# Transformation – outcomes and impact evaluation report

## Please refer to the handbook when completing this template

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| **1. Title Section** | | | |
| **Title of intervention** | GP Assistant/Medical Assistant – Wave 1 | **Date of the report** | 13/02/19 |
| **Local team** | C & M | **Level of anticipated Impact/ Complexity** |  |
| **Report Author Name**  Contact details | Gill Mayer  [Gillian.mayer@hee.nhs.uk](mailto:Gillian.mayer@hee.nhs.uk) | **Programme Lead Name**  Contact details | Katie Power  Katie.Power@sthelensccg.nhs.uk |
| **Subject area** | The GP/MA role was identified in Future of Primary Care (Primary Care Commission 2015) as a new role. Further supported by General Practice Forward View (NHS England, April 2016) | **Key Words** |  |

## Planning

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| **2. The intervention –** this should be completed at planning stage and revisited post intervention | |
| Development of GP/Medical Assistant training programme in line with hybrid clinical and non-clinical model, delivered through North West Training Hub structure. | |
| **3. Context of this intervention** |
| The GP/MA role was identified in Future of Primary Care (Primary Care Commission, 2015) as a new role which could have a positive impact on the delivery of patient care in General Practice. This is further supported by the General Practice Forward View (NHS England, April 2016).  The Future of Primary Care report1 identifies that, currently, General Practitioners (GPs) spend on  average 11% of their time on administration, emails and tasks which do not necessarily require a  doctor or nurse to complete. The report argues that:  This is a major cause of workload stress and a significant issue cited by GPs leaving the profession early. If administrative staff (such as medical assistants) took on half of this work, this would be equivalent to 1,400 more fulltime GPs in England.2  As such:  There is a case for training support staff, including healthcare assistants and existing administrative staff, to assist healthcare professionals in the administrative aspects of their work.3  1 The Future of Primary Care. Primary Care Commission, 2015.  2 The Future of Primary Care, p.47  3 The Future of Primary Care, p.22  HEE have supported a pilot within the North West and this report evaluates the current status. The pilot scheme set out to develop support workers who are able to work in direct support to a GP, focusing on reducing the burden of clinical administration and delivering fundamental patient care to improve patient experience and maximise GP consultation time. The pilot covers Cheshire & Merseyside, Lancashire and South Cumbria and Greater Manchester and includes 22 GP practices during wave 1.  The pilot consists of three waves, each wave is being delivered as a six-month programme and this evaluation focuses on wave 1.  A recent evidenced based workforce knowledge summary indicates that the aim of this new GPA role is to inform plans to introduce and develop a nationally defined role. The findings from the pilots will feed into national groups overseeing implementation of the GPFV.  This new role aligns to the following HEE mandates: -   * Increase of 5000 other multi-professional primary and community staff – this project will provide an increase of 90 roles which will support the clinical team. * Assure and continuously improve the learning environment by working with providers to deliver high quality clinical and public health placements based on high quality outputs and educational outcomes – this project will develop the Training Hub capacity and capability to ensure quality learning environments in General Practice. * Successful implementation of recommendations from General Practice Forward View (2016) and Primary Care Commission (2015) – This project will contribute to both the GPFV and PCC recommendations to test the Medical Assistant model in England.   In the North West and across England, career progression for general practice receptionists can be difficult with great variability in roles and development. The establishment of a GP/MA programme has provided another route of career development for receptionist and administrative staff. |
| **4.** **Theory of Change for this intervention** |
| The Spinney Training Hub was awarded the GP Assistant/Medical Assistant bid in April 2017. The aim of the project was to provide a competency-based framework to facilitate the development and introduction of 90 GP Assistant/Medical Assistants into primary care (split into two cohorts of 45) across the North West of England.  The Spinney Medical Centre wrote and designed the framework and its supporting documentation; Sysco Training have facilitated the delivery of the framework via a web-based learning assistant and the University of Chester have provided certification of the course as a level 4 qualification.  The framework was written collaboratively by GPs, a Practice Nurse and Practice Manager and approved by HEE and the University of Chester. The contents were based on existing guidance and legislation.  5 domains were identified; Care Certificate, Clinical, Administration, Managing Health Records and Communication. Each domain was broken down in to sub sections with details of competencies needing to be demonstrated - (Appendix 1). |
| **5. Outcomes and/or Impact anticipated** |
| * Demonstration of the role of Training Hubs in influencing, designing and developing new roles to meet system requirements * Initiate national trailblazer apprenticeship with Training Hubs based on evaluation of role * Maximise GP consultation time * Improve patient experience * Enhance career development for GP receptionists and administration staff |

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| **6. Measures of success and effectiveness** |
| 1. Development of GP/Medical Assistant training programme in line with hybrid clinical and non-clinical model, delivered through North West Training Hub structure. 2. 90 leaners to complete the programme and receive certification and remain/continue into the role of GP/MA within their GP practice. |

## Following the intervention

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| **7. Evaluation activity and evidence gathered** |
| The pilot is being delivered across three waves and this initial evaluation covers wave 1 – further evaluations will be undertaken on completion of wave 2 and 3.  Evidence gathering and the Spinney Medical Centre wave 1 report informs the following: -   * Initial response to wave 1 – 45 learners enrolled within 2 weeks - further 30 added to wave 2 reserve list * All learners completed a registration form (Appendix 2) with sign off by Manager and Lead GP * Mapping exercise completed for wave 2 applicants to ensure all areas within North West included * Learning Assistant (LA) went live and monitored on a monthly basis * Mid way meeting held to address and action any issues * Survey monkey set up and distributed to all learners during wave 1 – midway and end of programme * Actions from survey feedback implemented * Progress checks indicated many learners not started at allotted time – extension agreed * 22 learners completed wave 1; 45 started – drop-out rate 51% * University provided external verification based on review of 10% of portfolios – challenges with issuing timely certification - All portfolios viewed were of a high standard * Practice size list varied from 2300 to 12000 patients * 80% of learners were based in training practices * 35% of learners completed course in 6 months - remaining 65% utilised an extension of one month * 48% of learners indicated a programme length of 9 months would be better * 25% of learners indicated a programme length of 12 months would be better * 62% of learners indicated that ½ day mentoring and ½ day reflection and upload of evidence was achievable * 30% of learners found the Learning Assistant difficult to use. * 76% of respondents demonstrated how the suggested job spec has been implemented in their practice – some respondents suggested this was still under discussion.   To supplement our evaluation, we have requested case studies from both the learners and GP mentors from 11 of the 22 practices. To date we have received responses from 82% of our learners and 45% of our GP mentors.  These case studies have been summarised and included as Appendix 3 and 4. |
| **8. Interpretation and Discussion** |
| Whilst it has been acknowledged that the dropout rate for wave 1 was high (51%), the majority who completed the framework (without the benefits of the improvements that were implemented for waves 2 and beyond), have demonstrated that they have implemented the new role and already feel a positive impact on the workload of their clinical team.  Issues around certification have been identified during the programme and recent communications from Chester University have given assurance that this has now been rectified. The university have had to create a 10 credit module for this process and then more recently gain approval, through University systems, for a number of the GP tutors. At the time of writing this report certificates for wave 1 learners are in the process of being produced and wave 2 and 3 learner certificates will follow.  The challenge with regards to certification, is being monitored and alternative solutions are being discussed, should The University of Chester not be able to fulfil their initial pledge to certify the GPA framework.  Wave 2 has now completed and the Spinney Medical Centre are currently undertaking an evaluation to include learner surveys (as Wave 1). |

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| **Return on Investment** |
| * Impact on system wide savings through redistribution of work tasks * Positive impact on the workload of GP clinical teams * Enabled quicker pathway for patients * Improved efficiency of GP consultation time * Reduction in staff stress and improved retention rates * Improved patient outcomes through health coaching and clinical administration and long-term condition management * Development of protocols for testing PSA, palpitations and tiredness * On the day observations, ECGs and bloods * Extension to HCA role to include new responsibilities e.g. competence in spirometry |

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| **10. Recommendations and Lessons Learned** |
| The Learning Assistant was monitored monthly to check on learner’s progress. Learners who did not appear to be progressing at the rate expected were contacted, to see if additional support was needed. At the midway point 19 learners had dropped out of the course due to:   * Not feeling that the course was for them now they had sight of the content/context * Not realising the course was experiential * Not having the time to commit to the course   Following the results of the survey during wave 1 various actions were implemented: -   * + - Flyer updated to outline course requirements in detail (Appendix 5)     - Established a launch meeting for wave 2 in order to demonstrate the LA and provide face to face guidance to prospective and new learners     - Robust guidance was produced to help mentors support their learners with the materials available     - Exemplar witness statements and other template documents were produced   84% of learners were able to demonstrate a positive effect when asked what kind of impact the new role has had on workload for their clinical team – (19 responses received). |
| **11. Summary** |
| This report evaluates the first wave of the pilot and provides both qualitative feedback by means of case studies completed by both the learners and GP mentors, along with quantitative data in terms of responses to learner surveys completed during wave 1.  For wave 1 the following was identified: -   * 45 learners enrolled – 22 learners completed (drop-out rate 51%) * Learning Assistant (on-line portal) went live and was monitored on a monthly basis * Mid way meeting held to identify and address any issues * Survey monkey distributed to all learners – midway and end of wave 1 * Actions from survey feedback actioned * Extension to programme agreed due to many learners not starting at allocated time * 80% of learners based in training practices * 35% of learners completed course in 6 months * 48% indicated a programme length of 9 months would be better * 62% indicated the ½ day mentoring and ½ day reflection worked well * 30% of learners found the Learning Assistant difficult to use * 76% of respondents demonstrated how the suggested job specification had been implemented in their practice   Case studies were requested from both learners (GPAs) and GPs from 11 out of the 22 practices involved in the pilot. Responses were received from 41% of learners (GPAs) and 18% of GP mentors (Appendixes 3 and 4).  Learner feedback identified the following new skills had been acquired: -   * Phlebotomy * Clinical history taking * Care Plans * ECGs * BP reading * Observations * Consent & Mental Capacity * Triaging medical letters * Health & Safety * Infection Control * Use of PPEs * Completion of insurance forms   A selection of Learner (GPAs) quotes are included below: -  *“The programme included working alongside GP mentor and Lead Practice Nurse – it gave me a greater understanding of patient care and what was involved. The programme gave me better understanding of the whole picture and how a GP works.”*  *“I learnt to complete GP forms e.g. insurance and DWP and expanded my skills on taking patient history and symptoms.”*  “*As a HCA I already know a lot, but did refresh skills and learnt about the community offer for patients.”*  *“I felt that the programme was repetitive at times and a tick box exercise for some of the modules and lacked direct learning”.*  Mentor feedback identified the following in terms of benefits to both the GP and the practice: -   * Programme offered opportunity to reflect on GPAs knowledge and skill level * The role removes a lot of admin pressure from GPS and speeds up patient pathways * GPA helped in taking patient history and checking basic observations, which helped with saving GP time   A selection of Mentor (GP) quotes are included below: -  “*We have trained the GPA who has better understanding of care plans, patient centred care, infection control and good information handling”.*  *“Our GPA found that the programme content allowed her to brush up on her existing skills, in clinical, admin, communication and record keeping.”*  “*Designated time to supervise/GPA, however most often it went beyond the allocated time.”*  *“The amount of evidence required of the learners was huge and seemed liked overkill.”*  Issues around certification have been identified during the programme and recent communications from Chester University have given assurance that this has now been rectified. At the time of writing this report certificates for wave 1 learners are in the process of being produced and wave 2 and 3 learner certificates will follow.  HEE are now reviewing an adoption and spread plan for the General Practice Assistant role and this and future evaluations of wave 2 and 3 will feed into this review. |

## Evaluating the framework

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| **12. What did you find useful/helpful about using the framework** |
| I first attempted to use the framework without the template documents and devised my own evidence gathering criteria. However once published, I found the report and evidence gathering templates were extremely useful and helped me to focus my research and evidence searches, to enable the report writing process to be more succinct.  As the process of evaluation is piecemeal, I did find myself referring to the Guidance for completion of the report template on many occasions as it was such a good reference point. |
| **13. What did you find not so useful/not so helpful about using the framework** |
| The section on Costings may prove difficult to complete for some of our projects, bearing in mind the nature of some of our projects e.g. posts/resources - this will have to be looked at on an individual basis. |
| **14. What suggestions, if any, do you have for improving the framework?** |
| I found the way the framework offers structure and design very helpful. However as some of our projects are medium and long term (e.g. 12 months, 2 years) it is not easy to align them in terms of complexity as the framework refers to 1 day, 1 to 3 days and 3 day plus – so this could be something to look at for the future.  An on-line tool/resource may improve the timeliness of completion of the documentation - as information could be entered real-time, particularly if the tool is to be applied before, during and after.  The evaluation I have completed has been based on an ongoing project, so I have retrospectively carried out research/literature searches to evidence the planning stages. |

**Appendix One – GP Assistant – The Framework**

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**Appendix Two – GP Assistant Certificate Enrolment Form**

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**Appendix Three – Case Study Summary – Learner**



**Appendix Four – Case Study GP - Mentor**



**Appendix Five – GPA Flyer (updated)**

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