

Unit Seven

Integration of HCAs into the general practice workforce from a general practice employer's perspective

Key messages

Reading this unit will:

- explain how teamworking helps to deliver better services and underpins good clinical governance
- describe the benefits of having a clear understanding of responsibility and accountability within the team
- explain how good communication is important in delivering high-quality services and how confidentiality should be observed.

Team working

The needs of patients, not those of healthcare staff, should determine who does what. All the evidence around team working suggests that teams are the best way to deliver quality services. However, effective teams are also good for those who work in them; team members show demonstrably lower levels of sickness absence (and better mental health) and improved retention. Being a member of an effective team feels good! Yet we know that effective team working is hard work and that many barriers exist which need to be overcome if teams are to become truly effective. What might the role of a health care assistant (HCA) bring to an already effective team and what can employers do to assist the integration of the role into the existing team?

As a general practice employer, one of key responsibilities will be the induction of the new HCA to the practice. This may be a responsibility you will share with other members of the practice team. An induction might include an introduction to team members, to patients, to other teams and to organisations. It should also include an overview of relevant policies and procedures, and include any mandatory training. If the HCA role is new to the practice team, taking time to explain the role and how it complements the role of other team members will be important.

It is all too easy to overlook many of these basic introductions to the team and its way of working. Whether it is a new or an established role, the HCA will form quick and lasting first impressions of the team during this induction period, and these will influence the extent to which they feel a welcome and integral part of the team. If you don't already have one, it might be helpful to compile an induction checklist that can be adapted to suit different roles, and that will ensure the induction and orientation period in the new role is comprehensive. See [Tool - Induction checklist](#). A welcome pack containing information about the practice, the team and the patient population may also help to create a sense of belonging at an early stage. If the HCA is the only one at the practice, it might also be helpful to 'buddy' up with an HCA from an adjacent practice for support and guidance. Needless to say, appearing well organised, efficient and welcoming will go a long way in integrating any new team member.

As a general practice employer the delivery of a high-quality, patient-centred and cost-effective service will be your priority. One way of looking at removing barriers to team working with a focus on quality is to use techniques imported from commercial business practice – see Box: *Characteristics of total quality management*.

Characteristics of total quality management¹

- *Making customers' needs a priority for everyone.*
- *Defining quality in terms of customers' needs.*
- *Recognising the existence of internal customers and suppliers.*
- *Examining the process of production rather than individual performance for explanations of flaws or poor quality.*
- *Using sound measurement to understand how to improve quality.*
- *Removing barriers between staff and promoting effective teamwork.*
- *Promoting training for everyone.*
- *Involving the whole workforce in the task of improving quality.*
- *Understanding that quality improvement is a continuous process.*

So, you already have an effective, high-quality service delivered by a multidisciplinary team. What could an HCA role contribute to bring that additional added value? The vital role an HCA might play in a 'one-stop' clinic, putting the needs of patients at the centre of the activity, is one very tangible example (see Box: *The HCA and the 'one-stop' clinic*).

Example: The HCA and the 'one-stop' clinic

Within a general practice an integrated team can provide a 'one-stop' service for a child health clinic. The HCA takes the weight, height and head circumference of the babies and children attending, and ensures that the recording and recall for developmental checks and immunisations are done. The GP carries out physical and developmental examinations, the health visitor gives advice on nutrition, child care and behaviour management, and the practice nurse gives immunisations to children and parents.

The Box: *The role of the HCA in the diabetic clinic* demonstrates how in a general practice-based diabetic clinic, self-monitoring by the patient or carer can be augmented by an integrated team to ensure that no gaps or expensive overlaps occur.

The role of the HCA in the diabetic clinic

The HCA can monitor blood glucose levels and take blood samples for routine checks, such as HbA1c, blood lipids, and kidney and liver function.² This requires:

- *a basic knowledge about diabetes and its treatment*
- *an understanding of the need for blood sugar level monitoring*
- *information on how to carry out procedures in a way that obtains a result that is as accurate as possible (including calibration and use of equipment etc)*
- *the ability to do the procedure in a way that minimises the trauma experienced by the patient*
- *knowledge of the principles of infection control and how they may be applied to this procedure.*

The HCA might also be responsible for collecting information about any patients new to the clinic. This requires:

- *a basic understanding of preventable health risks*
- *referring patients on to the relevant healthcare professional according to the patients' needs*
- *identifying services that may need to be provided for the patient*
- *assisting in the collaboration of information for further assessment if required.*

Activities might include those detailed below:

- *Welcoming the patient and exchanging personal introductions.*
- *Giving details about the check and allowing an opportunity for questions.*
- *Verifying the details already obtained from the patient-completed health questionnaire, such as:*
 - *name, date of birth, address, telephone number, marital status, occupation*
 - *next of kin/carer*
 - *type of housing, who else lives in the property*
 - *past medical history, family history, allergies, personal risk factors, present state of health*
 - *smoking status and alcohol intake – the HCA could also give appropriate advice and follow-up as required*
 - *discussing diet and the principles of healthy eating, with more detailed follow-up as required*
 - *confirming immunisation status*
 - *confirming current medication*
 - *confirming what checks have been made concerning the diabetes and when.*
- *Measure and record height and weight, then calculate the body-mass index and give appropriate advice.*
- *Record and measure blood pressure and follow the practice protocol if blood pressure is raised.*
- *Urinalysis – presence of blood or protein indicates the need to collect a mid-stream specimen for analysis. Glycosuria should be discussed with the practice nurse.*

Teamwork will be necessary to deliver clinical governance

Clinical governance underpins professional and service development (see [Unit 8: Quality improvement](#)). Clinical governance is about doing the right thing at the right time and in the right way. Multidisciplinary teams working across agencies is one way that clinical governance is practised at a service level.³ Teams are central to how clinical governance can be applied in practice.

Protecting patients

- *Registration and revalidation of professional qualifications.*
- *Valid assessment of other knowledge and skills.*
- *Identification of unacceptable variations in care and areas in need of improvement.*
- *Management and minimisation of poor performance in colleagues.*
- *Risk management.*

Developing people

- *Continuing professional development or lifelong learning.*
- *Development and implementation of guidelines and protocols for 'best practice'.*
- *Personal accreditation.*
- *Recognition and celebration of success.*

Developing teams and systems

- *Learn from what other teams do well.*
- *Clinical audit.*
- *Development and implementation of guidelines and protocols for 'best practice'.*
- *Recognition and celebration of success.*
- *Evidence-based clinical practice.*
- *Improvement in cost-effectiveness by using the least expensive staff with the necessary skills.*
- *Listen to the views of patients and carers.*
- *Practice accreditation.*

Through all these activities accountability and transparency should be promoted.

Protocols and guidelines for team members help to formulate who does what and when, make the lines of responsibility clear to all, make training and educational needs explicit, and enable wider governance issues to become more transparent to all.

A guideline for an HCA is shown in the Box: *Restocking consulting rooms – HCA responsibilities* and is one of many such examples of this very tangible approach to role integration. You can find other suggestions for protocols and guidelines in see [Unit 3: Competences](#).

HCA roles will almost certainly have little formal authority or power. In the context of hierarchical power relationships in a team, this can lead to a feeling of powerlessness by those in roles that have little or no formal power. Think about the power and authority in your own role compared with that of a GP and compared with the role of an HCA, for example. Effective team working does not mean that all team members are equal to one another. As we have seen, for teams to be effective there needs to be a variety of different roles and responsibilities depending on the task. Using protocols and competencies can help HCAs to be really clear about their responsibilities, and give them important authority to act within the limits of the role. This can be powerfully enabling and motivating for team members in roles with little authority, and can create a culture in which leadership is demonstrated at all levels within the team.

What other approaches could you adopt to ensure that the contribution of the HCA to the service is valued and their competencies recognised?

Example: Restocking consulting rooms – HCA responsibilities

An example of a protocol containing a clear list of responsibilities.

Aim

- *The HCA will keep the clinical and consulting rooms stocked with the appropriate requirements.*

Objectives

1. *To ensure that the consulting rooms are stocked with appropriate clean equipment, forms and health promotion materials.*
2. *To avoid inconvenience to patients or staff through lack of readily available resources.*

Method

- *Check each room daily and renew any obviously missing requirements.*
- *Check health promotion resources on a weekly basis and re-order when stocks are low.*
- *Keep cupboards and trolleys clean and tidy.*
- *Keep examination couches clean and stocked with rolls of examination paper covers.*
- *Other staff will leave a post-it note on the desk if any requirements need re-newing. Re-new those you can and tick the note, or write a reason for any missing requirements.*
- *Pass on any reasons for deficiencies that you cannot remedy to your supervisor for action.*

A general practice employer seeking to integrate the role of the HCA into the practice team should consider the questions below.

- *Does the role have clear boundaries?*
- *What are its main functions?*
- *What are the relevant clinical governance issues?*
- *How will you monitor and supervise the post?*

You may also want to consider the additional points below for the future integration of the HCA role.

- *Is the post sustainable?*
- *Could someone else fill the role?*
- *How will you continually assess the impact of the role?*
- *How will you ensure the role is recognised?*
- *Is the HCA role transferable between teams and organisations?*

You may want to think about these and other issues as part of the business planning process to support the integration of the role.

Team working and communication

Clearly, communication between members of the team is essential.⁴ However, patients may not realise the importance of sharing information between team members and may resent what they see as breaches of confidentiality. There is potential for conflict between sharing information and preserving confidentiality. Uncertainty among professionals about the legal and ethical aspects of sharing patient information among the team, which is important for team working, can create barriers. As a general practice employer it will assist all members of the team to be clear about expectations of confidentiality if a protocol for confidentiality is in place, such as the simple example shown in Box: *Example: confidentiality protocol*. This can be particularly helpful for support roles such as that of the HCA.

Example: Confidentiality protocol⁵

Surgery name – Confidentiality

The practice recognises that patient confidentiality is of paramount importance and disclosure of any aspect of a patient's details/results can lead to disciplinary measures.

Areas covered by our confidentiality policy include:

- a) *conversations in areas that can be overheard by other practice patients*
 - b) *the storage of medical record envelopes*
 - c) *the storage of medical details on the computer.*
- a) Practice staff are informed that conversations relating to patients should take place only in designated areas that are away from public areas. Telephone conversations can cause difficulties. Do not repeat names and/or results loudly. Staff are not allowed to discuss patients' problems with parties outside the practice. If patients need to be notified of results, care should be taken that names are not spoken unless necessary. Special training procedures may have to be undertaken to ensure this action is maintained.
 - b) Although medical record envelopes are not removed from files frequently, it is necessary to ensure that these are returned to the filing system as soon as practicable. Records should not be left in a position that can be viewed from the reception or elsewhere in the surgery, and these should always be returned to the filing system or be locked in a security cupboard overnight. All records must be kept in a secure and protected area.
 - c) Patient data stored in the computer are kept in accordance with the Data Protection Act. Screens should be turned off when the operative is away from the desk, and access codes and logins to computers should be kept confidential and not shared between staff. Data are backed-up during the night and kept secure off the premises. The date should also be verified regularly to ensure that data are kept securely should re-installation be required.

All notes and patient details that are not kept within the notes or on a computer should be destroyed by shredding them as soon as possible. Details of actual registration, address, telephone numbers and/or results must not be conveyed to any other persons. Results will only be passed to the patient and not to family members, for example, unless we have the written confirmation that this is acceptable by the patient.

Signed:

Staff member

GP

Practice manager

Inclusion of information about confidentiality in the practice leaflet and display of notices about confidentiality helps to inform staff and patients about standards of confidentiality, and further assists in the integration of the HCA role by being clear about what is expected. You can also use the practice's leaflet and notice boards to inform patients about the role of the HCA in the team. This could be included in the information provided to patients about training, skills and competencies, as in Box: *Informing patients about the HCA role.*

Example: Informing patients about the HCA role

Each member of staff has a photograph on a notice board below which is a short summary of their qualifications, role and responsibilities. For example:

Mary – helper in reception and a health care assistant
Satisfactorily completed basic general practice receptionist course
(Anywhere PCT) October 1997
Satisfactorily completed advanced general practice receptionist course
(Anywhere PCT) October 1999
Achieved Level 2 NVQ in healthcare support
(Anywhere College) July 2000
Satisfactorily completed basic general practice health care assistant course
(Anywhere PCT) April 2002
Satisfactorily completed phlebotomy course
(Anywhere PCT) July 2002

All staff should understand the need for confidentiality and should explain to patients each time they ask for information the rules under which it is given. This may be particularly important for HCAs, some of whom may never have worked in a health or social care context before and who may find themselves in situations with patients where confidentiality issues may present as complex and challenging. By being clear about these issues, and other standards regarding general conduct, you will be encouraging the practice team to develop a set of norms – ways of behaving – which are clearly understood by all and are underpinned by a shared set of values around teamwork and the provision of quality services to patients.

Examples of communication elements that are essential for good teamwork may include:

- *regular staff meetings – all the evidence suggests that teams which are more effective meet regularly, as often as weekly and at least every 2–4 weeks (effective teams also look at how they meet and whether the structure of their meetings is productive)*
- *a failsafe system for passing important messages on to someone else*
- *a way to share news so that everyone is promptly notified of changes*
- *a team culture where team members can speak openly without fear of being judged or reprimanded and are able to participate in safety*
- *a culture that enables everyone to contribute*
- *a culture that encourages feedback on individual and team performance, and is continuously reflecting on how the team is undertaking its task*
- *a culture of praise, recognition and celebration of achievements*
- *opportunities for team members to point out problems and suggest improvements, creating a culture of innovation and creativity*
- *everyone being part of, and owning, the decision-making process.*

Look at [Tool - Running a team meeting](#) for ideas about running meetings for teams in the practice. Good team working is explored in [Tool - Teamwork functioning](#) and [Tool - Improving team working](#). As a general practice employer, how else might you increase the effectiveness of team communication between team members and between teams in a way that encourages the integration of the HCA role specifically?

You may also want to consider the points below.

- *How will you promote a climate that encourages leaders at all levels within the team?*
- *How will you ensure all team members are empowered to act in accordance with their role and level of responsibility?*
- *How will you set team objectives in-line with service priorities?*
- *How will you encourage learning from error?*
- *How will you address conflict within the team?*
- *How will you ensure the team holds themselves, and each other, to account for the delivery of a quality service?*

While these, and other, questions do not address communication within the team directly, taking action to address some of them may help in creating the environment in which effective team communication about the work of the team can take place and with the contribution of all team members. Such a culture is more likely to respond flexibly to the introduction of new roles, ways of working and challenges.

Many of these questions relate to team process – the ‘how’ of team working. They present as the barriers that frequently get in the way of teams being truly effective. Some of these barriers can be addressed as part of the day-to-day work of the team – at team meetings for example, in day-to-day interaction (the culture or ‘how it is’ of the team, how leadership is demonstrated, how new team members are welcomed and how those leaving the team are acknowledged etc). However, spending some time undertaking formal team development can also be time well spent and can help to address many of the inevitable challenges of team working.

Team development days

Team development days can be an opportunity for the team to take some time out from its work to spend time looking at particular aspects of its functioning. They can be held over whole or part days and are nearly always valued by team members as an opportunity to step back and reflect. They can be an excellent opportunity to introduce new team members, clarify roles and responsibilities, identify new ways of working, work through any concerns within the team and celebrate team successes. You may wish to talk to your local PCT or education and training provider who may also have some ideas about running this kind of event, as well as integrating the role of HCA into the practice team.

If you are thinking about planning a team development day, consider the questions below.

- *When and where will you hold the event?*
- *Who needs to be there?*
- *How will you include team members who can't be there?*
- *What is the purpose of the day?*
- *Will catering be provided?*
- *Who will facilitate the day?*
- *How will the outcomes of the day be fed back to the team?*
- *What other resources will be needed?*

Summary

- Team working helps to deliver high quality care for patients and has been demonstrated to improve staff productivity
- Induction of your HCA is a critical step in integrating the role into your practice, your practice will not realize the benefits of your HCA if their role is not well understood by practice staff and patients
- To be productive HCAs, like other members of the practice team, need to know how your practice works, what their responsibilities are and to whom they are accountable
- Working in teams helps to reduce clinical governance risks and improve the quality of the service that patients receive
- Team working means sharing information, however staff and patients need to be aware of the rules that govern the sharing of information

References

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