

# Comparison of the roles and responsibilities of positions within primary care across England

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## Overview

The skills and responsibilities of the following roles within general practice in England are explored in this document:

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- receptionist/administrators,
- care navigators,
- patient liaison officer,
- general practice nurse,
- health champion,
- health care assistant
- medical assistant

It is evident from the literature that there is considerable overlap within these various roles particularly around the administration functions; 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. However, many of the reports conclude that roles can be utilized according to the needs of the individual practice.

Useful examples of the roles in practice are described on the website for the General Practice Forward View – High Impact Case Studies (described below).

Below is a table highlighting key elements pertaining to individual roles from documents found for the literature review. Most of the articles and reports are UK based, however, where it is deemed pertinent literature from international sources has been included.

Role	Description	Reference
Receptionist as Care Navigators	<ul style="list-style-type: none"> <li>• 57 receptionists in 6 practices across West Wakefield have been trained to work as care navigators for patients</li> <li>• When patients contact the practice, the receptionist identifies what their need is</li> <li>• Staff cite the wide range of options as a key part of the success, with Pharmacy First and Physio First making a big impact, together with direct <b>signposting</b> to social prescribing options. Use of the local Physio First scheme, for example, increased by 43% after the introduction of reception care navigators.</li> </ul>	West Wakefield reception care navigation 2016 (High Impact Actions, NHS England)
Clinical Personal Assistant	<ul style="list-style-type: none"> <li>• Ten practices in Brighton and Hove are now deploying a new clinical personal assistant role to reduce the bureaucratic burden on GPs</li> <li>• This is very different to the physician assistant or physician associates who take on a clinical role. The Primary Care Clinical PA (PCCPA) is a band 4 administrative worker trained to support GPs by <b>processing letters</b> coming into the practice</li> <li>• The agreed workflow sets out how letters are dealt with; the workflow can be tailored to each practice's requirement.</li> </ul>	Making Time in General Practice. Case Study: Reducing the GP workload: the clinical personal assistant (2015)
Medical Assistants	<ul style="list-style-type: none"> <li>• Members of the practice clerical team are <b>trained to read, code and action incoming clinical correspondence</b> according to a standard protocol</li> <li>• GPs report being satisfied with the safety of the approach, the improved quality of coding and the release of their time.</li> </ul>	Brighton and Hove GP Access <b>Fund</b> (High Impact Actions, NHS England)
Admin Staff / Medical Assistants	<ul style="list-style-type: none"> <li>• The practice handed over more <b>administrative duties</b> to admin staff and provided training to help them take over more of the procedural tasks previously handled by the GPs</li> <li>• A senior member of the admin team would then go through the post and weed out the letters that needed to be seen by the GPs but send the remainder to the admin team for task completion, coding or simply for scanning if no action was required.</li> </ul>	Wincanton Health Centre (High Impact Actions, NHS England)

<p>Practice based Navigators (volunteer)</p>	<ul style="list-style-type: none"> <li>Shropshire CCG has supported a programme to recruit and train <b>practice-based volunteers</b> who help <b>connect patients with voluntary and community sector services</b>.</li> <li>The coordinators work partly within the practice and partly in the community. In the practice, they support the team to proactively identify frail and vulnerable people and to <b>assess and signpost</b> where appropriate. The coordinators have particularly focused on people who are identified as frail and vulnerable, at risk of admission or loss of independence, or coming toward the end of their lives</li> <li>Evaluations showed an early improvement in patient and carer wellbeing.</li> <li>Patients receiving support from the coordinator had a 48% reduction in GP consultations, 33% reduction in A&amp;E attendances and 58% reduction in unscheduled hospital admissions.</li> </ul>	<p>Shropshire community and care coordinators (High Impact Actions, NHS England)</p>
<p>Practice Based Navigators</p>	<ul style="list-style-type: none"> <li>GP practices across Cornwall have been working in partnership with Age UK to connect older people with care and support in the community</li> <li>general practices across Cornwall have been working with Age UK and other local volunteer agencies to improve the quality of life for older people by helping them <b>identify ways to build their self-confidence and selfreliance</b>, providing practical support to help them achieve their aspirations.</li> <li>The patient is referred to a Promoting Independence in People (PIP) <b>key worker</b>, a volunteer recruited and trained by Age UK. They use motivational interviewing techniques to engage with the patient, understand needs and set goals.</li> <li>It is now running in 9 sites, supporting 4,000 patients. GP practices report a reduction in workload.</li> </ul>	<p>Cornwall Pathfinders project (High Impact Actions, NHS England)</p>
<p>Practice Health Champion (Volunteer) Community Matron/Wellbeing Coordinator – salaried.</p>	<ul style="list-style-type: none"> <li>Patients at the practice are invited to be trained as volunteer Health Champions. These engage with other patients, <b>understand needs and organise activities</b>. They run 19 different groups for patients, and support service delivery within the practice.</li> <li>support delivered by Champions, keeps a constantly updated dynamic directory of local services and resources and <b>signposts</b> and routes people to activities in the community.</li> <li>increasing the numbers of people <b>attending Saturday flu clinic</b> from 300 to over 800 people.</li> <li>The practice have reconfigured their staff team and redesigned their offer to respond to the new challenges, choosing not to appoint to a vacant salaried GP post but instead choosing to invest in a <b>Community Matron and a Wellbeing Coordinator</b>.</li> </ul>	<p>Robin Lane Medical Centre, Leeds (High Impact Actions, NHS England)</p>

<p>Primary Care Navigators for dementia / Healthcare Assistants</p>	<ul style="list-style-type: none"> <li>Healthcare assistants have received training to spend half of their time acting as <b>navigators</b>, helping to connect vulnerable patients with care and support in the community, and <b>providing direct non-medical support</b>.</li> <li>For each new patient, they spend time getting to know the patient and their carers, <b>identifying unmet needs and connecting them with sources of support</b>. Common issues include social isolation and inactivity, and the navigators have built an extensive knowledge of the voluntary and community groups that can help. The navigators also act as a first port of call for nursing homes, handling issues such as prescription requests, visit requests and post-discharge coordination of services.</li> <li>The navigators provide some direct support to patients and carers themselves, through regular fortnightly contact via telephone or a home visit, open invitations to the surgery for a “catch up and cuppa” and regular “getting to know you” events to meet with other people in similar situations.</li> </ul>	<p>Oxford Terrace and Rawling Road Medical Group (High Impact Actions, NHS England)</p>
<p>General Practice Nurse</p> <p>[Note article is Australian. Included as it was about understanding the role of the GP NURSE]</p>	<ul style="list-style-type: none"> <li>participants described their role as being ancillary and supportive to the GP;</li> <li>Despite extensive clinical nursing experience, many GPRN participants did not position themselves as independent health professionals who could add value to the delivery of care beyond reducing GP workload</li> <li>Proactively asserting their scope of practice did not come naturally to many GPRN participants</li> <li>Tertiary educated GPRNs, however, were noticeably more assertive in communicating their expertise with GPs</li> <li>The delegation of tasks by GPs did little to develop the GPRNs professional identity or their position within the team environment;</li> <li>In some clinical areas, such as immunisation, diabetes and wound management, GP participants recognised GPRNs as experts and sought their clinical advice</li> <li>It was highlighted, however, that the GPRNs role was still developing and required a period of adjustment to resolve issues around role boundaries and the distribution of clinical tasks</li> <li>The dual role of GPs as employers and clinical colleague appeared to increase the complexities of collaboration between GPs and GPRNs</li> </ul>	<p>A qualitative study of collaboration in general practice: understanding the general practice nurse's role</p>

General Practice Nurse	<p>Tasks that now fall under the jurisdiction of the practice health nurse</p> <ul style="list-style-type: none"> <li>• Discussing SRH issues with patients</li> <li>• Undertaking repeat contraceptive checks for women already taking oral or injectable contraception</li> <li>• Assessing whether a woman is at risk of pregnancy</li> <li>• Offering all emergency contraception options and signposting appropriately</li> <li>• Providing resources for all methods of contraception for women to make an informed choice</li> <li>• Undertaking a risk assessment to determine if a patient is at risk of a sexually transmitted infection (STI)</li> <li>• Undertake screening in asymptomatic patients</li> <li>• Determining whether a patient has any symptoms of an STI</li> <li>• Providing further information and signposting to colleagues or specialist SRH services</li> </ul>	Providing sexual and reproductive healthcare in general practice: Historically, much of the work relating to women's health in general practice fell to female GPs. Now, it is more likely to be the general practice nurse who shoulders most of the workload relating to contraception and sexual health
General Practice Nurse	<ul style="list-style-type: none"> <li>• The general practice nurse can provide a useful source of information, advice and support to stroke survivors -- not least by fulfilling the role of advocate</li> </ul>	Stroke survivors: the long road to recovery.
<b>over-75s co-ordinator</b>	<ul style="list-style-type: none"> <li>• <b>NHS South Warwickshire CCG</b></li> <li>• social isolation among our older patients, who were booking appointments because of loneliness. We wanted to offer these patients a more personal and proactive service</li> <li>• works alongside clinical and reception staff, helping to <b>identify over-75s who are lonely, socially isolated</b> and, in some cases, frail.</li> <li>• <b>She sees patients in the practice and their homes</b>, then finds shared interests between them and looks at what activities are on offer in the community that they can attend.</li> <li>• Where there are <b>gaps in activity provision</b>, the practice manager and over-75s co-ordinator work together to organise activities in the community and practice that are appropriate to patients' needs and wishes</li> <li>• We've seen a 33% reduction in the number of GP appointments among patients seen by the over-75s co-ordinator. For example, one patient attended the practice 102 times in 2014; this figure halved in 2015.</li> </ul>	How we reduced appointments by a third for socially isolated over-75s.
Medical Assistants as Flow Managers [US]	<ul style="list-style-type: none"> <li>• Redesigning workflows and enhancing collaboration among MAs, physicians, and other primary care staff hold substantial promise for improving care and mitigating the effects of a growing shortage of primary care providers.</li> </ul>	Medical Assistants as Flow Managers in Primary Care: Challenges and Recommendation

<p>Medical Assistants [US]</p>	<p>New Roles for MA's</p> <ul style="list-style-type: none"> <li>• Health coach</li> <li>• Community health worker</li> <li>• Dual role translator</li> <li>• Patient navigator</li> <li>• Care coordinator</li> <li>• Panel manager</li> <li>• Scribe</li> <li>• EHR super-user</li> <li>• Quality improvement assistant</li> <li>• Greeter/scheduler</li> <li>• Medical records/coder</li> <li>• Referral coordinator</li> <li>• Phone bank</li> <li>• Pharm/lab tech</li> <li>• Phlebotomist</li> <li>• Limited license rad tech</li> <li>• Lead MA/MA supervisor</li> <li>• Mentor/preceptor</li> <li>• Trainer</li> </ul>	<p>New Roles for Medical Assistants in Innovative Primary Care Practices.</p>
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<p>Nurse practitioner [Thesis]</p>	<ul style="list-style-type: none"> <li>• The findings demonstrate that rather than one generic nurse practitioner role in general practice there are multiple constructs, driven at macro level by political necessity, negotiated at micro level by the needs of individual general practices and framed within a professional vacuum of non-regulation. This has not been fully explained before</li> <li>• nurse practitioners viewed their new role in the team as aligning more closely with their medical colleagues than nursing</li> <li>• Acute first contact care for minor illness and undifferentiated presentations; management of long term conditions such as Diabetes Mellitus and Asthma, managing or leading the practice nursing team,</li> <li>• administrative and practice nursing duties were all identified by nurses and incorporated to varying degrees into their everyday practice.</li> <li>• Their value to their practices was flexibility. The flexibility to manage patient demands for acute services, the flexibility to step back into a practice nursing role according to service demands and the flexibility to combine these with a range of management, training and administrative roles when needed.</li> <li>• lack of clarity, consistency and identity impacted upon the enactment of the role in general practice. This raised unexpected questions; about the role itself, how it was articulated across different practices and what value or limitation it might have in healthcare. It also raised questions about advanced practice, what future that might have and what it should look like.</li> <li>• Real collaborative working has been glimpsed in the roles of pioneering nurse partners; practice nurses or nurse practitioners who have taken a financial stake in the business of general practice, making strategic decisions collaboratively with their GP</li> </ul>	<p>Nurse practitioners' perceptions of their role and value in UK general practice</p>
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<p>Receptionist [Note: Unable to find the outcomes of this study. Dr Lichfield contact details available online if required]</p>	<ul style="list-style-type: none"> <li>• Repeat prescribing has been recognised as a core element of the receptionist role, 11 57 one where they make extensive use of tacit knowledge and situated judgements to bridge the gap between the formal organisational routine and the actual routine as it plays out in practice.</li> <li>• In a recent UK survey of result communication in primary care, 98% reported that the default option of communicating normal results was for patients to call reception staff. A further 18% of practices required receptionists call patients with abnormal results. 40 Feedback on result data should include information on the implications of the result, options for further care and emotional support offered. 41 Yet receptionists are not required to undertake any training to fulfil this role and lack clinical expertise. Patients have previously expressed dissatisfaction with the level of information they receive on their laboratory test results.</li> <li>• Front of house communication</li> </ul>	<p>Protocol for using mixed methods and process improvement methodologies to explore primary care receptionist work</p>
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<p>Support Workers Care Navigators Community Facilitators Health Coach</p>	<p><i>From: Examples of new roles &amp; Impact &amp; Outcomes p9-16</i></p> <ul style="list-style-type: none"> <li>the emergence of personal assistants and community support workers, with a shift towards providing personal rather than domestic services. The delegation of health-related skills such as more 'routine' nursing and therapy tasks from nurses to community support worker roles, in clinical as well as non-clinical settings, is another common feature. Examples include frailty support and wellbeing workers, and the extended use of support workers in intermediate care.</li> <li>care navigators, now established in a range of health and community settings (see box). Their main role is to support individuals to plan, organise and access support, although their remit and extent of practice varies from giving advice and signposting to a more active role in supporting people to engage in activities. Provision of support is often time-limited. Care navigators are seen as playing a valuable role in supporting access beyond health and social care.</li> <li>Community facilitators, enablers and link workers are all examples of roles that aim to share knowledge and/or provide a practical interface between services and the wider community. They are less formalised than care navigators; in some cases, these roles primarily support professionals to access resources in the community (such as support groups or exercise classes) on behalf of individuals. In other cases, the role is a more proactive one, including connecting individuals to service providers in the community, reaching out to communities to engage people in services, and creating bridges between public services and groups within the community who use those services.</li> <li>The final new role to note is the health coach, which has arisen through a greater consideration of the role of the patient in an integrated care system. Health coaching represents a sizeable workforce in the United States but is still relatively limited in the United Kingdom. The role does not directly facilitate boundary-spanning between services or organisations, but rather serves to support and empower individuals to take an active role in managing their health and health conditions and, in turn, their engagement with health and social care organisations.</li> <li>Despite the interest in new roles, evidence to support practice is limited. Roles such as physician associate and assistant practitioner are probably the area in which evidence is strongest. In the United Kingdom, recent studies demonstrate that physician associates can increase capacity to manage demand and broaden the skill-mix in teams, and are likely to be cost effective.</li> <li>Much of the evidence on the impact of other new roles, including those developed to support integrated care, has come from evaluations of the programmes from which they</li> </ul>	<p>Supporting integration through new roles and working across boundaries.</p>
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	<p>have emerged. However, these have largely focused on learning at the programme level rather than evaluating the roles themselves and their outcomes.</p> <ul style="list-style-type: none"><li>• Many new roles are perceived as being able to deliver greater efficiency through their ability to deflect work from existing roles and services; however, there is limited evidence to support this. The primary care demonstrator sites found that although their skill-mix changes enabled increased input from other sectors to support integration, this could involve additional workforce costs, so only partial savings were made through the deflection of work.</li></ul>	
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<p>Patient Liaison Office</p>	<ul style="list-style-type: none"> <li>• concept of a patient liaison officer acting as the patient's advocate is not new and has been widely used in secondary care settings (PALS - Patient Advisory Liaison Service).<sup>16</sup> However, their function has largely been to resolve complaints rather than prevent problems before they occur. In general practice, patient liaison officers have the potential to implement care plans designed by clinicians, ensuring that providers of care for individuals are communicating effectively with, and through the practice. A similar role of care navigator has been developed more widely for signposting and care facilitation, but has tended to focus on specific contexts, particularly cancer and mental health, with navigators coming from diverse backgrounds (nursing; social care and lay people) and working in a variety of settings.<sup>10,17,18</sup> In this study, the liaison officer role is an administrative role, developed through training of existing general practice reception and secretarial staff, with pre-existing local knowledge of patient populations and inhouse services; experience in dealing with patient requests by telephone and face-to-face contact, alongside the ability to use practice computer systems. They received additional training in communication; record keeping; facilitation of carers' groups and case conferences; information about local services and providers.</li> <li>• This study suggests that a new administrative role, with protected time to support housebound patients can reduce unplanned hospital admissions, and support the out-of-hospital and adult safeguarding agenda. Implementation of care plan action points and better access for patients and carers may have led to a reduction in avoidable admission, particularly for falls and common infections.</li> <li>• The patient liaison officer role is both feasible and desirable given increasing automation of traditional receptionist roles; the need to retain staff who have significant local knowledge and relationships with patients, and economic drivers to reduce avoidable use of secondary care services. An ageing population is already impacting on the increasing workload for GPs, and whilst this study does not attempt to measure reduced administrative time spent on housebound patient care by GPs, it is possible that time invested by GPs to review care plans and progress with patient liaison officers would be offset by reduced administrative workload and ultimate reduction in clinically driven home visits.</li> </ul>	<p>The Patient Liaison Officer in UK General Practice Co-ordinating Care for Housebound Patients.</p>
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<p>Medical Assistant /Health Coaches [US]</p>	<ul style="list-style-type: none"> <li>• <b>Patient panel management and community-based care management may be viable strategies for community health centers to improve the quality of diabetes care for vulnerable patient populations. The objective of our study was to clarify implementation processes and experiences of integrating office-based medical assistant (MA) panel management and community health worker (CHW) community-based management into routine care for diabetic patients.</b></li> <li>• Mixed methods study with interviews and surveys of clinicians and staff participating in a study comparing the effectiveness of MA and CHW health coaching for improving diabetes care.</li> <li>• Importantly, CHW and MA responsibilities converged over time to focus on health coaching of diabetic patients. MA health coaches experienced difficulty in allocating dedicated time due to other MA responsibilities that often crowded out time for diabetic patient health coaching.</li> <li>• A consistent finding in our interviews of MA and CHW health coaches was the importance of a supportive team climate, allowing them to take responsibility for their health coaching activities and to gain trust from patients.</li> <li>• The implementation of health coaching should be tailored to the needs of clinics and patient populations, and a flexible approach seems to be more important than fidelity to rigid models that have not been implemented in routine settings</li> </ul>	<p>Comparing the implementation of team approaches for improving diabetes care in community health centers</p>
<p>Health Champions</p>	<ul style="list-style-type: none"> <li>• Community health champions in Yorkshire and Humber are involved in a huge range of activities including, among others, leading organised health walks, working in allotment and food-growing initiatives, setting up social clubs, delivering health-awareness presentations on chronic conditions, and signposting.</li> <li>• Broadly, their roles could be divided into three main areas: 1. Talking to people informally as part of their daily lives. 2. Providing more intensive support to individuals. 3. Partaking in or managing/leading activities, groups or events.</li> <li>• community health champions have the potential to be instrumental in creating a cultural shift in communities towards healthier and more integrated living. These findings chime with current discussion around the need to build a society where people take a more active part and engage more with service development and delivery.</li> </ul>	<p>Improving health and well-being through community health champions: a thematic evaluation of a programme in Yorkshire and Humber</p>

Patient Liaison Officer	<ul style="list-style-type: none"> <li>• The PLO role is being developed in practices supported by local incentives to develop and manage care plans for vulnerable patients at risk of hospital admission and at risk of falls, together with the identification and support of carers.</li> <li>• Attributes: Experience in liaising with patients, staff and support groups . Customer care skills . Good local knowledge . Good team-working skills . Good IT skills . Ability to listen as well as give information</li> <li>• Subjects covered in training workshops: communication skills, key principles of record keeping, keeping a log book of local contacts for integrated care, co-ordinating case conferences, minute taking and report writing, running carers meetings, prioritising needs, risk stratification.</li> </ul>	The patient liaison officer: a new role in UK general practice.
Health Care Assistant	<ul style="list-style-type: none"> <li>• <b>It is now widely accepted that introducing an HCA into the practice team can improve practice capacity and efficiency. They help to reduce waiting times and enable practice nurses and GPs to make better use of their skills and time. Practice staff view the role positively, and HCAs report that they enjoy the role and feel that they contribute positively to the team</b></li> <li>• In the past ten years or so we have seen the role of the HCA in general practice grow rapidly, with HCAs now performing many higher level tasks such as ear irrigation, wound dressings, diabetic foot examinations and influenza vaccinations (under the supervision of a regulated healthcare professional).</li> </ul>	The developing role of the HCA in general practice.

<p>Health Care Assistant</p>	<ul style="list-style-type: none"> <li>• The HCAs in our sample were undertaking a range of tasks, with the most common being taking blood, measuring blood pressures, and performing ECGs (see Table 3 for a comprehensive list of the tasks). Just under half of the interviewees were undertaking administrative/clerical duties as part of their HCA role (eg, patient recall) whereas the other half were undertaking a predominantly clinical role, involving little or no administration or clerical work. Examples of tasks that were rarely mentioned (only by one interviewee) were flu vaccinations, audiograms, peak flow measurements, and chaperoning.</li> <li>• Blood pressures</li> <li>• New patient medicals</li> <li>• Height/weight measurements and BMI calculations</li> <li>• Technology-based investigations</li> <li>• Audiograms</li> <li>• ECG readings</li> <li>• Peak-flow measurements</li> <li>• Spirometry</li> <li>• Urinalysis</li> <li>• Invasive procedures Phlebotomy</li> <li>• Flu vaccinations</li> <li>• Wound care Removal of sutures</li> <li>• Applying simple dressings</li> <li>• Monitoring of drugs and patients with chronic conditions Diabetes and coronary heart disease checks (including warfarin, IRN Service, and glucose tolerance testing)</li> <li>• Health promotion Smoking cessation and obesity clinics</li> <li>• Distributing lifestyle literature and advice</li> <li>• Administrative/clerical duties Patient recall</li> <li>• Summarising paper notes onto computer</li> <li>• Cost comparisons</li> <li>• Assistance Assisting with minor operations</li> <li>• Chaperoning</li> <li>• Assisting with chronic disease clinics</li> <li>• Maintenance of practice Cleaning/sterilising premises/supplies</li> <li>• Setting up minor operations</li> <li>• Stock ordering (including vaccines) and restocking clinical area</li> </ul>	<p>Healthcare assistants in general practice : a qualitative study of their experiences.</p>
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