

## General Practice Assistant: Evidence and Benefits

### Background

- General Practice Assistant was developed in USA to support GP surgeries in routine admin tasks and basic clinical duties.
- In 2018/19, a similar programme was piloted in the North West as there was a growing appetite from GP's to support this new role.
- Health Education England (North West) offered The Spinney Training Hub an opportunity to roll out a GPA programme in their area for 90 learners over 2 cohorts. They worked with the University of Chester to create a competency framework which resulted in 10 credits at a Level 4.
- After this pilot they reported that the GPA had potential to:
  - Improve patient access and patient flow
  - Released higher qualified staff to focus on treating patients with more complex conditions
- With the evidence base from the North West, Health Education England (HEE) funded a national GPA learner programme in Jan 19 which covered the 7 regions across England.

### The Training programme

- The training programme is based on a framework that covers 5 domains (2 clinical and 3 non-clinical):
  - Care Certificate (clinical)
  - Clinical (clinical)
  - Communications (non-clinical)
  - Administration (non-clinical)
  - Managing health records (non-clinical)
- The learner will work through each domain on an on-line learning portal which is then signed off by their GP mentor and verified by the training provider.
- The learning timeframe to complete should be between 6-9 months.

### Evidence, impact and benefits

- In November 2020, 227 GPA learners across the country had completed the training programme.
- Below illustrates how the GPA has made an impact across these regions which are aligned to the quadruple aim:
  - Improving the individual experience of care;
  - Improving the experience of providing care;
  - Improving population health
  - Reducing the cost per capita of care.

## Improving the individual experience of care (patients/service users)

- Improved access for patients
- Improved efficiency in patient management
- Improved speed of patient letters being processed
- Improved safeguarding alerts on digital systems
- Preventing increased waiting lists
- Reduction in average waiting time

*“The role has **been well received by patients**. This independence and enthusiasm has been especially visible during the **Covid** peak, where GPAs have cross covered patient services such as emergency ECGs, supported regional response teams and broadened their roles (within their competencies) to support the practice”.*

*“The presence of a **male member** of the clinical team has also been extremely supportive for patient experience, allowing patients to see a male team member if they would prefer”.*

*“Key achievements was the introduction of the **GPA managing DOCMAN letters**/ emails early in the mornings and effectively identifying pertinent information and any urgent clinical tasks that were needing attention from the clinician before the end of surgery which was when historically we would look at DOCMAN letters”.*

*“My role as a GPA in my practice involves clinical admin, urinalysis, BP clinics and ECG clinics etc. I have just completed my vaccination training and I am **learning new things / taking part in new training all the time**”.*

*“I act as a ‘middle man’. For example, if receptionist has a question for the GP, then they usually come to me first. We can answer quite a lot of queries and filter out things that the doctor doesn’t need to do. We are creating a lot of work for ourselves but taking it away from other people. I think it works more smoothly and efficiently than before. **With patients we have a liaison role**, eg. getting messages to a GP or feeding information back to the GP about how a patient is progressing”.*

*“GPAs have made a difference in **dealing with patients with mental health issues**. This group of patients often present on a Friday afternoon. The GPA can take the history and provide intermediate support pending a referral to CMHT by the GP”.*

*“It is **changing the model of administration** within primary care, the GPA is a conduit between clinical and administration and therefore their understanding of the whole process is so much clearer, thus moving the whole system to levels of high efficiency”*

## Improving the experience of providing care (staff/employer)

- Supporting career development and retention
- Increased job satisfaction and confidence
- Cross cover and enhanced team working
- Reducing hours GP’s work over their contracted hours
- Reducing GP time in admin tasks and other basic clinical duties
- Increased staff satisfaction due to reduction in patient complaints
- Improved clinical time to focus on clinical duties

*“This is **an important role for any modern GP practice** and we envisage it will expand further. It may also be considered a step in the training ladder of non-clinical staff who want to take on clinical roles”.*

*“More such GPAs are needed in Practice- we must continue to work towards **developing the Practice workforce**”.*

*“In the absence of a GPA role, the practice would probably have trained more HCAs. However, the GPA role was seen as better, because of the breadth of the course, the formal qualification offered, and the **ability to flex between administrative and clinical support**”*

“One of the GPAs is now considering a clinical career, which they had previously not thought was possible. This is a major personal achievement and will undoubtedly benefit the wider NHS by **allowing a new route for enthusiastic team members to enter into their careers**”.

“This role has made me want to either apply for nursing or a managerial/clinical role”

“I’m definitely looking at access courses to allow me to **go to university to develop my clinical knowledge**, possibly as a GP”

“The positive outcome has been seeing the transformation of our GPA, from reception staff to fully independent GPA. Our GPA has enjoyed the clinical side of her training and is now keen to consider further clinical training, including nursing”.

“I feel that the staff and GP are no longer under so much pressure to get all their work completed. I am always willing to help with daily tasks and offer advice. **I play a supportive role** with all my colleagues.

“Both GPAs were extremely enthusiastic about the chance to broaden their skills, especially clinically. Both were keen to see patients directly; one said that they had been **“buzzing” about the opportunity**, and the other observed that it was exciting to meet and help patients in a more direct way than was possible as an administrator”.

“Having additional **clinically trained staff who also had administrative expertise** through the COVID peak has been supportive for the whole team.

“I was excited about the prospect of our **HCA being able to develop herself further in her career**, but also to be able to help me (practice manager) with the unsustainable increase in my admin workload”.

“One of our receptionists, who also has a background in social care agreed to undertake the GPA training”

“Personally it has made me **find a new love of a job**. I have never stayed anywhere in a job very long and it made me more adult in my approach and give me a new outlook about building a career. Professionally I feel higher up than I was before and it has given me more confidence clinically and in my admin role”.

“The two GPAs have had an opportunity for **career progression** which has sparked an interest in developing their careers further, particularly in the clinical field. To this end, the Partnership has retained two members of staff who may otherwise have left”.

## Improving population health

- Increasing direct and in direct health coaching and signposting
- Improved turn around for PIPS and ESA helped to improve population health
- Improved efficiency relating to the Covid pandemic

“During the period of the COVID peak, one of the GPAs has been able to support the regional red hub, which has had **a major role in controlling the outbreak**”.

“There has been an **influx of patients following relaxation of the Covid-19** guidance and some of this additional work has been picked up by the GPAs”.

“The introduction of two GPAs has certainly **helped with the provision of care during Covid-19** pandemic. For example, on Fridays we now have a ‘bridging service’ from 1300 – 1900 hrs to ensure there are no gaps between the GP service and the 111 service. During the pandemic the GP has covered this shift from home, working remotely. This potentially could have been challenging, but we now have one of the GPAs ‘on the ground’ acting in an administrative capacity and (eg) taking observations. In other words, they are the GPA’s on-site support, liaising with the GP as appropriate”.

“**Medical reports for PIPS, ESA etc done in record time** would have likely improved Population health outcomes for the better”.

**Reducing per capita cost of care**

- More efficient distribution of tasks and savings made
- Example: GPA's undertaking PMA reports could save £425 per week/£22,100 per annum
- GPA's undertaking other reports could save £813 per week/£42,250 per annum

*"We required somebody to help the duty doctor in performing certain tasks, including admin and clinical, during their on-call day. **If this was not introduced, the duty doctor would be spending a significant proportion of their on-call day on performing these tasks**, when they could instead be more focussed on providing appropriate clinical care to patients and supervision of junior clinical staff".*

*"**GP time was freed from inexorable paperwork**, leading to time better spent in clinical work".*

*"The GP practice viewed the role as providing a good enough **return on investment** to continue employing one GPA full time and the other as a part time addition to their existing role".*

*"**Supporting the GP with admin tasks** including the completion of referral forms, mental health and dementia care plans, high risk drug monitoring and clinical coding letters".*

*"**Hours of admin work saved** with the GPA taking over the processing of insurance forms"*

*"At the moment, the practice does not employ a separate HCA.....so it has **reduced the need to employ a phlebotomist** and freed time to care"*