

Unit Two

Good employment practice from a PCT's perspective

Key messages

Reading this unit will:

- introduce the role of the HCA and some of the benefits that come from employing HCAs in general practice
- identify the risks and issues that employers need to be aware of when creating and recruiting to a new role
- help you to think about the support that you can provide to practices planning to introduce an HCA role
- provide you with tools and resources developed and used by others.

The benefits of employing an HCA

The benefits of employing HCAs were recognised in *Securing our Future Health: Taking a Long Term View*.¹ Properly trained, developed and integrated HCAs can help by:

- **releasing capacity** – enabling senior nurses to deliver more complex care while the HCA takes over some of the less complex tasks
- **meeting quality and outcomes framework (QOF) targets** – helping the practice to meet QOF targets, eg smoking cessation, blood pressure monitoring, routine testing and generally improving the recording and updating of clinical records
- **improving access** – enabling the practice to achieve improved access to their services for patients in relation to the new Access Directed Enhanced Service

The range of tasks undertaken by HCAs varies from practice to practice. A recent review of training programmes for HCAs provides some idea of the scope of the HCA's role in general practice.

The Potential Range of HCA Duties in General Practice

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| • New patient registration | • Peak-flow measurement | • Infection control |
| • Blood pressure checks | • Spirometry | • Health checks |
| • Urinalysis | • Audiometry | • Summarising patient records |
| • Height/weight/BMI | • Smoking cessation | • Act as chaperone |
| • Ordering supplies/stock control | • Restocking of clinical area | • Helicobacter testing |
| • Cleaning sterilisation equipment | • Health promotion | • Patient recall |
| • Phlebotomy/venopuncture | • Supporting practice nurse triage | • Helping with specific long-term conditions, eg diabetes, asthma |
| • Ordering vaccines | • Minor-illness clinics | |
| • ECG recording | • Assist in minor operations | |

Introducing a new role to a general practice team is not a routine activity, with this in mind this unit is focused on the recruitment issues that are involved so that PCTs and general practice can avoid risk and maximise the benefits arising from the HCA post.

The employment of HCAs vary from region to region. In some areas, HCAs are employed by the PCT to work in general practice and it is rare for GPs to employ them directly, in others the majority of GPs employ the HCA directly. Many PCTs have decided to support the introduction of HCAs into general practice teams. As practices grow and develop, the number of HCAs employed directly by the practice is expected to continue to grow. However, it is important to recognise that the PCT still holds responsibility for professional guidance and maintenance of professional standards for general practice nurses (GPNs) who, in turn, delegate some of the less complex tasks to HCAs. The PCT is ultimately responsible for patient safety and, therefore, has a share in the responsibility of the HCA role. By adopting a collaborative approach to the employment and development of HCAs, PCTs will reduce their clinical risk.

An opportunity for the human resources department

This is an ideal opportunity for the human resources department within the PCT to offer help and support in the recruitment and selection of HCAs working in general practice. Help may be offered on developing common documentation and resources like a role profile, person specification, job description, advertising materials, application forms, interview schedules, contracts of employment and induction materials. You can also provide some one-to-one support by assisting practices with skills-mix audits, sitting on interview panels with practice staff or contributing to the development of procedures and protocols for general practice. The tools supporting this unit provide template examples for many of these materials that can be adapted locally.

It may be that practices within your local area are unsure about employing HCAs themselves but would be willing to work with the PCT to introduce HCAs into the practice through a PCT brokered arrangement. There are good examples of successful PCT-led initiatives from around the country. (See Southwark PCT and Richmond and Twickenham PCT examples).

Recognising the role of an HCA

Example: The benefits of HCAs to PCTs

Richmond and Twickenham PCT experienced similar difficulties to many suburbs of London in respect to the recruitment and retention of staff. The PCT's role in the Primary Care Collaborative Project (September 2000) and the development of the HCA role in general practice has greatly improved patients' access to primary care within the PCT. Since August 2003, the PCT has consistently met *The NHS Plan* 24/48-hour access targets.

Funding was allocated from primary care development monies to enable practices to employ an HCA for 12.5 hours per week. Following the successful outcome of the HCA project, recurrent funding has continued under the new the *nGMS contract* and has been extended on the basis of practice list size requirements.

Example: Southwark PCT

In 2002, Southwark PCT introduced HCAs to support and encourage the development of nursing teams in general practice, improve access to services in primary care, improve the recruitment and retention of the nursing workforce, and support the development of career pathways for non-trained clinical staff. This introduction has now been extended and will mean that all 50 practices will have the opportunity to employ an HCA, providing they can demonstrate they meet the essential criteria.

Essential criteria

- *The HCA will be an employee of the practice.*
- *The practice will already be providing a practice nursing service.*
- *The HCA will be an integral part of the existing practice nursing team and will be assigned a mentor from this nursing team.*
- *The practice will commit to the training and development of the HCA role and the nursing team as a whole.*
- *Identified nurse-led services will be developed in tandem with the introduction of the HCA.*
- *There is an appropriate environment in which to practise, ie a clinical room.*
- *There is commitment to release the HCA to participate in group clinical supervision.*

At Southwark PCT, the core training of the PCT is provided by the Shared Services Partnership's Learning and Development Department. The HCA/support worker training programme runs across 10 half day workshops that cover the following:

- *roles and responsibilities*
- *confidentiality and record keeping*
- *health and safety*
- *health promotion*
- *phlebotomy (theory and practical)*
- *consequences of current lifestyle*
- *infectious diseases*
- *routine tests (blood pressure, urine etc)*
- *awareness of long-term conditions*
- *evaluation and projects*
- *CPR and anaphylaxis*
- *introduction to clinical supervision*
- *smoking cessation training.*

Practices are expected to release HCA staff to access additional training and development opportunities relevant to the post to ensure continued development of the nursing team. These opportunities are identified in individual personal development plans.

Practices are expected to support and encourage HCAs to access NVQ Level 3 training. The PCT will monitor the scheme through the PMS/GMS contract monitoring visits.

*Securing Our Future Health: Taking a Long Term View*¹ recognised the important role that properly trained, developed and integrated HCAs do, and will, play in the delivery of primary care services between now and 2020. HCAs can be employed to undertake some of the more task-orientated roles, providing the opportunity for practices to develop new ways of working.

Developing the HCA role

There are a number of ways PCTs could support the development of the HCA role in general practice. These include undertaking a detailed examination of the PCT's workforce planning information, for example:

- *the number of nurses and HCAs employed in general practice*
- *the age profile of nurses and HCAs employed in general practice*
- *the patient profile for each practice*
- *The range of tasks carried out by HCAs throughout the PCT.*

This will help general practice to identify development needs and gaps in service provision that could be filled through the re-examination of the skill mix within the practice.

Practical steps towards developing the HCA role

- *Training and development could be organised centrally, and either delivered by the PCT or by the PCT working in partnership with education providers, such as local colleges or private companies, so that all HCAs from general practice get the same job-centred training.*
- *Practices could be offered support from the finance department of the PCT to put together a business case.*
- *Local road shows could be taken to practice teams to show them how the role has been integrated within other practice teams and the benefit that the HCA can bring to a practice.*
- *Opportunities could be given through discussion forums to explore the benefits of employing an HCA.*
- *Working with PCT Public and Patient Involvement Forums to ensure that they understand the role of the HCA either as a patient or carer going into the practice or as a potential employee wishing to embark on a new career.*
- *The skills of an HCA could be shared to show what benefit they can have to the practice and how this role can be beneficial in relation to practice-based commissioning.*
- *Local employment agencies could become involved so that they help to raise the awareness of the HCA role and the career opportunities that might arise.*
- *Local education providers could be utilised as a resource to encourage students who are on health-related courses to consider moving into the role of an HCA in general practice.*
- *Local media could be approached to raise the profile of career opportunities in primary care, including that of the HCA in general practice.*
- *HCA forums could be set up and/or a support team developed where HCAs could meet on a regular basis across the PCT to share good practice, undertake training and development sessions, and give each other support.*

Example: Supporting the general practice

Richmond and Twickenham PCT had difficulties in the recruitment and retention of HCAs, and worked with local general practices to address this gap.

Richmond and Twickenham PCT now provide a number of different support functions to general practices within the PCT, including specimen job descriptions and person specifications, draft job adverts and a standard contract of employment. In addition, they support the practices in short-listing candidates and provide interview support through a network link, which helps practices to work together. There is also a PCT-named contact to support the practice nurse and HCA to ensure timely implementation of the HCA role into the practice.

Setting up an HCA forum

As the role of the HCA develops, they will need the opportunity to explore their role further and see what HCAs in other practices are doing. It may be that they are the only HCA within a practice team and it is important that they should have the opportunity to discuss their role with other HCAs.

Example: HCA network

'Richmond and Twickenham PCT has set up an HCA forum, which provides a network for HCAs within the PCT and enables them to share good practice, to explore different ways of working and to discuss issues such as further training requirements.

'This has made a positive difference to the way HCAs work in Richmond and Twickenham PCT. Not only have the HCAs formed a cohesive group for putting forward their views on a variety of subjects, but they also contact each other outside of the meeting for support. It has also raised awareness of training and accountability issues, and has given the HCAs a point of contact for any queries they might have.' (PCT manager)

To make the HCA forum meetings successful, the ideas below might be useful.

- *Ask someone from the PCT who has an interest in developing HCAs to take charge of coordinating the meetings, for example the practice nurse lead. Alternatively, this could be an experienced HCA from general practice who is looking for a new challenge. The PCT could pay them additional hours to undertake the role.*
- *Keep the discussion topics interesting, interactive and current.*
- *Record what has been discussed and the training given (if any) and encourage the HCA attendees to add this information to their personal development folders.*

Alternative networking opportunities

PCTs who have set up systems such as those operating in Richmond and Twickenham PCT or Southwark PCT may find it constructive to encourage practices to give staff time off to attend forum meetings. If you do not have such a scheme in your PCT, you could still work with the practices to encourage networking between HCAs, incorporating some or all of the suggestions below.

- *A password-protected 'discussion board' for HCAs on the PCT website to encourage the sharing of good practice.*
- *A monthly meeting that could be held as part of a learning-time event where practices are supported by PCTs to develop, for example, protected learning time or part of a PCT-based practice nurse meeting. It could also include some training updates. This should take place within normal working hours and be seen as part of the continuing development of the HCA.*
- *An email group to share information.*

Recruitment and selection

Advertising jobs

As a PCT, or in some areas the strategic health authority, you could offer general practices support and advice about advertising jobs and general recruitment issues. For example, some PCTs place adverts for several jobs by title and job number, directing people to either the NHS jobs website (www.jobs.nhs.uk) or their own website for more details. This keeps the local population informed about available jobs, but also helps to keep costs down.

All vacancies placed on this website are automatically downloaded to Jobcentre Plus. This will ensure your vacancies are accessible by the local community and Jobcentre Plus can provide advice to jobseekers in the application process.

Example: Advertisement for an HCA

Health Care Assistant (HCA) required: This is an exciting opportunity to step onto the NHS Career Ladder

Richmond and Twickenham general practice seeks an HCA 10 hours per week to work in the doctor's surgery. Under supervision you will assist our practice nurses in delivering a range of patient care activities in order to provide basic care to patients whilst maintaining a safe and effective working environment for patients and staff.

We are a friendly and busy general practice that will require you to work as part of a multi-professional team in a fast paced environment.

The HCA role is varied and you will need to be adaptable, so that the changing needs of the service and the patients can be met.

You will be given training to help you develop your skills and proficiency to meet the requirements of the post.

Full details and job description available from: add your specific details

You could also promote HCA roles in your general NHS recruitment drive through targeting job fairs and running local recruitment campaigns. Create links with schools, universities, playgroups and libraries to help raise the profile of the HCA role. Your local Jobcentre can also support your recruitment needs and services are free. Your nearest office can be established via www.jobcentreplus.gov.uk.

HR issues

A practice may struggle, as can any small business, to take on board all the issues linked to employment, such as negotiating terms and conditions, drawing up contracts of employment, dealing with sick pay and maternity leave, and ensuring appropriate procedures are in place. It may be easier for a practice to buy into the HR services of the PCT. However, this would incur certain additional legal responsibilities for the PCT.

If the HCA is a practice employee, the terms and conditions applied to HCAs are determined by the individual practice. The PCT should try to encourage equity and fairness across all practices by promoting the adoption of *Agenda for Change*⁴. This is strongly recommended in the *nGMS contract*² and within the Royal College of Nursing (RCN). The PCT can help to facilitate the adoption of this policy by providing advice and guidance on job evaluation, and by using the *NHS Knowledge and Skills Framework* NHS (KSF). Unit 3 provides guidance on defining competencies and matching these against the *NHS KSF* (see [Unit 3: Competences](#)).

Induction

If your PCT has a corporate induction programme, it could be useful to invite newly appointed HCAs from general practice to attend. They would gain a greater understanding of how their practice fits into the PCT. In addition, it will give HCAs an opportunity to ask about issues that may not have been covered during their practice induction.

As the number of HCAs in general practice increases, many PCTs are now developing induction programmes. This helps to ensure uniformity of training and development.

See [Tool - Health care assistant induction timetable](#) for more information.

Clinical supervision

Clinical supervision is 'a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations.'³

Clinical supervision is a process that nurses undertake as part of their educational and personal development. It does not replace the normal management supervision of clinicians in the work place,

Example: Southwark PCT

The way a PCT can help/support

Each HCA is mentored and supported by a named practice nurse within the practice that they work.

Clinical supervision (reflective practice) is provided by attendance at monthly multidisciplinary clinical supervision groups.

In order to develop leadership and provide professional development for HCAs working in Southwark PCT, a programme has been developed and commissioned to train six HCAs to become clinical supervisors and provide clinical supervision facilitation to other HCAs working in general practices across Southwark.

This 6-month training programme starts with a 1-day workshop covering:

- *clinical supervision skills*
- *frameworks within clinical supervision*
- *group-work skills*
- *setting up group clinical supervision.*

This programme is followed by six, 2-hour clinical supervision/teaching sessions with the following structure:

- *group clinical supervision*
- *reflections on the group (verbal/written)*
- *reflective diary – being in a group, setting up a group, facilitation skills, resources for support.*

The training programme is now coming to an end and the HCAs involved are starting to set up the clinical supervision groups. The model that they have in Southwark PCT is group supervision so that each HCA supervisor facilitates a group of approximately six HCAs who meet for 1–2 hours on a monthly basis.

Clinical supervision encourages self awareness and confidence in the role, and can help to evaluate current practice. It is a structured process that supports reflective learning and nurtures people, while ensuring safe and effective care is given to patients and their families.

The Nursing and Midwifery Council (NMC) believes that clinical supervision is best developed at local level in accordance with local needs and that good practice is to include HCAs in this process. This is an area of support that could be developed by a PCT, and would encourage HCAs to meet and reflect on their own practice.

Summary

- *Employing HCAs to work as part of the practice team provides:*
 - *opportunities to cascade workload from GPs to nurses and from nurses to trained HCAs*
 - *greater capacity in general practice, bringing benefits to patients by enabling doctors and nurses to concentrate on more complex care*
 - *resources to enable practices to achieve PCT priorities*
 - *a wider skill-mix across the practice team*
- *Introducing a new role to a practice requires careful planning, PCTs have a role to play in supporting practices with this process*
- *Taking a structured approach to recruiting an HCA will help your practices to get the right person for the right role and avoid unnecessary work or expense*
- *Developing local networks for HCAs and general practice nurses can help to spread good practice and support both groups in taking forward the role of the HCA*
- *This unit provides useful examples of employment documentation used successfully by other practices and PCTs.*

References

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3. Department of Health. *Clinical Supervision*. London: Department of Health; 1993.
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