Unit Seven

Integration of HCAs into the general practice workforce from an HCA's perspective

Key messages

Reading this unit will:

- *explain what you can expect when you join a practice team and the things that you will need to think about in order to get comfortable with your new colleagues*
- *explain what will happen in your first few weeks in the job and what to expect*
- *explain the process for delegating tasks to you and how you will be supervised*
- *explain what you can do to contribute to the effective working of the practice team*
- *explain the importance of good communication among the members of the team and how you can improve communication within the team.*

Joining a new team can be an exciting, challenging and daunting time for both new and established team members. In many ways, the introduction of a new team member or a new role will require the team to reform in some way before the person or the role becomes fully integrated. This process is not always easy and some conflict is almost inevitable (and quite natural) until the transition is complete. Some proactive measures can be taken to help manage the integration of a new team member and increase the chances of the team's ability to deliver a quality service.

If the role of the health care assistant (HCA) is a new one to the team, one way of making sure everyone is clear about your role and contribution to the team is to be clear about the parameters of the role. You will almost certainly be provided with a uniform (which may be different to other members in the team) and a name badge – ideally with your role on it. Your uniform and name badge will help other team members to recognise you, and help patients to associate your uniform and job title with a particular set of responsibilities.

You will have a job description that will contain some of your key responsibilities, and you will probably be given some time to meet and get to know other members of the team. During this period another member of the team may be assigned to you to help you integrate into the team. This may be your line manager or it may be another, more established member of the team who you may initially work alongside. This person may be described as your mentor.

Your mentor

At the start of a new job it can sometimes be difficult to know what it is you need to know. Your mentor will help 'show you the ropes', covering a variety of things such as:

- *useful things to know about the team – what it does, who does what and how your role fits in!*
- *who other people are within the organisation and how their roles fit in with you and your team*
- *your induction programme.*

It is not unusual to meet formally with your line manager around 3 months after taking up your post. This is a good opportunity for your line manager to let you know how they think you are doing. It is also an excellent time for you to talk about the things you might like to have more insight into and to provide some feedback on how you think the integration of the role is going. Furthermore, it is a good time to think about what you need and who it would be helpful for you to meet.

You may be asked to set some personal objectives as part of a formal appraisal process (see *Unit 4: Personal and professional development*). This will happen annually, but you may meet several times throughout the year to discuss your progress and any development needs. It is important for your personal objectives, or goals, to link them into those of the service or practice, or better still, into the goals of the team. By being clear about how your personal goals fit into the bigger picture, you will feel more able to be clear to others about your role.

What is really important for you, and others, is to recognise the extent to which the HCA role and its responsibilities complement and enhance the other roles in the team. This is sometimes called role clarity and is known to be an important factor in how effectively a team functions. Role clarity is important to ensure the resources available within the team are used to maximum effect in the delivery of services and that any duplication is minimised.

If the role of HCA is new to the team, it might be a good idea to take copies of your job description with you as you are introduced to different team members – this will give other members of the team a sense of your role in the team. If you have been in a similar role in other teams, it might be useful to think about some examples of what you were able to do in your role, what you particularly enjoyed about it, and how other team members might make the most of your role and your contribution to the team.

Accountability and delegation

Patients should receive safe and correct care by whoever delivers it. As an HCA, you should have a clear job description (see *Unit 2: Employment*) and signed-off competences (see *Unit 3: Competences* and *Unit 5: Education and training*). Ideally, these should make it apparent to yourself, to the staff delegating to you and to the patient the role of an HCA. If, as an HCA, you do not have a particular competence, but it is included in the job description, you should only do that task under supervision until you have received suitable education and training, and have been assessed as competent. Your local education and training provider may be involved in supporting you to acquire particular competences, often supported by an assessor in your workplace.

The boundaries of roles can blur over time as the shifting, and sometimes competing, demands of the service place new, and sometimes unexpected pressures on the team. What begins as very clear and defined can easily become blurred over time. It is very easy for responsibilities to be assumed and expectations to be placed on roles that go well beyond existing job descriptions and assessed competences.

Whilst rigidly working within the boundaries of a role may be unhelpful and not conducive to the delivery of a quality, patient-centred service, as an HCA you should not be expected to carry out (and therefore feel able to decline) tasks for which you are not assessed if no one is available to supervise. There may be many reasons why patients, receptionists and, sometimes, senior members of staff may ask you to do tasks that are not within your remit. Any reasonable refusal to carry out duties for which competence has not been achieved must be supported by the team's management structure. See *Tool - 6 ways to say 'no' and mean it!*.

It is often difficult to refuse to carry out a task when asked. This may be because:

- *the workload of the team is high and you feel you should help*
- *there is a desire to help or please others (especially line managers)*
- *of a lack of self confidence or assertiveness skills*
- *of the position of the HCA role within the team hierarchy.*

All these may contribute to difficulties in refusing to undertake tasks when a level of competence has not been achieved or assessed.

If you are new to the role of HCA, or to the context of primary care, it may be difficult for you to know precisely what you can and can't do. While there will be clearly defined competences in your job description, you may be asked to undertake many tasks that are not a formal part of your role. Role clarity means you, and others, are clear about your contribution to the team, and your responsibilities and related competences. However, flexibility in any role is important to effective team working – undertaking something you have been asked to do which is not part of your role (but which you are competent to do) may be very appropriate. For example, if the reception is not staffed and the phone rings, it may be entirely appropriate for you to answer the phone, even though it is not in your job description to do so. This is very different to being asked to provide an aspect of care or treatment for a patient which falls outside of your responsibilities and for which you have had no training or assessment.

It might be useful to think about how you could manage situations like those highlighted above before they happen.

- *What would you say?*
- *How would you say it?*
- *How might you be able to help in a way that was appropriate for your role?*
- *How might you respond to a patient or another member of the team?*
- *Who might you talk some of these situations over with?*
- *Does your practice offer clinical supervision? If so, this may be a useful forum to talk about this concern.*

If you are being asked to act outside of your role or competences a lot it might be worth using a team meeting to talk about your role in more detail. Alternatively, the team could use part of a team meeting or a team development day to focus on understanding the boundaries of all roles and responsibilities in the team. Your PCT may also have some information about the HCA role in primary care teams you could use.

You may be in an HCA role that is made up of several different roles. This is becoming increasingly common, particularly in small practices and teams. For example, some of your responsibilities may be administrative as well as clinical, or you may be required to train others as well as be trained. These roles can be very exciting and challenging, but they can also present difficulties for other team members and patients who may be confused about your role.

Spending time thinking about how you might manage these challenges, and talking any concerns over with your line manager, assessor or trusted team member, or even at a team meeting or development day, will be helpful.

Remember the best and most cost-effective outcomes for patients in primary care are achieved when everyone involved works together, learns together, engages in clinical audit of outcomes together, and generates innovation to ensure progress in practice and service.

Example: Developing relationships and shared understanding

The following approach to clinical audit demonstrates how a task can be used to develop relationships and a shared understanding within the team that can help to manage some of these risks.

A patient at the practice had an emergency admission to hospital with asthma and died. The practice asthma team looked at the patient's records as a significant adverse event to discover what lessons might be learnt. It was not clear whether this was a one-off event or if there was a more general problem. The practice nurse, HCA and the GP in the asthma team decided to do an audit to find out what people with asthma knew about identifying severe symptoms of asthma. The practice manager arranged for one of the receptionists, who was trained in audit skills, to give them administrative help.

The audit found that patients' level of knowledge was poor. The GP, practice nurse and HCA arranged to go on a course together. The course helped them to learn effective ways of helping people to become more knowledgeable about asthma and they drew up a plan for introducing personal written management plans for anyone with moderate or severe asthma. Re-audits after 12 and 24 months showed improvements in people's knowledge. Records of observations made by the GP, practice nurse and HCA at the asthma clinics showed that most patients were putting their knowledge into action.

Team working and communication

As we have seen, effective team working improves the delivery of quality services and increases staff motivation. It leads to better detection of illness, treatment, follow-up and outcomes for patients. The team includes patients and their carers, and all who work to provide patient services and their care pathways for specific health problems (although defining who is within the team is often harder than it sounds). Increasingly, teams need to work and communicate effectively with each other if they are to achieve the goal of quality care and treatment.

The primary care team may need to link into, and communicate with, the wider networks of social care, hospitals, voluntary care and other organisations. Clearly, the world of health and social care is a complex one involving different individuals from different backgrounds working in different systems and in many different teams across several different organisations.

Communication in this complex context is therefore essential to good teamwork. The informal transference of information (otherwise known as the office grapevine) to provide accurate or timely information to other team members must not be relied upon.

Individual practices will have their own preferred communication systems. For example, many practices have internal email systems, message books or systems of passing on messages that need to be used, which are used reliably and regularly. It is important for the integration of your role that you are clear about your office and IT resources. Remember, written messages are generally less likely to be forgotten than oral ones and a system where the receiver acknowledges the message (and any subsequent action required) is best.

Example: Methods of team communication

Tracy, the HCA, is responsible for organising the recall of patients for regular checks and Mr Sugar's name had come up on her list for recall this month. She had printed out, and sent, a letter inviting him to ring for appointments for his blood tests and, a week later, for his check-up with the practice nurse with special training in diabetes. Tracy takes Mr Sugar's blood tests prior to his regular check-up for diabetes. At this appointment, Mr Sugar mentions that he has a red toe and asks Tracy to look at it. She knows this is not within her competency and rings the practice nurse to ask her advice.

Mr Sugar waits in the waiting room until the practice nurse is free, then sees the practice nurse. The practice nurse is concerned that he may have problems with the blood supply to the toe. She books him into an emergency appointment slot with one of the GPs and sends the GP an email message to alert him to her query, with a copy to Tracy so that she knows that the problem has been dealt with and not forgotten. The GP replies by email, saying that he will see Mr Sugar in between other patients.

The GP notifies the secondary care clinic that there is possible loss of blood supply to a toe by a secure fax communication. The secretary of that clinic telephones Mr Sugar with a date and time for his investigation at the clinic. After the investigations are done and treatment organised, a letter is received by the general practice and scanned into the medical records so that it is accessible to the whole team.

The GP, practice nurse and Tracy congratulate each other on a successful team effort in sorting out Mr Sugar's problem, and use the episode as a significant event analysis (SEA) to see if it could have been anticipated earlier and prevented. They record the findings and action proposed for future reference in the SEA folder on the computer. The practice manager logs the SEA on the computer record as detailed in the Quality and Outcomes Framework.

Knowing what needs to be communicated is clearly crucial – deciding how you are going to communicate it equally so. It might be a good idea to discuss explicitly with the patient what information will need to be handed onto other members of the team. You may find it is increasingly common for some patients to hold their own records – this can help to ensure that everybody knows what information is in the public domain, including the patient. It is a good idea to discuss with the patient what they want recorded so they feel involved and can then choose who they want to see the records. For example, a blood pressure chart (with readings and medication) for the patient to take to both the hospital and the practice keeps everyone informed; a template of a venous ulcer size and appearance, together with treatments, helps to prevent unsuitable treatment and monitor progress.

Confidentiality is an important issue. Knowing what is, and isn't, confidential is not always easy. Some things may be obviously confidential, but frequently it is less clear. Sometimes confidentiality is used in a way that might exclude the patient from the decision-making process.

One useful way of thinking about confidentiality is each time you discuss a patient with a colleague consider whether the person with whom you are discussing confidential patient details needs to have access to that information. Keep essential information limited to the number of people who need to know.

Remember, once you have decided **what** you need to communicate, you will need to decide **how** best to communicate it.

All written communication about a patient contained in their notes is regarded as legal documentation.

- ***Written*** *– it must be legible, and clearly signed and dated by the author.*
- ***Email*** *– be mindful that what is being said can easily be misinterpreted by the reader in a way the sender had never intended. Email might not be the best way to communicate important or urgent information if it is not likely to be read soon after receipt.*
- ***Hand-written notes*** *– leaving these for other team members opens up the possibility of misinterpretation. They can also too easily get lost in a busy office or practice.*

In essence, be clear about what you want to communicate and then decide on the best way to communicate it in a way that will be received and heard!

Being really clear about your role and responsibilities will help you to know what does, and doesn't, need to be passed on to another member of the team for them to deal with.

Communication with the patient and the sharing of clinical information with appropriate members of the rest of the team is only one aspect of communication and effective team work. The team will also need to communicate lots of other information about the team and what it does. Similarly, lots of information will be communicated to the team from a variety of sources that will also be important for its effectiveness.

Effective team meetings

In order for teams to be effective they need to meet regularly – weekly if possible or at least every 3–4 weeks. *Tool - Running a team meeting* contains some information about running effective meetings. As an HCA, your contribution at meetings is as valuable as your contribution to the work of the team.

Many people find it difficult to speak up at meetings. Some people are naturally very extrovert and confident when speaking out in public, others much less so. Individuals that speak up can often be in more senior roles or in roles that have greater responsibility, or have simply been in the team longer than others. Notice at your team meetings who speaks and who doesn't. If your meetings are to be effective, it is likely that a member of the team will chair them. This won't necessarily be the most senior member of the team, but it is a role with significant responsibility. You may have experience of chairing meetings in other contexts and these skills will probably be highly valued by your team colleagues.

The role of the Chair includes:

- *determining the location and timing of the meeting*
- *making sure the meeting runs to time*
- *ensuring all points on the agenda are covered*
- *ensuring that everyone who wants to contribute at the meeting is able to do so – if you have something in particular you want to talk about, you may need to ask the Chair to ensure it appears on the agenda.*

If your workload is such that you will find it difficult to attend the meeting at a certain time, it might be helpful to talk to the Chair and other team members about it. While other team members could feed back to you what has been discussed, or make contributions on your behalf, regularly missing team meetings can have an enormous impact on your integration into the team.

The Chair may use a variety of techniques to ensure everyone has an opportunity to contribute. They may offer each person in turn an opportunity to speak or, if it is a large meeting, break the group into smaller groups so that everyone has an opportunity to contribute. Even so, you may still find it difficult to speak up at team meetings. This can sometimes be a reason why meetings are poorly attended or seem ineffective. If you feel you would like to contribute but feel unable to, speak to your line manager or the Chair about it and see if the meeting can be run in a different way. Effective teams need to hold effective meetings and the only way to ensure team meetings are effective is to make sure the team thinks about how it meets!

Team effectiveness and feedback

Another communication factor known to affect team effectiveness is feedback. Teams need feedback on how they are achieving their goals and individuals need to receive timely feedback on their individual performance.

This feedback can be direct (for example some written or verbal feedback after an assessment) or indirect (for example a patient letting you into their home may be signalling to you that they are happy to be treated by you).

Where does feedback come from?

You will have an opportunity to give and receive direct feedback at meetings with your line manager and, particularly, at the time of your appraisal. However, there will be many other opportunities to give and receive feedback directly and indirectly in your HCA role.

- *How you might get feedback about your role in the team?*
- *Who might you get feedback from?*
- *How might you go about obtaining it?*
- *What might you do with the feedback?*
- *What will you do with positive feedback?*
- *How might you deal with more challenging feedback?*
- *How will you use this feedback to support your integration into the team?*

Communication is hard work and it is sometimes difficult to get right! There may be training opportunities available to you in your PCT to support your development in these and other aspects of communication which you might also find useful. Talk to your line manager about how you might access these as part of your integration in to the team.

Clearly, communication is vital to effective team working and the integration of your role into the team.

Summary

- *Joining a new team can be daunting, but you can expect the practice to help you settle into your new role and make sure that someone looks after you.*
- *You must not work beyond your level of competence.*
- *You will be working as part of a team so this means you will get to know where you fit in and what you need to do to make the team work well together.*
- *Communicating well within your team is important to the safe running of the service so your mentor will help you understand what information is important and how to pass it on to the appropriate person.*

Reference

1. http://www.ivillage.co.uk/workcareer/survive/prodskills/articles/0,,156473_167411,00.html