Introduction of nursing associates

Primary care deep dive

29th May 2019

Introduction

- Traverse has been commissioned by HEE to conduct the ongoing evaluation of the introduction of nursing associates.
- This presentation summarises the findings from an analysis of programme data held by HEE and from fieldwork conducted with **three primary care practices** who have participated in the programme.
- In each of the three practices, they have put an existing member of staff (in each case their HCA) through the two year programme and, their qualified nursing associate is a few months into the new role.
- Across the three participating practices, we conducted depth interviews with:
  - The nursing associate (NA) who had completed the training programme
  - The practice manager
  - The practice nurse who had been the trainee nursing associate (TNA) mentor

Take up of the role in primary care

- Drawing on HEE programme data, there have been **138** trainee nursing associates from a primary care background on the programme to date across the three Waves. This represents around **2%** of all trainee nursing associates across Waves 1-3.
- Just under a third of nursing associate partnerships include a primary care employer.

Sector	Wave	Region	No. of partnerships	No. of employers	No. of trainees
General Practice	1	London	1	1	2
	2		2	4	8
	3		4	5	22
	1	Midlands and East	2	6	13
	2		1	1	2
	3		3	7	18
	2	North	4	10	12
	3		7	16	44
	2	South	3	5	7
	3		4	10	10
		Total in primary care	**31**	**65**	**138**
		Total across programme	**97**	**Data not available**	**7,033**

Trainee and GP practice motivations to invest in the role

An opportunity to develop a new member of the nursing team whose role can be shaped around the specific needs of the practice. This was considered to be a key benefit because different GP practices use/ develop staff in very specific ways

A chance to 'grow your own' and support staff retention – the programme gives ambitious and skilled HCAs a pathway to progress and contribute more – without this, talented staff can feel frustrated and may move on.

A role that plugs a gap in the career pathway for staff – we saw examples of staff entering as receptionists, progressing to the role of HCA, then to the role of NA, with their sights on the RN role.

An opportunity for trainees to 'earn and learn' – which is suited to those who have financial and or familial responsibilities.

Trainee and GP practice motivations to invest in the role

- Below we describe individual trainee and mentor motivations for applying and supporting the nursing associate role.

"As a HCA, I did an awful lot of training and I got a foundation degree in healthcare practice. But I could never get the salary for what I was actually doing in practice. I applied for the NA role to further my skills and to be recognised for the training I'd done. As an older student who is nearly 50, I couldn't give up my job up and study full time. It was a way for me to carry on and **work** and **gain skills**." - NA

"As a mentor, it reignites you and motivates you to work to the **current standards**, you have to keep up to date to carry out the mentor role; it's also really nice how they come back from **placements** and lectures with things to share and enlighten us, they are also teaching you; that **two-way exchange** was so healthy and positive." - Mentor

"I'd been based at the GP for 4 years. I started as a trainee phlebotomist, then did the HCA course and went up to a level 4 HCA, through distance learning. I was then looking into pathways into **adult nursing** but wanted to have a child so further training was put on hold. Three months before I was due to come back from maternity leave, the practice manager pointed me towards the NA programme; it was the perfect way to extend my training and experience and I wanted the **earn and learn** option." - NA

"When I finished my a-levels I knew I wanted to apply for **adult nursing** but I wanted a break before going to university. I got a job as a GP receptionist, then they put me forward to do the HCA course, but then NA role came up. As I wanted to do nursing anyway I thought I might as well do this, considering that it involves **no fees**. That's why I did it. My motivation was that in the future I want to do a full adult nursing degree." - NA

What are the benefits of the role?

- TNAs **apply what they learn on placements** and in academic settings within the life of the programme. So the benefits of the role start to be realised immediately by the GP practice.
- The training programme provides an opportunity for **existing staff to update their practise** as they support the TNA on their learning journey.
- NAs can see a **wider breadth of patients** and can work more **independently**.
- NAs are **registered with the NMC** and work to a code and standards of proficiency. This helps to make the case about the value and consistency of the role.
- In the shift from HCA to NA trainees make a **fundamental change in their professional identity and approach to care giving** – care becomes more holistic and patient centred, rather than task and protocol focused.
- Having qualified, NAs become valued members of the nursing team. With an expanded role this **reduces the workload of practice nurses** and frees them up to do more **complex work** (see next slide).

What are the benefits of the role?

- Interviewees cite **improved clinical skills** – including in the following areas:
  - Asking the right questions to build understanding of patients
  - Improved documentation skills
  - Understanding of co-morbidities and wider patient needs
  - Ability to make referrals and order further investigations
  - Care planning and goal setting with patients
  - Supporting patients to self manage
- Managing, assessing and monitoring patients with **long term conditions** is identified as a key benefit. This includes carrying out reviews with patients who have long term conditions.
- Additional elements of care carried by NAs include: health checks; vaccinations and immunisations; B12 injections; leading infection control; complex dressings; wound care and removing stitches.
- All NAs interviewed were undertaking **cervical cytology training** at the time of being interviewed. This is expected to make a significant impact on their services – as they will be able to accommodate and screen more patients thereby hitting targets and maximising income.

How are nursing associates being utilised?

Case study 1: Linda

Since becoming an NA I am able to do most of the things that our practice nurses can do. I carry out health checks, do complex dressings and I can do vaccinations and immunisations. A big focus on my role is carrying out reviews for patients with asthma, diabetes and hypertension. Previously these reviews fell on our two practice nurses, but with me on boards it's freed up their capacity and allowed them to focus on the more complex patients.

I am the infection control lead for the practice and I've just sent off my application for cervical cytology training. Once I can do smear tests, this will increase the scope of our appointment times, helping us to meet our targets and maximise income.

Having gone on placements across a range of settings I've brought back knowledge and best practice which I have shared with colleagues and implemented. This includes optimising how we carry out health checks for patients with learning disabilities which I learnt from a neighbouring practice, and how to better support patients who come in with stitches that need removing and wound care; things I learnt on a placement at a surgical assessment unit.

How are nursing associates being utilised?

Case study 2: Jessica

Bit by bit my role is expanding, it's less about replacing the role of nurses and more about bridging the gap between HCAs and nurses. My role includes smoking cessation and all sorts of other health promotion as well as more involvement in assessing patients, care planning and making specialist referrals for patients with chronic wounds.

I have stepped up and am doing B12 injections, whereas a nurse previously had to do these. I am also taking the lead on infection control across our three sites, which has involved updating our policies, conducting audits, delivering training and helping us get through a recent CQC inspection.

I am working on the vascular and respiratory patient register, providing support, including ensuring all assessments are done prior to the practice nurse seeing them and flagging up where nurses need to review their symptoms and medications. My role is freeing up nurses to do more chronic disease work, including attending to the more complex cases. With us being a teaching practice, they have students with them, it's giving them more time to be with students and more time to do the reporting associated with mentoring and teaching student nurses.

How are nursing associates being utilised?

Case study 3: Cristina

The big change is the critical thinking behind what I do, knowing why something is happening, knowing what questions to ask. It's about developing that clinical perspective. I can provide a totally different level of care; it's a more rounded way of dealing with patients; more like a nurse. As a HCA I did lots of things, but I had a task-based approach which involved following protocols.

I did a placement with a learning disabilities team and had lectures from learning disability nurses. Before the programme I carried out learning disability reviews within the practice, but I never thought I was doing them really well. That was because I didn't have the knowledge of wider services. I am now able to offer them a lot more, for example, if they have a problem with falls, or speech and language, I know what I can do to help.

I now see a wider range of patients and can work more independently. I carry out diabetic patient reviews. I am well placed to do this because I have a diabetes diploma. I am also starting to do reviews for patients with asthma and COPD; applying and extending what I've learnt from the training I've had in these areas. We have decided that it's too hard to identify complex patients at the moment, so they are split fairly evenly between me and the two practice nurses. If I get a complex patient I work more closely with the practice nurses and treat it as a learning opportunity.

What worked well

- Practice managers have a key role to play in **championing** the role and leading the coordination related to participating in the training programme.
- Even small practises managed to participate in the programme **without the need to recruit backfill.** This was enabled by:
  - ✓ **Robust planning** and scheduling upfront to minimise disruption – good communication between with the HEI and trainee is required
  - ✓ TNAs patient facing work being **rescheduled** to the days when they are in
  - ✓ HCAs were **skilled-up** to do some extra things, to help plug gaps
  - ✓ Framing participation in the programme as an inve**stment in staff** that will yield **tangible benefits**
- TNAs can ensure that all of their assignments have value for primary care settings. This helps to raise buy-in from the wider team.
- TNAs can complete placements in other GP practices allowing them to pick up new skills and good practice which can be applied in their employer settings.

Challenges and solutions

- Interviewees identified the **low level of awareness** about the scope and value of the role in the primary care sector as the key challenge to overcome.
- It was felt that practice staff are also likely to have concerns about the **loss in capacity** as a result of the trainee being away for academic and work based learning placements.
- To address these challenges interviewees felt that there is a need to:
  - ✓ Highlight how investment in the role supports **staff retention** and gives talented HCAs a **progression opportunity**.
  - ✓ Use **case studies** to show what the role looks like in practice, including how it is distinct and complimentary to the HCA and nurse role.
  - ✓ Highlight how practices investing in the role have managed to **cover the capacity gaps** during the two year programme through planning and coordination led by the practice manager.
  - ✓ **Work with CCGs** who can play a key role in promoting the role and in supporting TNAs in their local areas.

Thank you.

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