



ORGANISATION | **IMPLEMENTATION** | ACCELERATION

# Optimising your ARRS workforce

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**Soar Beyond Ltd**

- Director at Soar Beyond – 13 years within the company holding various posts
- Former roles within community pharmacy, secondary care and academia
- Works directly with the NHS, providers and commissioners
- Supporting the design and delivery of pharmacy related services within PCNs, Federations and now looking across the wider ICS footprint and how pharmacy can provide support in addressing health inequalities
- Lead on the delivery of 26 Pharmaceutical Needs Assessments commissioned by local authorities which involve liaising and chairing with representatives from LPCs, LMCs, ICS and Public Health

[www.soarbeyond.co.uk](http://www.soarbeyond.co.uk)

# How Soar Beyond supports capacity and capability



Support to organisations to grow their workforce to ensure safe, competent and efficient working in redesigned pathway



Upskilling, training and support for individuals within organisations to further develop their competencies, capabilities and career

**i2i SMART**  
WORKFORCE

**i2i** BEST  
PRACTICE  
PHARMACIST  
TRAINING | IMPLEMENTING | NETWORKING

Soar Beyond's SMART Workforce is one of  
21 innovations selected for  
**DigitalHealth.London Accelerator 2022**  
programme for its potential impact on  
health and social care



# Structure



The challenge and opportunities of integrating ARRS roles

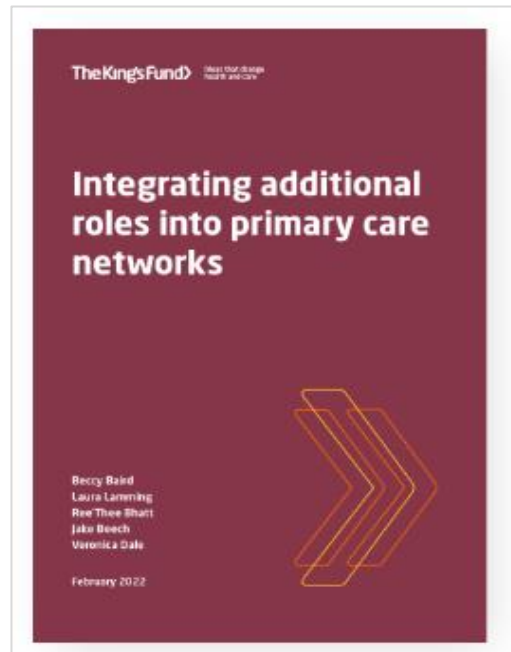


Live case studies of how we are supporting PCN workforce:

- Nottingham City GP Alliance- Type 2 Diabetes
- Croydon PCN- whole primary care workforce transformation



# The challenges and opportunities of integrating ARRS roles



# Integrating additional roles into primary care networks



## The problem

- Lack of team identity, shared vision and buy-in for ARRS roles
- Under-utilised workforce who are not being used to their best potential
- Ambiguity over strategy and implementation
- Lack of ABC (autonomy, belonging, contribution)



## The vision

- A clear, shared vision for a multi-disciplinary model of care
- A comprehensive package to support clinical and managerial supervision
- Accessible and practical guidance as well as skill development

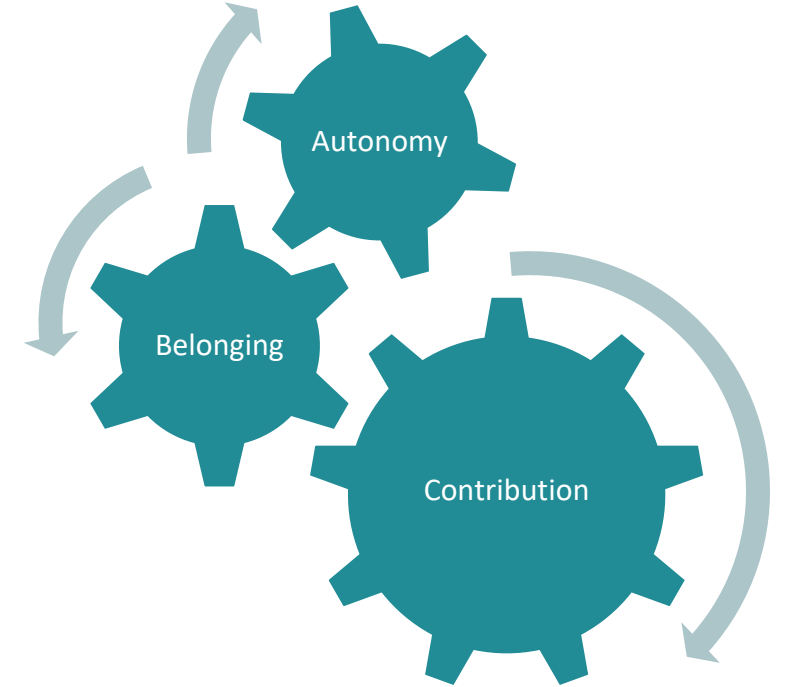
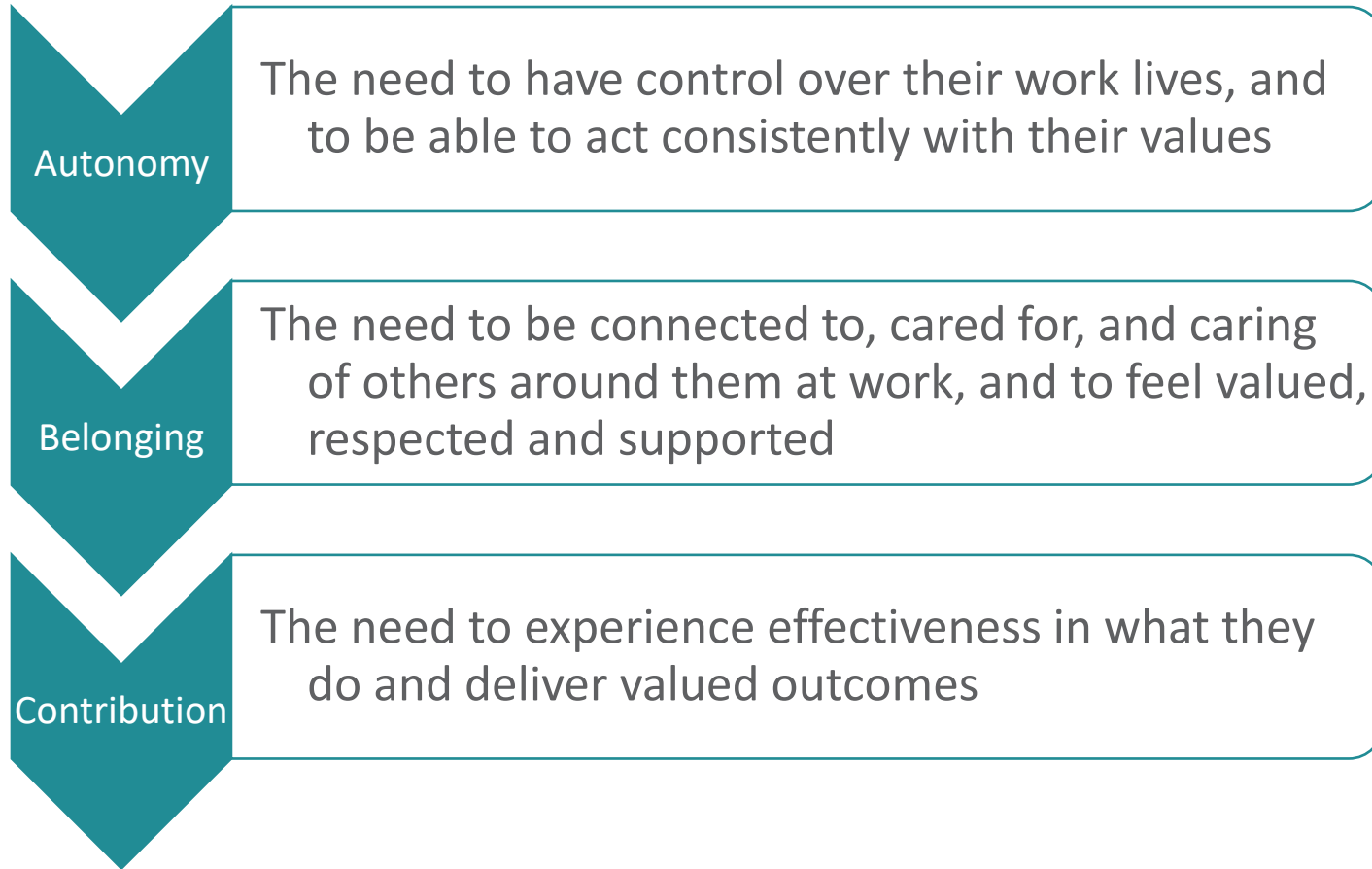


## The solution

- Clinical training and curriculum in development for ARRS roles
- Accelerated project-managed and facilitated approach to deployment
- Improved service process implemented



# Supporting the ARRS workforce - ABC Framework





# Quick Poll: Which of these is your primary challenge regarding the ARRS roles?

Recruiting the right  
people with the  
right skills

Competency  
assessing and  
managing  
expectations

Utilising them to full  
potential through  
effective triaging

Developing and  
supporting their  
growth

Retaining these  
roles once in post

# Current challenges

## Which ARRS role do we next invest in?

- Population and service needs
- Current workforce capability
- Shared system-wide vision

## How do we embed and integrate the new team at practice and PCN level?

- Clarity of roles
- Ideal referral pathways
- Identity and sense of belonging

|                                |
|--------------------------------|
| Advanced Practitioner          |
| Care Coordinator               |
| Clinical Pharmacist            |
| Dietitian                      |
| First Contact Physiotherapist  |
| Health and Wellbeing Coach     |
| Mental Health Practitioner     |
| Nursing Associate              |
| Occupational Therapist         |
| Paramedic                      |
| Pharmacy Technician            |
| Podiatrist                     |
| Social Prescribing Link Worker |
| Physician Associate            |
| Trainee Nursing Associate      |
| Digital Leads                  |
| GP Assistants                  |

## How do we best utilise this new skill mix?

- Standardised competency assessment
- Clarity of expectations and KPIs
- Efficient and effective triage

## How do we retain these new roles?

- Structured coaching and support
- Development planning
- Role progression

# How we support PCNs





## Case studies

# Nottingham City GP Alliance Federation (NCGPA)



**S**ituation - the burning platform in diabetes for NCGPA



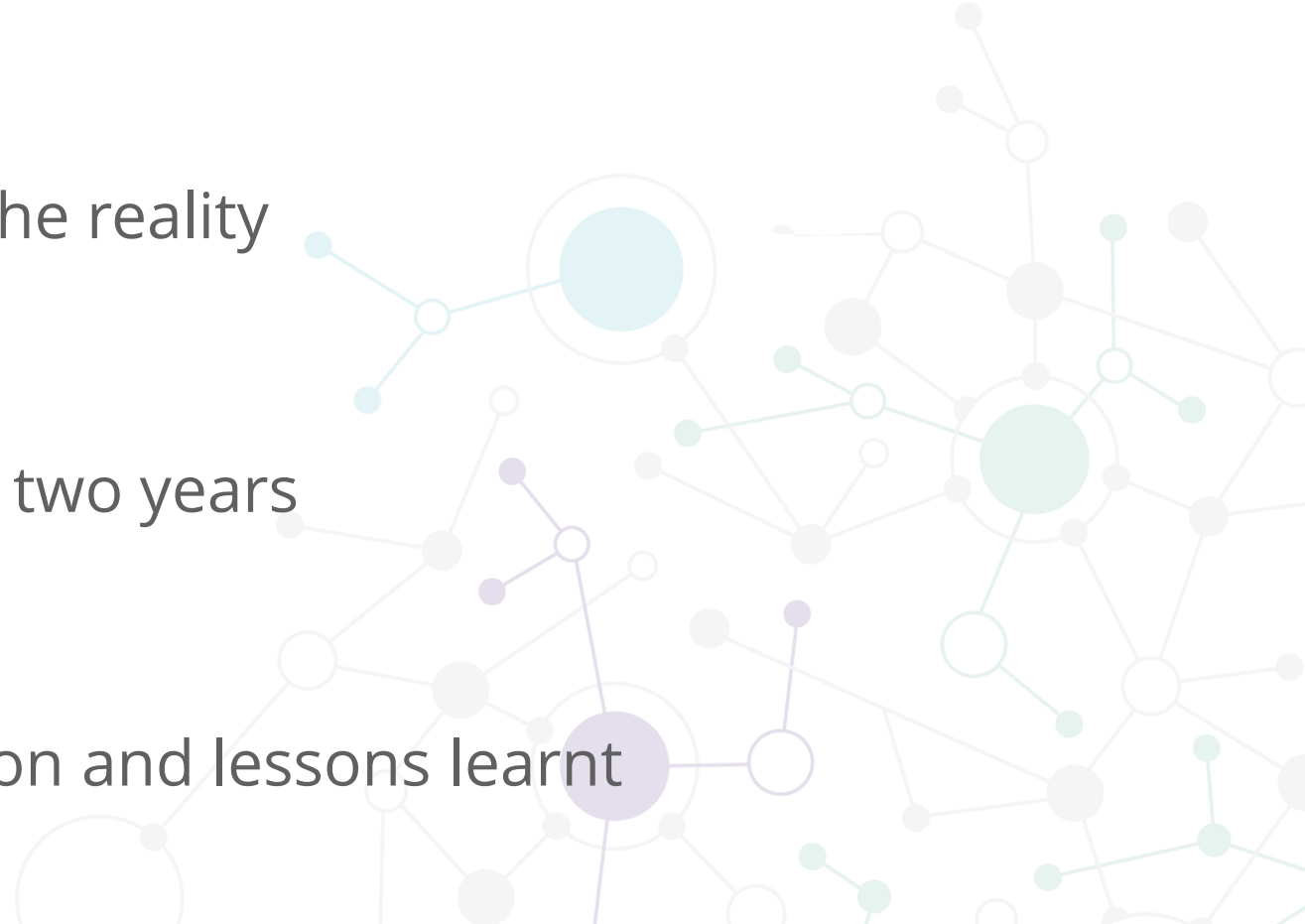
**T**ask - the ambition and the reality



**A**ction - the delivery over two years



**R**esult - benefits realisation and lessons learnt



# Situation

## Challenges



Only 31% of patients with diabetes achieving 3 treatment targets



Long-term vision of setting up a tier 2/enhanced PCN-level service



Current pressure on Community DSN Services and secondary care

## Opportunities



Opportunity to optimise new ARRS workforce



ICS focus and local enhanced scheme



Process improvement and workload displacement

# Step 1

Developing the circle of competence for each role

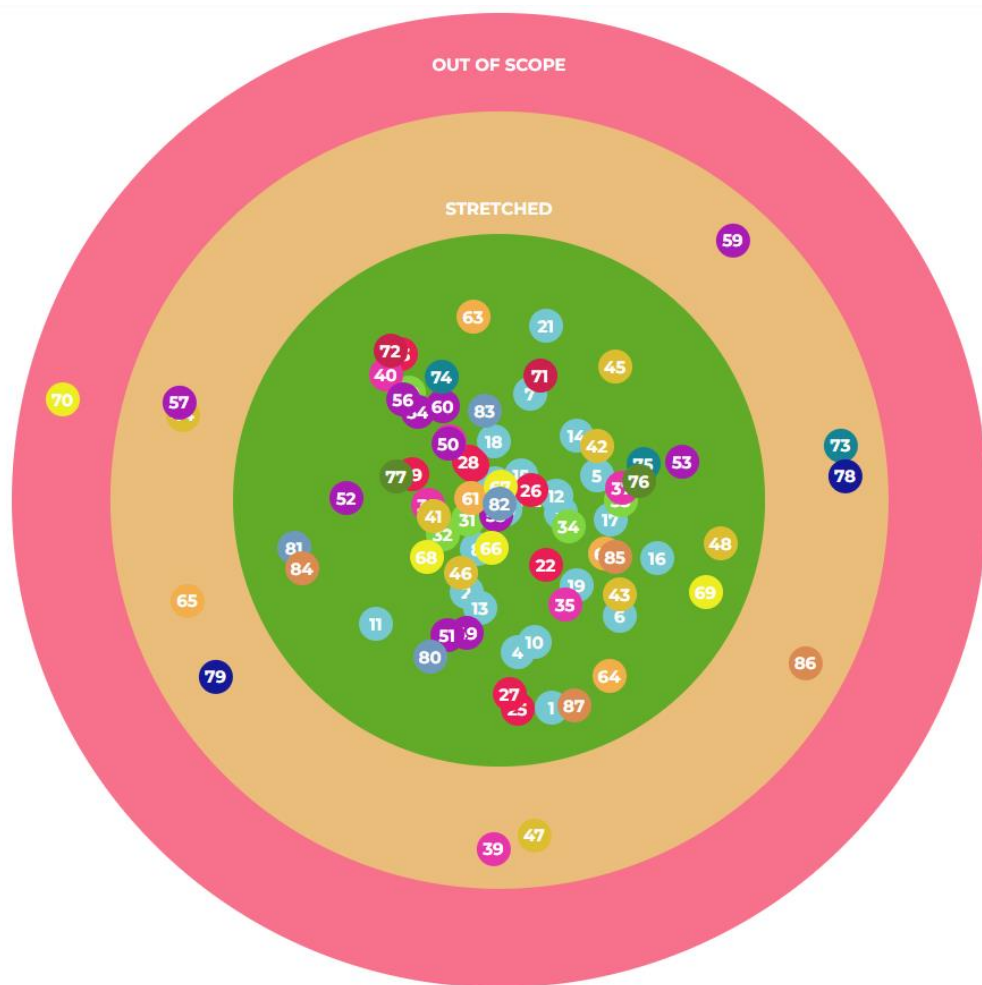
# Step 2

Self assessment

Scope

Stretched

Out of Scope



Pre-conception care



Injectable therapies



Oral therapies



Hypoglycaemia



Intercurrent Illness



Generic Competency



Glucose and Ketone Monitoring



Mental Health



# Step 3

Review the capability map

# Step 4

Define training plan to meet the capability gaps

# Results - the "4 P" metrics



**P**atient



- No. of diabetes pats reviews conducted by ARRS roles/ participants
- % age of patients achieving 3 TTTs



**P**eople



- Improvement in competency and capability
- Participation in standardised and approved training



**P**rocess



- Displacement of workload e.g. pre-diabetes appts to HWBs/Social Rxers
- Improvement in process-mapping



**P**rescribing



- Improvement in prescribing competencies
- Change in prescribing patterns



# Results to date: key benefits and deliverables of the project



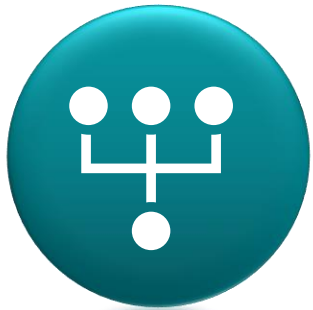
Bespoke competency framework and capability map



Clinical training and curriculum in development for ARRS roles



Accelerated project-managed and facilitated approach to deployment



Improved service process implemented



Scalable approach to other clinical areas and roles



Demonstration of impact on workforce and patients

# Croydon Super Network (PCN)



**S**ituation – new roles now recruited how best to manage and deploy



**T**ask – change the way we currently do things



**A**ction - the plan for the next two years

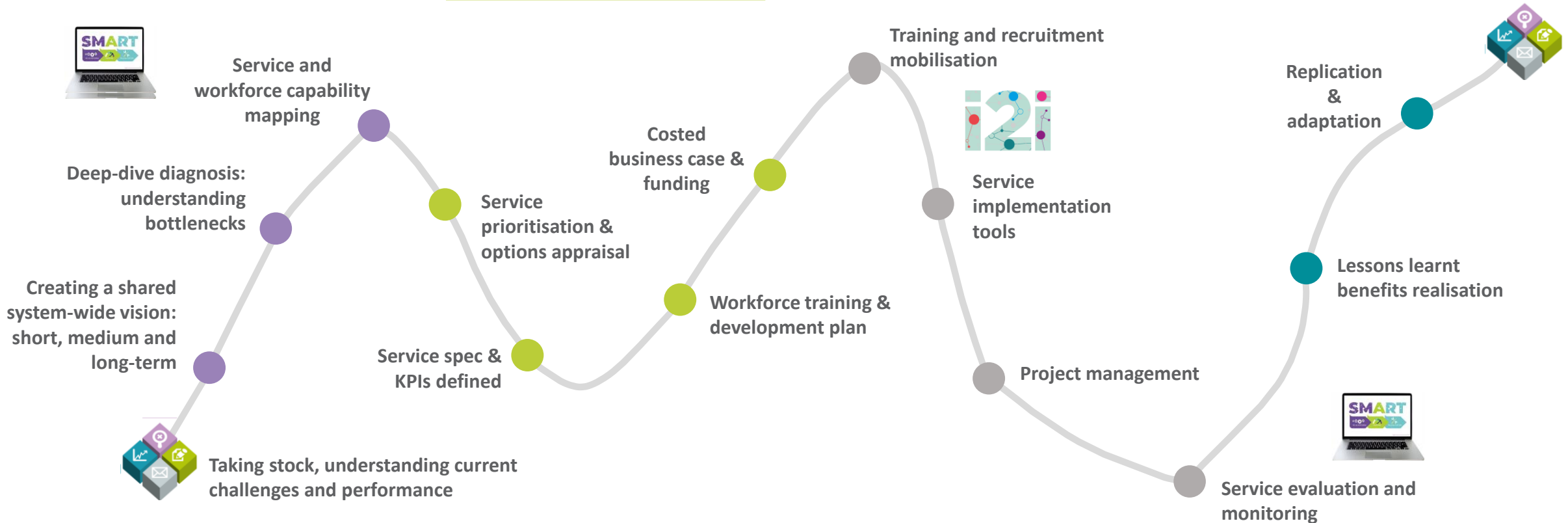


**R**esult – hope and ambition

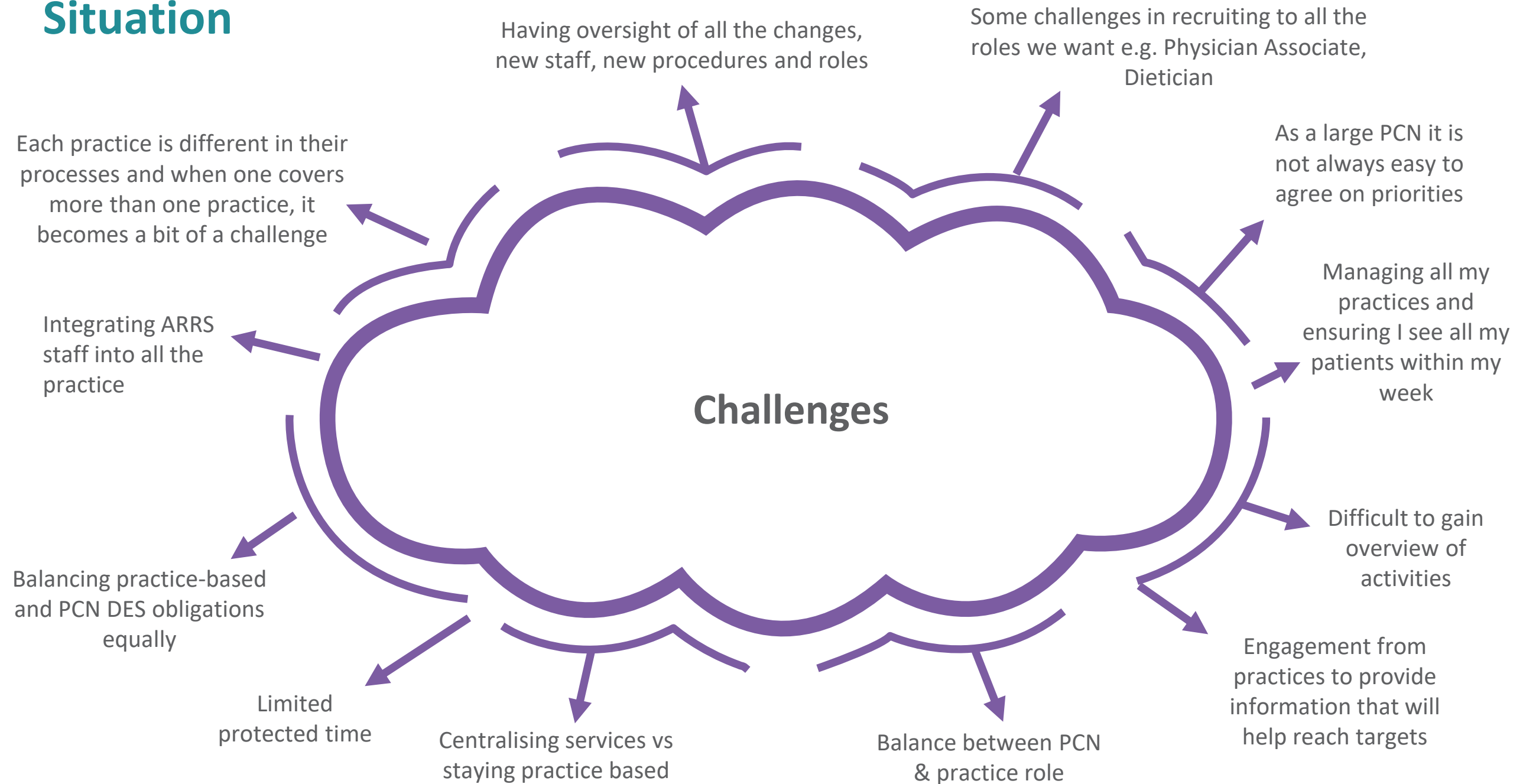


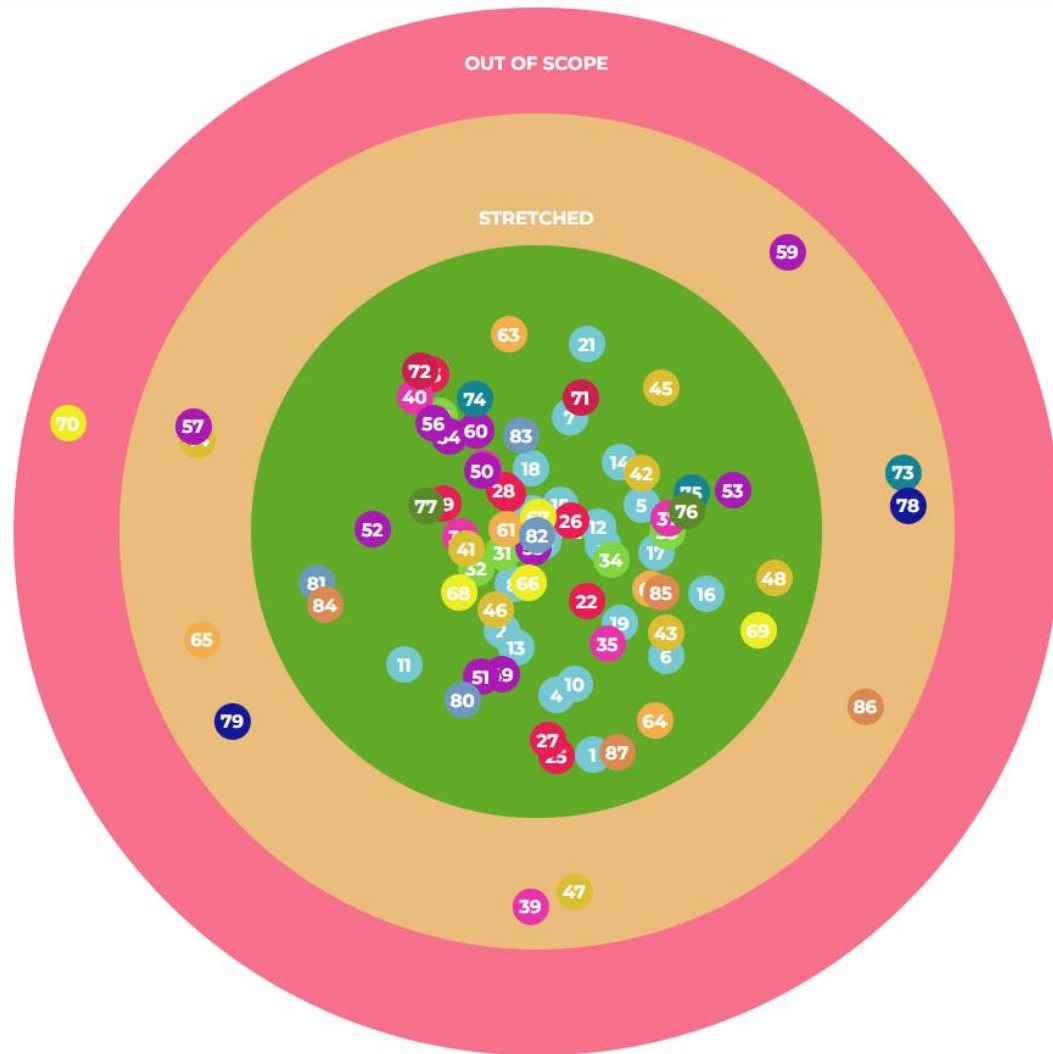


# Service Transformation route map



# Situation





Step 1

Understanding all the activities required at general practice level and PCN

Step 2

Aligning activities to the right and most cost efficient role

Step 3

Developing the circle of competence for each role based on the needs of the practice and PCN

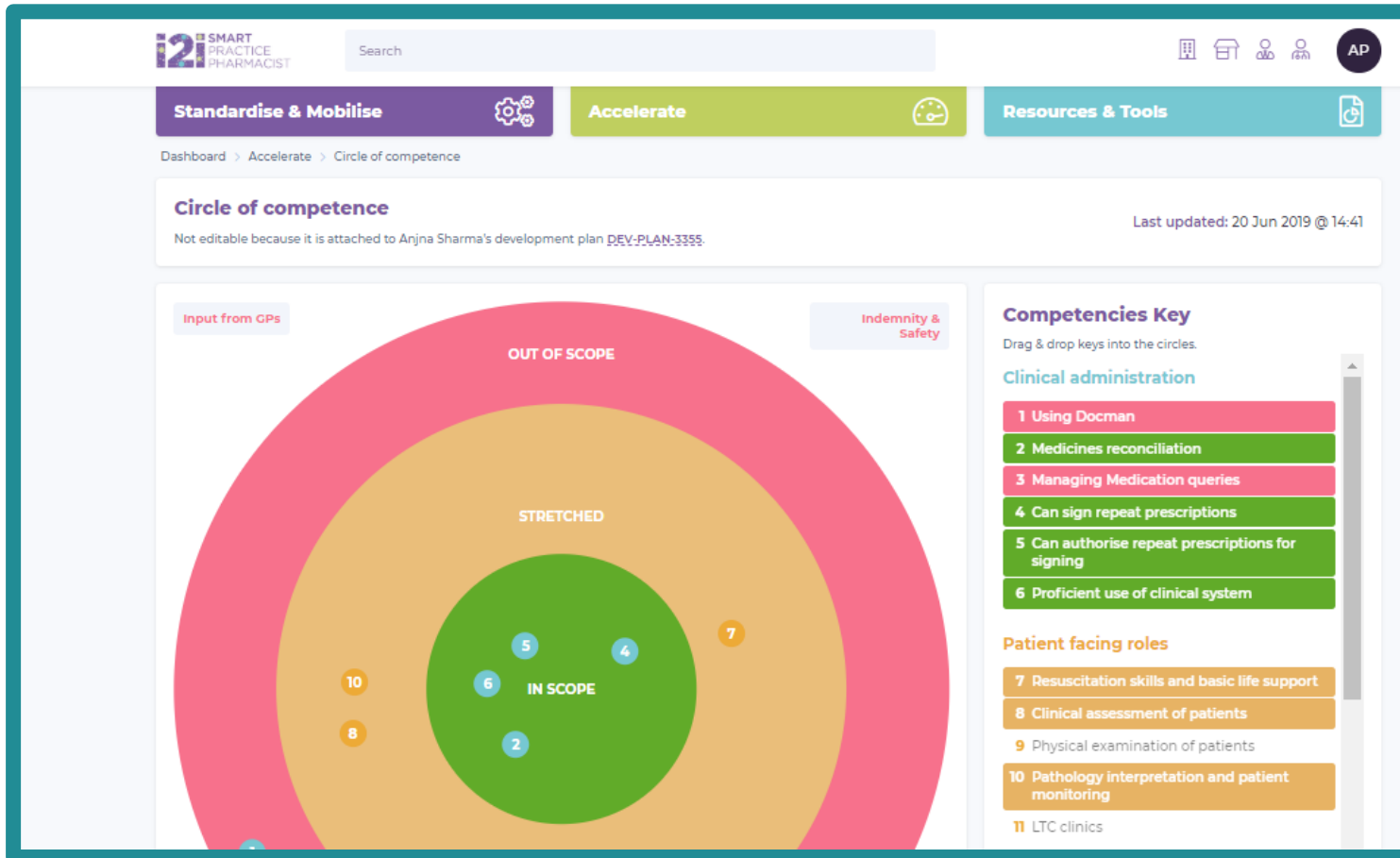
Step 4

Self assessment

Step 5

Developing a long-term plan

# Competency assessment & development planning

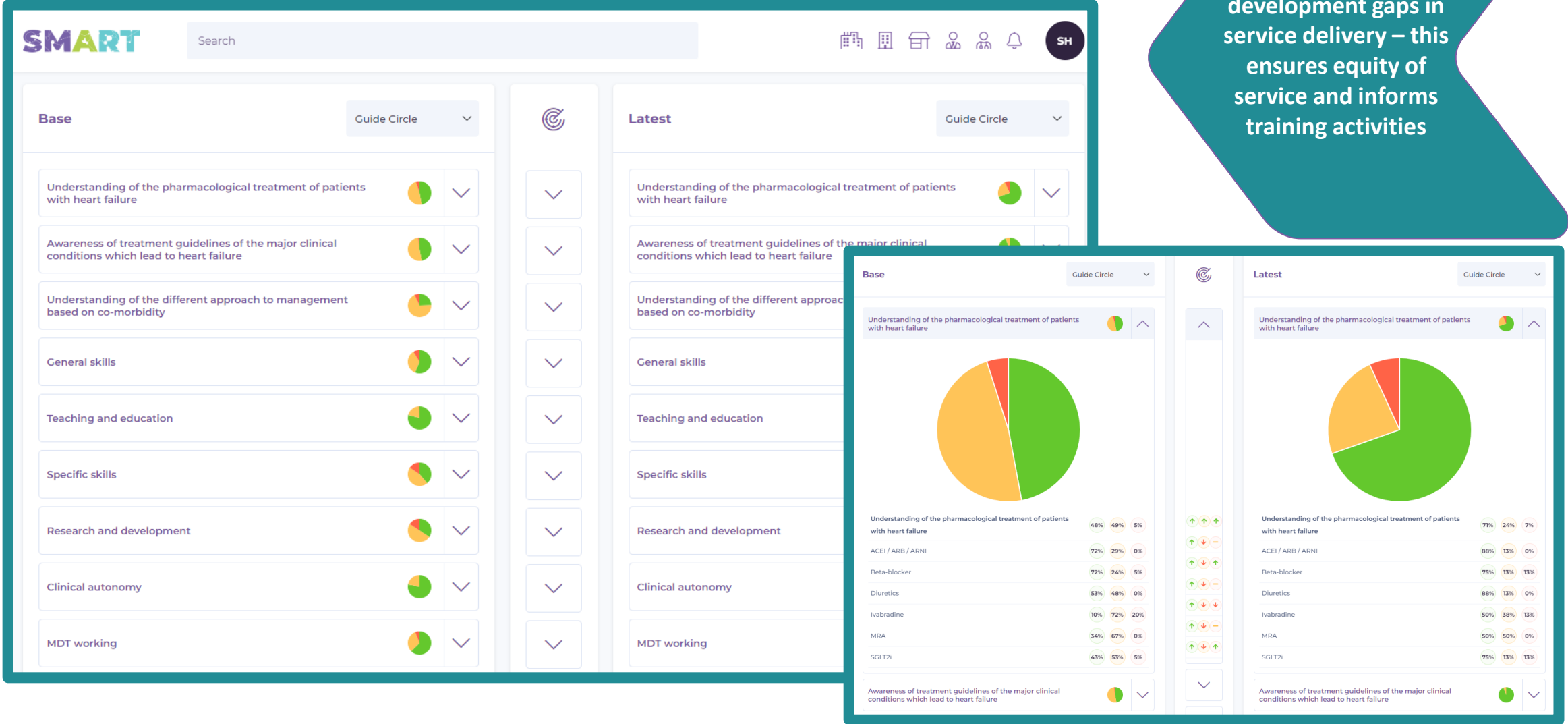


Interactive online competency assessment tool with customisable competencies – this can be adapted for all MDT roles – establishing the leanest and most appropriate member of the team

# Capability mapping

The competency mapping function is the core of the SMART platform, it allows current competence levels to be easily captured, mapped against the organisational goal and offers continuous reporting so you are able to demonstrate improvements and ultimately a workforce who are more competent and can be effectively managed and deployed.

Map skills and development gaps in service delivery – this ensures equity of service and informs training activities





## Summary



# How these projects will deliver the ABC framework



The need to have control over their work lives, and to be able to act consistently with their values

Set clear expectations and competency frameworks that enable people to work to the top of their licence without onerous supervision



The need to be connected to, cared for, and caring of others around them at work, and to feel valued, respected and supported

Understand where you best fit into the wider MDT and where your skillset adds value to patient care and alleviating pressure on GPs



The need to experience effectiveness in what they do and deliver valued outcomes

Demonstrate impact on workload patient care and improved service delivery

# Testimonials

“

Having the Soar Beyond team supporting us to do this through the structured 4D sessions has been powerful in gaining that shared vision and a structured 12-month plan that all member practices are signed up to. Anjna and the team have been really vested in our success from running the initial session with the practices, defining desired competencies, supporting with recruitment and interviews and now customising the project-managed approach to delivery planning.

Dr Kathryn Brown - Clinical Director, SEOx HA PCN

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“

The Pharmacy Team from Nottingham City GP Alliance are excited to be using Soar Beyond's SMART platform as part of a MDT collaborative working project focussed on improving outcomes for patients with diabetes across Nottingham City. The two year change programme utilises the SMART functionality and 4D™ process to map out workforce capability, supporting the development of a team that is upskilled to meet the current and future needs of our population with diabetes.

Ankish Patel - Head of PCN Workforce, Nottingham City GP Alliance

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“

This was a new way of delivering training and I liked the blend of teaching and case-based learning. I liked having mentors with up-to-date clinical knowledge and understanding of the challenges of primary care. Having a training platform to identify training needs and assess competency was helpful.

Simon- Clinical Pharmacist, Bristol North and South Somerset and Glos ICB

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**For more information on SMART**  
Contact: [smart@soarbeyond.co.uk](mailto:smart@soarbeyond.co.uk)