Report on Primary Care Workforce Innovation Project

Cross Plain Health Centre

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1.0 Introduction

The Primary Care Workforce Development work was undertaken at Cross Plain Health Centre (CPHC) as part of the local Primary Care Offer. The innovation project was born out of the specific needs of the surgery as well as local and national need. The project followed the 5 year forward view for the NHS and has established potential solutions to the workforce crisis and recruitment to primary care in general.

The increasing work load and demand coupled with increasing bureaucracy and decreasing income has left general practice in its recruitment crisis which is now being felt throughout the country. The constant change also wearies the workforce and work life balance is under constant threat making the prospect of a career in this area less attractive.

2.0 Method

The method used to develop the workforce in CPHC has been that of redesigning the work streams for the day and looking at what skills are needed to undertake which task, what could safely be delegated and how to ensure supervision of the delegated tasks.

The CPHC team have engaged in conversation with Royal Colleges, national working groups, Health Education England, the local LMC and universities as well as with others exploring new models in practices.

Over the two years of the project the nursing routes have been established and local practices have pharmacists, physiotherapists and paramedics working in the team. The emerging GP Assistant role is taking shape now and is ready to move to a pilot whilst the Physician Associate Apprenticeship that could be undertaken in primary care is awaiting agreement at national level.

3.0 Definitions

The many titles being used and considered in these early days have caused confusion about the emerging roles. What follows is a list of the definitions as understood by the national working groups and a moment to consider terminology is well spent.

3.1 Medical Assistant (MA) is a title that came in from the USA. These health workers are considered to be administrative only and so equate to the more skilled administrators that many practices already have.

3.2 Physician Associates (PA) were called Physician Assistants until recently. Physician Associates are trained after their first degree to be a generalist who can investigate, diagnose and treat a range of common conditions. In the USA they are already registrants in their own right and the UK is expected to follow suit within the next few years.

3.3 Registrants are health care workers in their own right such as pharmacists, physiotherapists, nurses and paramedics. To their initial qualification they add skills in triage, minor illness and injury, taking a competent history with knowledge of red flags and appropriate examination skills.

3.4 GP Assistant, (GPA) the chosen term nationally, is developing into a two level (level 4 and 5) role designed to assist GPs in the management of the daily work load as per the included section of a job description shown below. A GPA is designed to fill a gap between a competent HCA and the PA.

Task Section of Job Description for the emerging GPA Role

To work to a Senior GP in the provision of the following roles:-

- Telephone triage according to protocols
- Review of patients in accordance with GP plans for care
- Act as a contact point for patients to ensure continuity of care
- History taking in preparation for GP
- Clinical observations, BP, BMI, Urine analysis, Blood glucose, ECG, BMI, temperature, phlebotomy.
- Assisting GPs with management of routine clinical correspondence
- Assisting GPs with Audit
- Assisting GPs and patients with the management of long term condition and QOF reviews
- Assisting GPs with coding
- Assisting GPs with management of results
- Assisting GPs by Initial preparation of reports
- Assisting GPs with referrals
- Assisting GPs with medication review
- Assisting GPs with patient follow up
- Assisting GP s by arranging requested tests and informing patients and GPs when results are back
- Assisting GPs with the management of minor illness and injury
- Preparation of prescriptions as directed by GP with a check in place prior to sending
- Home visiting as discussed with and directed by GP
- Provision of health and wellbeing advice
- Assisting GPs with the undertaking of patient generated tasks
- Attendance at MDT meetings

3.5 Nurse Associates (NA) are trained in a level 5 two year apprenticeship.

3.6 Clinical Support Workers (CSW) arose for Cross Plain as it became increasingly clear that patients needed to be confident in the status of the person they spoke with in order to explain the reason for their contact. The consideration of the roles within the surgery clearly pointed out that which all of primary care is aware of i.e. that the old receptionist role had changed considerably and was rarely devoid of clinical content. The ongoing training of front of house staff to ensure the best outcomes for the patients and the team continues but the CSWs feel empowered to take a few more clinical details so they can signpost more effectively.

3.7 Assistant Practitioner (AP) as a role is well established nationally but in secondary care settings. The usefulness of this academic level 5 apprenticeship is that it allows a genuine opportunity for health workers to advance their career. Roles suited to the AP are many and varied, some examples being infection control, oncology and mental health.

4.0 Findings

4.1 The extending scope routes are already in existence and is working well in many settings. An example that primary care workers will recognise is that of the Nurse Practitioner who is a nurse with additional skills such as Triage, Minor Illness and Injury and Prescribing. The widening of this role to other health professionals is underway and is an obvious way of increasing the workforce in primary care.

4.2 PAs are established in the UK with more and more universities offering the 2 year masters course. The vast majority of PAs currently work in secondary care settings partly because the secondary care institutions are sponsoring the students. Primary Care needs to show the role to potential students and this is best done by offering placements however practices which are already operating at a high level of strain find the extra work of training for little remuneration unattractive.

For General Practice the real potential is the arrival of the apprenticeship model for PA training which would mean not losing the member of staff for a two year period of study. CPHC has been part of the national Trail Blazer group working to deliver this. The standards for the apprenticeship are agreed and shortly this pathway will become available.

4.3 NA apprenticeships are operational and students are having placements in practices within county so will become available to the primary care workforce.

Practice nurses can now be trained on site through distance learning degrees and this offers another route for developing current staff for tomorrow's provision.

4.4 The Armed Forces train their own Combat Medical Technicians but this role has no civilian equivalent so that on leaving the services the skills are basically lost to the work place. Discussions are underway with MOD locally as well as at a national level to encourage service leavers to move across into the NHS into the new roles. Some acute trusts already offer apprenticeships for the higher level qualifications to the non degree qualified service leavers. There is an opportunity for Primary Care to do similarly.

4.5 A GPA becomes useful the minute they start. The banding is for a practice to decide but in academic terms the role starts at the bottom of level 4, above HCA, and with a new, non- nursing mind set. They have the opportunity to move to Level 5 by taking the Assistant Practitioner Foundation Degree apprenticeship route. The Job description task outline as above is one that seems to be becoming nationally accepted with the absolute understanding that localisation is essential to meet local need.

CPHC suggests only those with experience of health care are taken into the scheme so matters such as patient care, confidentiality and the system itself are already known to the starter. No work has been undertaken to assess the provision for starters with no prior health care experience and it is suggested the Health Care Certificate for those starters should be undertaken as a minimum.

4.6 The AP roles is well established nationally but not yet in primary care. The usefulness of bringing it into primary care is that it allows a genuine opportunity for health workers to progress their career. For primary care it will show the GPA has reached a national standard of understanding of health care, giving them a new standing.

An AP could choose to change the area in which they assist by adding different and relevant training to their degree. They could equally decide to complete their study to a full, level 6 degree which would then allow progression to the various 2 year courses to physiotherapist, OT, PA or they could change into the nursing streams.

4.7 Cross Plain Health Centre has been exploring the new roles for 2 years now and all GPs working at the surgery agree that the work life balance has been dramatically improved by the new system and the emerging roles. There is no shortage of health care workers interested in taking a greater role in primary care, just a shortage of funds to allow for their training.

5.0 Governance

Whilst people wish to debate this there is really very little to debate.

The health care organisation is responsible for the actions of all of its staff right through to the receptionist. In the case of a partnership the ultimate responsibility is carried by the partners. Whilst an autonomous practitioner may have some personal questions to answer in a case where care has fallen short of acceptable standards and/or harm has occurred the organisation's representatives who are responsible for overall delivery retain the overall liability.

A GPA therefore needs to be covered by an individual practice's defence provider in the same way as a receptionist or HCA does.

Nurses can gain their own cover but still need to covered by the practice for the safety of the partners or directors of a company and the same is true of Frontline Practitioners.

6.0 Next Steps

6.1 The work on Primary Care Workforce Development is ready to move from Innovation Project to Pilot by:-

- Providing 5 AP apprenticeships for the practice.
- Completing the directory of possible courses for the additional skills for GPAs.
- Enabling the speedy delivery of pilot PA Apprenticeships in Primary Care.
- Working out the true cost for primary care employers during the training phases of the roles.
- Undertaking data collection to corroborate output, outcome and impact of the GPA role.

6.2 Cross Plain Health Centre has chosen the **Open University** to deliver the 5 AP apprenticeships. The distance learning approach means staff members will only be lost for 20% of their working time in order to attend training, placements and have peer group learning. It is a Foundation degree so suited to those without a prior degree.

The chosen approach allows for a variety of paths to lead on from the Foundation Degree in the future and ensures the student has the correct understanding of health and the needs of people in terms of determinants of health. It also means this knowledge is assessed and of a nationally agreed standard.

Further skills and competencies are then pinned onto this basic foundation in accordance with that which is required by their employer in order to fulfil the specific roles.

The use of the AP Apprenticeship gives a platform for good progression. It allows interests to form, ensures round pegs are employed in round holes and builds a self- sustaining workforce. This produces no bottle necks, only opportunities.

It is the intention of the Cross Plain Pilot to use the apprenticeship for GP assistants and for those with an interest in primary care mental health.

6.3 An AP apprenticeship **costs** approximately £5500 pa. The Government is currently assisting with funding through the Apprenticeship levy and, if the applicant is successful, the amount requiring payment by the employer is 10% or approximately £500 per annum

The employer does, however, need to provide 20 % of the employee's paid time to the programme and will need to provide a mentor as well as time for slow working in the initial stages of the training. In addition there are the costs of the additional skill training. The total cost needs to be evaluated.

It is expected that the PA apprenticeship will carry higher cost and the return on investment for a practice needs to be understood. In health care today the workforce is more mobile and staff move more frequently meaning the initial cost of new roles training may not benefit the delivering practice for long if the useful staff member moves away and there is no one similar to recruit. The costs of the new roles may initially need Government funding support to provide sufficient numbers for a national availability.

7.0 Conclusion

The two years have been a considerable amount of work, most of it funded directly by the Cross Plain Health Centre partners, but there is now a credible understanding of the possibilities for primary care and an emerging structure to pilot.

The RCGP has published that some 35% of patients do not need to see a GP and it was findings such as this that first brought the extension to the roles of nurse colleagues. In the face of the recruitment crisis and the fact that there is no rapidly approaching cohort of trained and experienced GPs to help with recruitment primary care needs to change the way GPs work within primary care whilst keeping the relationship with patients. GPs are becoming the consultants of their teams and need a wider range of people to work with them to deliver todays' complex care which means new roles and new training pathways. Health Education England is supportive of all of the new roles hence the effort being made to move on with apprenticeships and other forms of learning.

Wiltshire could wait for others to complete this but, from the Cross Plain perspective it will not come fast enough and the work we are involved in at the national level shows acceptance of that which is outlined above as the obvious future.

The main objectors to new roles seem to be GPs themselves but this may change as the advantages of team working with consultant status become more widely understood and funding decisions making training plans viable.