, but there may be advantages for consistency and economies of scale from running the programme as a 'London-wide' entity rather than in effect 5 separate programmes with different teams. This is particularly important as it may not be possible to sustain 5 Programme Manager roles indefinitely.

Having more consistent templates and expectations London-wide may also help the programme monitor its achievements and learning. To date, local areas have not collected information about Fellowship posts in the same manner. Some areas are planning to seek feedback or evaluate progress later in 2021 when Fellowships have run longer, and others have no such plans. Some areas have progress update templates for all Training Hubs or host organisations to complete, whereas others do not. Sharing the templates and agreeing on a London-wide standard may lead to more consistency and equity across London as well as reducing duplication of project management tasks across each area.

Funding

The issue that caused most consternation amongst new GPs and wider stakeholders was the funding available for the programme. New GPs felt that the national system of paying anyone doing less than 'full time' clinical sessions a lower rate for their portfolio session (pro rata) was discriminatory, inequitable and made them feel undervalued. This is not something that the London programme team have control over, but it may be worthwhile to bring the strength of feeling about this to national attention. New GPs thought it was unfair to work for 1 session per week in a portfolio role but be paid less than 1 session, dependent on how many clinical sessions they did.

Amongst new GPs interviewed who were not undertaking a Fellowship, only one third had taken up salaried posts. The rest were doing locum work, portfolio roles or working privately. Some said that they had considered Fellowships but either had not been enticed by the roles on offer or had concerns about what they saw as a 'significant pay cut'. GPs working 'less than full time' were most likely to make comments about the pay available for portfolio roles. This may suggest that funding of portfolio roles is off-putting for some.

Funding challenges also affected Training Hubs and CCGs. Organisations were not willing to take on the financial burden of Fellowships without a clear timeline for being reimbursed from NHS England and NHS Improvement for portfolio roles.

Number of portfolio sessions

Another area for consideration is how to make sure that GPs have enough time for portfolio roles that are meaningful, without being overwhelming. During interviews and discussion groups, new GPs that spoke most positively and felt that they had gained the most out of portfolio roles had done at least 2 portfolio sessions per week. When surveyed, compared to those doing 1 session per week, **new GPs who did 2 portfolio sessions per week were more likely to say they felt valued, had enough variety in their work to keep them interested and were intending to stay working locally in general practice.** This was a statistically significant difference.

A small number of new GPs said that they would prefer 1 portfolio session per week, often because the amount of work expected in 2-session roles was too extensive or overwhelming. This was not about the value of 1 versus 2 sessions per week, but rather the importance of making sure that any 2-session portfolio roles were manageable and realistic. The programme team may need to work with portfolio hosts to scope what is realistic to achieve in 8 hours per week.

To differentiate from the universal offer, SPIN New to Practice Fellowships set a target of having at least 30-40% of portfolio roles as 2 sessions per week, for GPs who want this. One session per week is funded by NHS England and NHS Improvement, so a second session would need to be funded by the portfolio host. The programme team found it difficult to convince organisations of the value of funding an extra session each week, especially given budgetary restrictions. Health Education England hired Programme Managers to provide extra capacity to organise portfolio roles in 2021/22. Setting out the benefits and practicalities of this for hosts, using case stories, videos and champions, may be an important promotional priority.

Considering added value

It was clear from the feedback of new GPs and stakeholder organisations that SPIN New to Practice Fellowships were highly valued. People believed they were having a positive effect on recruitment, retention and support. However the value over and above the universal offer funded throughout England by NHS England and NHS Improvement remains to be demonstrated.

As of May 2021, 1 in 3 London Fellowships included more than the universal offer of 1 portfolio session per week. This means that 76 of the 246 Fellowship roles were 'extra' to the universal offer, including 34 postgraduate certificate places which Health Education England funded directly. It could be argued that Health Education England provided capacity to support implementation of the universal offer. Other parts of England are required to offer every new to practice GP and general practice nurse a Fellowship for 1 session per week too. It may be beneficial for Health Education England to consider the extent to which its investment is adding value to the universal offer by comparing outcomes in London with other parts of England. This could include:

- comparing retention before the programme with retention rates afterwards
- exploring whether GP Fellows were more likely to be retained than other new GPs
- comparing retention of those who did 2 portfolio sessions per week versus 1
- comparing retention trends with other parts of England

SPIN New to Practice Fellowships supported over 400 new GPs in the past 2-3 years. The next phase might usefully focus on building scalable consistent processes, and demonstrating sustained impacts, so that other new GPs can continue to benefit in future.