

# **General Practice Assistant**

## **Report**

Image to follow

## General Practice Assistant Working Group

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# 1. Introduction

The role of a general practice assistant (GPA) is a newly recognised role emerging in response to increased demands placed on general practice. To date, the evolution of the role has been largely embryonic, occurring on an ad hoc basis based on the requirements of individual practices.

## 1.1 What is a GPA?

The medical assistant role is used in some other countries to relieve healthcare professionals of administrative work, such as dealing with most e-mails and electronic tasks, as cited in the *The Future of Primary Care*<sup>1</sup> - creating teams for tomorrow (Primary Care Workforce Commission, 2015). Evaluation of this new role is recommended in the *Building the Workforce – the New Deal for General Practice* (The 10-point Plan) ten point plan<sup>2</sup>.

The medical assistant is an allied health professional and their focus is to deliver routine clinical and administrative duties to support General Practitioners (GPs) in their day-to-day management of patients, and is specifically aimed at reducing administrative and the basic clinical burden safely. Medical assistants in the US perform many administrative duties, including answering telephones, greeting patients, updating and filing patient's medical records, filling out insurance forms, handling correspondence. Duties of the medical assistant will vary but may expand in taking medical histories and recording vital signs, as well as preparing patients for examination. Medical assistants have the potential for improving patient access and releasing highly qualified staff to concentrate on treating and managing more complex conditions.

As a result, HEE have been considering whether there is merit in initiating a project to develop this role nationally. To support this, we have undertaken a scoping exercise and further research.

This report seeks to:

- describe some of the benefits and challenges of developing GPA roles,

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<sup>1</sup> [https://hee.nhs.uk/sites/default/files/documents/WES\\_The-future-of-primary-care.pdf](https://hee.nhs.uk/sites/default/files/documents/WES_The-future-of-primary-care.pdf)

<sup>2</sup> <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/building-the-workforce-new-deal-gp.pdf>

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- draw on experience to date – reflecting on the outcomes of a number of “proof of concept sites”,
- make recommendations on the findings about how the role could be developed further in support of the delivery.

It was agreed for the scoping exercise medical assistant role would be referred to as the general practice assistant aligning the role specifically to general practice and therefore not comparing / confusing the role to a medical assistant in secondary care.

## 2. Context & Policy Drivers

*Building the Workforce – the New Deal for General Practice (The 10-point Plan)* outlined a number of initiatives in response to the increased burden of the GP workforce. Point 8 relates to NHS England, HEE, RCGP and BMA working together to identify key workforce initiatives that are known to support general practice – including General Practice Assistants (otherwise known as Medical Assistant).

The General Practice Forward View (2016)<sup>3</sup>, committed to support the employment of a minimum of 5,000 extra staff, and described the role of a GPA as one method that helps support doctors and bridges this gap.

*The Future of Primary Care - creating teams for tomorrow* (Primary Care Workforce Commission, 2015) highlighted a number of opportunities that may reduce the administrative burden on healthcare professionals. This has been acknowledged as a major cause of workload stress and a significant issue cited by GPs leaving the profession early. It states “GPs currently spend 11 per cent of their time on administrative duties, and if administrative staff (such as medical assistants) took on half of this workload it would be equivalent to 1,400 more full-time GPs in England. New approaches to the best use of administrative support roles need active piloting and evaluation.”

In considering how the GPA role could support the delivery of the commitments set out in the above documents, HEE established a General Practice Assistant Working Group (GPAWG) to scope and analyse ongoing and current work on the development of the GPA role across England. Membership of this group incorporated expertise from a range of localities and professions with the following role and remit:

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<sup>3</sup> The General Practice Forward View

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- to support the scoping of the GPA role and narrative of this role within the general practice workforce,
- scope good practice across England, liaising with stakeholders where necessary,
- produce recommendations that will be shaped and shared with the primary Care Oversight Group that will inform further work around role responsibilities, apprenticeship standard, recruitment, funding distribution,
- Where necessary identify local or national issues that require escalation to the Primary Care Oversight Group.

The group was tasked with producing recommendations to be considered by the Primary Care Oversight Group further work around the role and responsibilities, apprenticeship standard and recruitment.

Evidence has been gathered in a number of ways:

- Through proof of concept sites,
- Literature search,
- A survey to capture known knowledge within individual regions/individual practices/pilots,
- Collation and analysis of case studies of GPA use from around the country (in addition to proof of concept sites).

## 3 Evidence Gathering

Two areas are currently undertaking proof of concept (pilots) to test how this role might support general practice:

### 3.1 Health Education England North West (HEE NW)

In the North West (NW), HEEs General Practice workforce reports indicated a higher percentage than the national average of administration and clerical staff, this presenting an opportunity for new role development with existing staff into the “hybrid” GPA role.

HEE therefore commissioned a pilot across the NW working in conjunction with The Spinney Enhanced Training Practice to see two cohorts of 45 candidates across general practice trained in a GPA role to have an opportunity to achieve the GPA Certificate.

The GPA Certificate includes web based modules and practical sessions with a GP mentor within a practice and the commitment is to dedicate one full day a week to be carried out in the work place, together with half a day working on the portal to complete online modules and half a day to gain experience with a GP mentor.

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The programme is currently underway, running in two cohorts commencing October 2017 and February 2018 accommodating 90 participants across the NW. The timescale for the delivery of a programme evaluation is expected in the last quarter of 2018.

### 3.2 Health Education North, Central & East London, South London, Kent, Surrey & Sussex (HEE NCEL, HEE SL, HEE KSS)

The purpose of the pilot in this area was to develop and train individuals for the non-clinical GPA role in general practice, utilising a competency framework to guide skills development.

This framework provided an overview of the competencies required of Medical Assistants in order to effectively deliver the tasks expected of the role.

Each pilot site had the opportunity to introduce a minimum of 50 individuals into the role of GPA in general practice and to develop individual learning packages with participants in the pilot training from June 2017 to July 2018. A final report detailing the impact of the role, specifically looking at challenges, barriers, improvement to workload and efficiency, expected competencies will be produced, evaluating the success of this pilot.

Development of any clinical skills is out of scope as the focus was on the administrative team and as such the individuals trained will be existing staff within GP practices, therefore recruitment of any new staff is likely to be entry level staff to backfill the adjusted working practice.

An interim report from North, Central & East London, South London, Kent, Surrey & Sussex was circulated in August 2017 providing a summary of the number of GPAs to be trained and a summary of the approach of each pilot in the twelve sites <sup>4</sup>.

### 3.3 Proof of Concept – Final Evaluation Dates

Region	Final Evaluation Due
North West	Indicative information over the summer with a fuller evaluation later in 2018

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<sup>4</sup> North, Central & East London, South London, Kent, Surrey & Sussex interim report

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North, Central & East London, South London, Kent, Surrey & Sussex	Interim findings in July and the final evaluation due September 2018
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### 4. Literature Search

In addition to the proof of concept sites, a detailed literature search<sup>5</sup> was undertaken to collate evidence around the roles and responsibilities of positions within primary care. The analysis focused on a range of roles including receptionist/administrators, care navigators, patient liaison officer, general practice nurse, health care assistant and the medical assistant role that is prominent in the US.

It is evident from the literature search that there is considerable overlap within these various roles particularly around the administration functions. The search shows that the same roles are being given different titles and existing staff such as receptionists are being encouraged to take on roles such as care navigation.

The report concludes that roles can be utilised according to the needs of the individual practice.

Tabled within the comparison of the roles and responsibilities of positions within primary care across England report, are roles identified, description and reference to area of the England.

This search provided detail of work which is already underway. Good practice examples from the search are detailed below.<sup>6</sup>

#### 4.1 West Wakefield reception care navigation (2016)

57 receptionists in six practices across West Wakefield have been trained to work as care navigators for patients, as part of the Prime Minister GP Access Fund. Receptionists have received training to enhance their ability to connect patients directly with the most appropriate source of help. When patients contact the practice, the receptionist identifies their need. They are then able to refer to information about services in the practice, or to other NHS providers and wider care support sector, directing patients to these services where appropriate. The system is also being offered through the practices websites. This is particularly relevant for

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<sup>5</sup> Comparison of the roles and responsibilities of positions within primary care across England

<sup>6</sup> Literature search

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patients who initially think a GP will be most appropriate person to meet their need, where better options may exist.

### **4.2 Medical Assistants processing letters, Brighton and Hove GP Access Fund**

Members of the practice clerical team are trained to read, code and action incoming clinical correspondence according to standard protocol. The protocol was developed by local GPs and refined through live testing in practice, using feedback about its safety and efficiency.

In the first six practices to trial, this saved an average of 45 minutes of each GPs time each day, with no significant event having occurred in the first 15,000 letters to be processed.

### **4.3 Making Time in General Practice. Case Study: Reducing the GP workload: the clinical personal assistant (2015)**

Ten practices in Brighton and Hove are now deploying a new clinical personal assistant role to reduce the bureaucratic burden on GPs.

The idea has been backed by the RCGP, which in 2014, called for a medical assistant role, trained in 12 weeks to take on some of the GPs administrative burden. This is different to the physician assistant or physician associates who taken on a clinical role.

The Primary Care Clinical PA (PCCPA) is a band 4 administrative worker trained to support GPs by processing letters coming into practice. By using clear and agreed workflow protocols, the PCCPAs can carry out delegated work where it is safe to do so, leaving GPs to deal those letters requiring medical input or oversight.

In a pilot scheme, the PCCPA rules estimated to save each GP in the practice 40 minutes per day but to require three additional hours of administrative time per week per 5,000 registered patients.



### 5. Stakeholder engagement

As part of the process for gathering evidence, the GPAWG also initiated a stakeholder engagement exercise to further understand activity underway in relation to GPAs. Highlights from that exercise include:

#### 5.1 Cross Plain Health Centre

At Cross Plain Health Centre, a new approach and innovative solution was needed to manage the daily workload of a GP due to the workforce crisis across Salisbury Plain.

The surgery undertook research looking at the Physician Associate (PAs) and Medical Assistant (MA) role and scoping how effective these roles were in the US. At the time the research was carried out, no PA's were available and it was agreed by the practice partners to look into new opportunities to train its own on the job.

The practice recruited candidates with ex-Army background as well as senior Health Care Assistants (HCAs) and other registrants such as physiotherapists.

After considering the competency level of the role, looking at both a non-degree and degree based pathway, the practice identified that the non-degree role was similar to the NW proof of concept model, as opposed to a degree based model which sits somewhere between the GPA and PA role responsibilities.

At the time of the stakeholder engagement exercise, the practice was managing a growing list of 6500 patients in a high turnover area of military base off Salisbury Plain with 19 GP sessions and;

- 0.5 pharmacist,
- 1 FTE band 3 MH worker,
- 5 FTE GPAs.

This multi-disciplinary team enabled all jobs to be completed within the day, with days and session finishing on time.

Patient feedback indicated that they were content with the new model and this was further substantiated as there had been no increase in complaints.

The GPA role in Cross Plain Health Centre has been designed to fill a gap between a competent HCA or administrator and the PA Frontline Practitioner. The role of the GPA is to assist GPs in the management of the daily work load which are listed as a set of tasks of the job description.

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When developing the role careful consideration was given to the banding of the role and the career pathway. Banding is entirely at the discretion of the employing practice but in Cross Plain Health Centre, The Assistant Practitioner (AP) as a role is well established nationally, but within secondary care settings. The usefulness of the academic level 5 apprenticeships is that it allows a genuine opportunity for health workers to advance their career.

The practice has chosen the Open University to deliver the apprenticeships. With the distant learning approach, this means staff members will only be lost for 20% of their working time, within general practice this aspect plays a key factor. The intention is to use apprenticeships for the GPA looking at Government funding through the Apprenticeship levy.

### 5.2 Thistle Moor Medical Centre

Thistle Moor Medical Centre started in 1994 looking after 700 patients and is currently running with 23,000 with many patients from a Eastern European background.

This creates a very difficult and specific pressure to the delivery of healthcare, therefore the practice runs an “Open Access” model or walk in model of primary care, running Monday to Friday from 8.30 am to 10.30 am.

In response to demand, the practice allocated a doctor working with a HCA speaking the same language as the presenting patient. A typical consultation would include:

- The HCA takes the basic history including asking patients why they are presenting to the GP, and dependent on the response the HCA performs baseline observations and records the outcome,
- The next step is for the HCA to present the information collated to the doctor and examination findings,
- Any further questions would be said out loud to enable the HCA to record in the medical records,
- At this stage, the GP takes over the consultation and conducts the second half of the consultation – predominantly the clinical management section,
- If the patient requires any further investigations or follow up, the doctors explain this to the patient and then leaves the HCA to enact the plan with the patient.

With this model, one doctor oversees two HCAs with different languages skills who interpret and relay all important advice/messages to patients in their spoken language. The HCA's work from separate rooms, therefore, once the doctor leaves the first room they then complete the process in the second room.

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Within the last year HCAs have been developed to take on specific roles in helping with clinical letters. As a result, senior HCAs with training can read letters and discern what new additional information is recorded within the letter and plan based on the information provided.

Depending on the type of the letter this is then passed to a GP or nurse for checking. This process has dramatically reduced the amount of clinical time required in processing letters. As part of this process the community pharmacist is involved in reviewing discharge summaries and helping with medication changes.

Training a HCA in this way takes 18 months, but within this time, they receive support from GPs, nurses and fellow experienced HCAs and are mentored by a senior HCA. The disadvantage of this process is to space required due to the GP working from two clinical rooms and own office.

### 5.3 Roe Lane Medical Surgery

The Medical Assistant role at Roe Lane Medical Surgery was developed in response to demand from a high number of older patients in the 65 to 75 brackets where consultations were often more complex but with tasks during the consultation which could be undertaken by other staff.

This led to the development of the medical assistant whose tasks were to take weight, height and other health information to enable information to be pulled together in advance of the consultation, releasing GP time, with the GP providing a steer to the medical assistant based on the patient caseload. This model of working required upfront costs, however after 6 months of piloting, the practice saw the GP operating more effectively and running to schedule, giving the GP more job satisfaction and improving the patient experience. This role opens the opportunity to diversify the administrative role and open career opportunities.

A video clip was produced of the model interviewing both the GP, GP Assistant and the Practice Manager <sup>7</sup>.

Appendices 1 – Updates from around the country.

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<sup>7</sup> <https://www.youtube.com/watch?v=T-GVx4dcRPw&feature=youtu.be>

# 6. General Practice Assistant Survey

The GPAWG developed a GPA a survey to:

- Identify current and emergent work designed for the General Practice Assistant/Medical Assistant to support GP workload in the context of the GP 5YFV,
- Identify individuals, tools and resources that have been or are being developed that could be shared,
- Capture, where possible, evidence of benefit and challenges to delivery of such role(s) in primary care,
- Understand, if possible, how this work is being funded and to what extent,
- What other organisations and partners are collaboratively engaged/involved in delivering this role(s).

Links were sent to Training hub leads with a request to share the link with contacts and practices.

36 responses were received, ranging from Clinical Commissioning Group, individual Medical Practices, GPA pilot sites, training hub leads. (see section 8 for summary of results).

## 7. Wider scoping undertaken

### 7.1 Skills for Health

In 2016 Health Education England commissioned Skills for Health(SfH) to investigate the viability of developing an apprenticeship standard that covered the roles of Medical Administrator, GP Assistant and to also consider the area of clinical coding <sup>8</sup>.

SfH hosted a stakeholder event November 2016 to fully consider the definition of the role. There was a range of NHS employers at the meeting from GP practices, NHS hospital trusts, CCGs and the Association of Medical Secretaries, practice managers, administrators and receptionists.

There was a consensus (with a few exceptions, such as 'handling mail' and 'advanced minute taking') that the core skills identified were common for all Medical Admin/Secretary roles. Whilst the skills were also common to the GPA role there

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<sup>8</sup> SfH Apprenticeship Standard for Medical Assistant / GP Assistant

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would need to be several additional higher-level skills needed for the GPA role such as indirect supervision, higher level autonomy, negotiation skills, triage admin, health navigation and health promotion amongst other additions. It was by no means clear that these differences would warrant a separate apprenticeship standard. Therefore, agreeing that any standard developed at this level would have to become an option with the level 3 Business and Administration standard.

Further work following the stakeholder event on the 22 November, indicated that the standard drawn up described a level 4 medical support/admin role, which had overlap with the existing level 3 business administrator standard.

### 7.2 HEE Apprenticeships

The GPAWG also explored how apprenticeships could support the development of the GPA role. Skills for Health provide technical guidance and logistical support to HEE and Trailblazers.

The focus of the HEE National Apprenticeship team is to raise public awareness of apprenticeship opportunities and where/how to apply for them.<sup>9</sup>

Skills for Health and HEE have created a repository of Apprenticeship Standards related to Health and Care<sup>10</sup> The aim is for employers to be able to access the website and if all the information is kept up to date this will help with standards already produced. The website will advise which Apprenticeship Standards are in place or in development.

Apprenticeships give individuals an opportunity to learn, work and earn at the same time. Individuals on an apprenticeship programme are required to undertake 20% off the job training or be provided with sufficient time to undertake training, usually equating to one day a week.

As age group funding changed this allowed wider opportunities to all age groups not just those in the 16 – 18 or 19 – 24 brackets. Degrees holders who hold qualifications unrelated to the apprenticeship can still access funding which previously has not been allowed

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<sup>9</sup> Potential development pathway using clinical and non-clinical apprenticeship standards

<sup>10</sup> <https://haso.skillsforhealth.org.uk/>

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Large employers who pay a salary bill of over £3 million are required to pay 0.5% each month into apprenticeship levy, however in primary care many smaller general practices will not be levy payers and can obtain 90% of funding from the government to train apprentices and employers only fund 10%.<sup>11</sup>

Now non-levy payers would have to access their funding for apprenticeships through their training providers but this will change and move to digital system that larger levy payers are currently using from 2018.

### 7.3 Competency framework

In addition to the repository of Apprenticeship Standards the group were made aware of research in roles across England to develop the Care Navigator role. This research highlighted that there are many roles with different names but similar functions. Due to the lack of consistency this makes it difficult to map roles against a career path.

The group assessed job descriptions in primary care, secondary care, allied health care professionals, ambulance service, voluntary sector for all non-clinical roles and as a result identified competences in common, enabling the development of a framework to provide the most appropriate training for this workforce. Potentially supported by the development of a portal which could be shared with those interested in developing this further – JDs, competency frameworks, exemplars.

For this piece of work the care navigator role was piloted at level 2 and medical assistants at level 3.

It is worth noting that you may be aware of another competency framework bronze, silver and gold level but to advise these are the same as level 1, 2 and 3.

The competency framework<sup>12</sup> looks at four levels of increasing autonomy and competency:

- moving from reception/back office to care navigator at level 2,
- medical assistant or assistant to clinician taking on more complex roles at level 3,

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<sup>11</sup> Apprenticeship are Changing

<sup>12</sup> Competency Framework

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- level 4 is about developing a level of supervision as clinicians do not want to be burdened by substantial amounts of supervision when developing non-clinical staff.

The expectation of the level 4 role would be to carry out some teaching and supervision of junior staff. Potentially a level four would not be needed in each individual organisation but may be an overarching function across federations / multiple care homes.

### 7.4 Further considerations - Indemnity

The GP Assistant role is not currently covered by indemnity. This could pose a potential barrier to practices in recruiting GPAs and further work needs to be undertaken to understand this more fully to reach solutions which comply with legislation.

It is thought that the ultimate responsibility still lies with the GP and a potential solution would be to develop clinical and non-clinical protocols for GPA-type work to clearly define scope of practice write a protocol.

In October 2017, the Secretary of State for Health announced that the government is planning to develop a state-backed indemnity scheme for GPs, aiming to deliver a more stable and more affordable system for GPs. The scheme will need careful negotiation and will take at least 12 to 18 months to establish.

The GPAWG will keep abreast of developments to understand how this may impact on GPAs.

## 8. Summary

Through the literature search, survey (see section 6 for details of the survey), stakeholder engagement and outlining the various examples of best practice taking place across the country, we have identified a number of key themes:

- Developing the GPA role depends on a range of factors; patient need, existing skill mix, culture and the ethos of the practice, and having the staff, time and financial resources to invest in appropriate training, mentoring and supervision,
- Increasing the skill mix in primary care can save GP time, improve patient access and provide enhanced services without compromising patient care
- Upskilling, workflow optimisation, care navigation is already underway to alleviate GP workload,

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- It is evident that many duties that may form the role of the GP Assistant cut across other roles such as Health Care Assistant, Patient Navigator, Medical Assistant, and Care Navigators,
- Upskilling existing staff is reducing GP administration time, however we need to understand how this is supporting the commitments in The General Practice Forward View (2016), to increase workforce numbers.

## 9. Challenges

Through analysis of the findings, the group acknowledged that there are a number of challenges

- Any recommendations need to align with Health Education England workforce strategy, “Facing the Facts, Shaping the Future, A health and care workforce strategy for England to 2027”. The draft is currently in consultation and a final report will be produced July to coincide with the NHS’s 70th anniversary,
- Where does responsibility for the role definition sit?
- The GPA title encompasses a range of roles and the group recognises that this may be an issue going forward as data is collected via role and not the competencies of the role,
- Can we accept diversity whether the functions of the role and skills required for the role are clinical or non-clinical?

## 10. Recommendations

Through analysis of the findings, the group has produced a number of recommendations:

1. The system needs to respond to a definition of the role and career pathway as suggestions are that this is not an explicitly new role.
2. The Apprenticeship levy has the potential to support the development of the General Practice Assistant role, although substantial preparatory work would be needed for successful implementation.
3. On balance, we do not recommend developing national policy around this role; it is clear from the analysis that a key advantage of the role is its flexibility in fulfilling local need, although it is recognised that competency framework standards are a national opportunity.



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4. The issue of indemnity remains and further consideration needs to be given to prevent issues emerging later.
5. An option is to commission a third party to undertake a further study across England to gain clarification of the diversity of the role across the system, enabling consideration of a career pathway across the primary, secondary, social and private sectors and to understand how the skills of the role are transferrable across organisations.
6. Currently we do not hold enough information to develop a system wide approach to the role of the GP Assistant. A solution would be write a set of principles around the role and develop a toolkit to be used across primary care.
7. Need to ensure that the role forms part of the workforce transformation work managed at STP level prior to linking to a career pathway.
8. Developing existing staff and retaining talent is a priority. The general practice role can support and form part of a career pathway for existing and new staff.
9. Allow the pilot projects to fruition, we will then have the details and what activities have been undertaken and whether scalable. This would allow us to review the outcomes and if possible make later reiterations to recommendations.
10. Consideration needs to be given as to how we communicate with GPs and Practice Managers about how better to utilise the administration roles within their practices and develop new ways of working.
11. Explore the career progression of medics coming out of the armed forces and joining civilian life via the step into health programme run by Health Careers.
12. HEE develop a resource portal which could be shared with those interested in developing this further – JDs, competency frameworks, exemplars.

**Nomenclature:** Medical Assistant can be used interchangeably to refer to General Practice Assistant activity.

# 11. Acknowledgements

## Task and Finish Group

Dr Sanjiv Ahluwalia	Chair – Health Education England, working across North Central and East London
Nick Barry-Tait	Health Education England Kent, Surrey and Sussex
Zoe Berry	Health Education England Thames Valley
Tony Burch	Health Education England
Dr Rob Carter	Health Education England North East
David Claxton	Health Education England Yorkshire and the Humber
Julie Durling	Health Education England
Dr Celia Grummit	Cross Plain Health Centre
Amanda Jenkinson	Health Education England
Jo Marvell	Health Education England
Dr Charlene McInnes	Health Education England working across London and the South East
Dr Neil Modha	Thistle Moor Moor Medical Centre
Anna Prygodzicz	Health Education England Wessex
Dr Sarah Rann	Health Education England East of England
Joe Ryan	Health Education England East & West Midlands and the East of England
Jonathan Sampson	Health Education England North West London
Alison Smith	Health Education England South London
Dr Jackie Tavabie	
Liz Thomas	Health Education England North West

# Appendices 1

## 11. Activity in other areas not linked to pilots.

### 11.1 Midlands & East

East and West Midlands have initiated a study looking broadly at Medical Administrators so this will include, primary, intermediate and secondary care, to investigate the benefits Medical Assistants bring and quantify the role. Looking at all the settings with these posts across the HEE Midlands and East geography.

The study will be a quantitative and qualitative service development study with project delivery by Office for Public Management (OPM) with HEE oversight.

The final report will:

- give a comprehensive view of the shape and size of the Medical Assistant workforce,
- quantify its impact,
- give a clear recommendation for any potential for HEE in improving / standardising the workforce.

### 11.2 East of England

East of England are in the process of collating the work of all training hubs, although it is evident that there is a lot of variation.

There is engagement with training providers to think about work flow optimisation training.

In summary from the updates the messages are:

- all engaging with Primary Care,
- exploring the functions these roles can support,
- looking at the education provision to support the role.

### 11.3 East of England – GP Assistants in the Army and the Navy

The army has developed the role of medical assistant and have share common core training of 2 weeks in Lichfield. They focus on emergency pre hospital trauma and also minor illness, routine checks, vaccinations with triage in order to determine who needs to see a doctor.

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The training is a mixture of both course work and work experience with written assessments, portfolio, work place based assessment.

The navy have a higher entry specification as these individuals are often the only health care professionals on the navy ship.

Further engagement ongoing to establish if any of the modules could be relevant and be used in primary care.

### **11.4 North East**

The North East is in an early stage of development. Some practices have done a lot of work with non-medical staff to relieve the pressures within the practice.