

General Practice Assistants - Case Study

Title of Case Study	Gresleydale Health Centre
Primary Care Training Hub	Nottingham Alliance Training Hub
Author/Contact	David Peachey (contact)/Sarah Chalmers-Page (author) With thanks to Jennifer Redferne, Jordan Simpson and Sian Sykes
Region	East Midlands

Background

What was the initial situation and the challenge that GPAs would help to address?
What would happen if GPAs were not introduced i.e. the 'do nothing' option?

Gresleydale practice has a strong track record of training, including training GPs, nurses and HCAs. They have a long established multidisciplinary team including a Partner who is a nurse and four nurse practitioners. They have also had strong success in training and developing HCAs.

The main pinch point for the service was on the clinical side rather than the administrative side. The practice was struggling to recruit enough GPs, and locums were able to negotiate hours that did not fully fill the hours that patients wanted to be seen in. There was a clear need to support the GP and nursing workforce and streamline patient care.

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.

Summary

Describe how GPAs were introduced locally:
What did you do?
What were the aims and the potential benefits?
Who was involved?

Process and involvement

The practice was informed of the opportunity by email. The initial offer was received whilst Dr Redferne was on leave.

The email required quite a rapid response, and the practice has fed back that a longer timeframe would have allowed for a more open recruitment process for the new role. Two candidates were offered the opportunity, but subsequently other people have said they would have liked a chance to apply if there had been more time. A longer lead time would have allowed a more transparent process.

The practice has a strong tradition of training their own staff, including a regular role for apprentices, some of whom have stayed with the practice and gained further qualifications and training. The GPA training was therefore a good fit for the existing culture in the practice, and existing senior staff had experience of supporting learners. Although Dr Redferne had periods of unavoidable leave during the GPA training period, the senior nursing team were able to step into the role of mentor. As some of the tasks the GPAs were learning are traditionally associated with nurses, nursing support is invaluable, and should be highlighted to future GP mentors. It is also important to note that one of the GPA candidates was already an experienced member of the team, very well organised and was able to organise shadowing opportunities and other learning activities independently, which would not be the case for all GPA candidates in all settings. The practice manager was also very supportive.

Aims and hoped for benefits

The initial hope for the role was that the GPAs would be able to provide a pre-appointment role, where

they could monitor patients in the waiting room, do observations and support blood testing. This would improve patient experience, improve patient safety in the waiting areas and support the GP and nursing team in reducing waiting times for appointments. There was no direct intention to use this role to cut costs.

Key Outcomes

What were the outcomes that show the impact of introducing GPAs, specifically with regard to impact on workforce and addressing the quadruple aim?

- Improved patient experience
- Improved population health outcomes
- Improved staff experience of providing care
- Reducing per capita cost of healthcare

Patient experience

The two GPA candidates' enthusiasm for supporting patients is obvious, and they were both extremely passionate about helping improve care. The roll out of the role has allowed patients to be seen through periods of staff absence, and has provided improvements to safety by allowing patients to have observations taken in the waiting areas and patients who are becoming unwell identified faster. One of the GPAs will be working with a senior HCA to start an additional support service for patients with diabetes, which would not have happened without the new role, and has also worked to improve the practice's website and make it more accessible to the public.

Population Health

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. 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. On a population level, the male GPA has provided a positive male role model for patients and for young people who may not otherwise have considered a clinical career as an option.

Staff experience

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. The presence of two enthusiastic and highly motivated team members is good for team morale, and the GP mentor observed that the boost to team working had been one of the major advantages for the practice.

Having additional clinically trained staff who also had administrative expertise through the COVID peak has been supportive for the whole team. Although one of the GPAs had had to take time to shield, the other had found that their role broadened out to cover additional blood testing and emergency ECGs, and other tasks that they had initially not undertaken (but that were within the training). This has allowed for cross cover at a very stressful time. They have reported that although this has been challenging, they feel that "if I can manage this, I can manage anything." Although they are currently very happy exploring their current role, and feel that they "are still learning every day", they are considering further training as a nursing associate or nurse. This had not previously seemed possible for them, and has been a major personal benefit of the scheme, and a potential benefit of the role to the NHS as a whole.

Undertaking the role of mentor is time consuming. The mentors in Gresleydale were enthusiastic about the role, and felt it had been very rewarding, but that it had been hard to free up enough time and that this would have been harder for some practices. The GPAs were both very complimentary about the support they had received, and that Dr Redferne had been available whenever they needed her. However, future expansion of the role may have to consider what support or backfill is available for mentors; our wider evaluation found that this could be a major barrier to completing the course in practices that had not been able to free up as much time for their GPAs.

The new viewpoints provided by both GPAs into patient care and patient needs have been very much valued by the practice.

Costs.

There have not been any quantifiable cash releasing savings provided by the role, and currently no measurable impact on QOF, although the improvements to support for patients with diabetes that are planned may have some impact in the longer term. The wages for the GPAs is higher than their previous role, and there is a considerable opportunity cost involved in supervising them well. However, the 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. The benefits have included hard to quantify impacts on staff retention, patient safety, and an improved ability to cross cover during periods of high sickness. These benefits are viewed as greater than the cost of improvement, and the GP mentor would be happy to encourage other practices to take up the opportunity and may consider it again in the future.

Challenges, learning & achievements

What were your key achievements?

Did you have any issues, or do anything that didn't work?

Is there anything others can learn from you about what not to do?

Individual achievements

Both GPAs are very positive about their achievements, with one saying they had "achieved something I never thought I could", and the GP mentor reporting that she is "very proud". The two GPAs were both "very self-directed", and had overcome setbacks independently to pass the course despite periods when their mentor was unavailable, including organising their own learning opportunities shadowing clinics and minor operations.

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.

As discussed above, 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.

Practice achievements

The nurses in the practice were invaluable in stepping in to provide training and support for the GPA candidates, which is an achievement in a busy practice and reflects good teamwork in place.

The role has allowed cross cover during the Covid peak and helped support the practice at a time when staffing has been lower than usual.

The role will allow an expansion of the clinical offer, including enhanced support for patients with diabetes.

Issues and problems

There were concerns that not all competencies were clear, and that understanding what was needed for sign off could be a matter of judgement. The practice is experienced in supporting learning, but even so, judging how much was necessary to demonstrate that a skill could be signed off was not always a straightforward task. The quality of advice in the handbook also varied from topic to topic. With no backfill for GP mentors, a training session approach would not have been accessible; in the wake of COVID, with more familiarity in the system around more distanced and flexible learning, there may be better ways to support GP mentors with this. It is also worth noting that the app and portal were both seen as helpful and easy to use, although some competencies were repeated across modules and it would have been helpful to be able to revisit old modules more easily so that work could be revised and where appropriate used again rather than redone.

The workload for GPA candidates and for mentors was higher than expected, and the six month timeframe was extremely tight, even without the pressures of COVID. One candidate reported that they

had submitted 100 pieces of evidence, for example. Both candidates fed back that they had been very well supported in terms of study time and advice, but that even with that, had required extra time; they were concerned that colleagues in other practices would have found it even harder.

Both GPAs were positive about the time that they had been allowed to study, and said that this had been more than some other GPAs had had in other practices. However, both had also had to study in their own time at home. This could be very challenging, especially for candidates who had childcare commitments.

Lessons learned

We have collected lessons learned from this case study and from the wider evaluation of the GPA role in Nottinghamshire and Derbyshire. Our longer lessons learned document is appended.

- There is a real appetite for clinical work and learning amongst the non-registered workforce, and they can make real positive contributions to the practice
- GP mentors, and other potential mentors, should be warned about the amount of time that mentorship is likely to take up. The role is most successful when the practice nurses and practice management are also engaged, and able to offer mentorship or informal support.
- There should be a clear system for people to apply for the training role, with time for people to consider it thoroughly.
- Senior nursing support is very useful, as their expertise in some of the competencies is key to training the GPAs and they are able to offer mentorship and support with reflections to an extremely high standard.
- GPA candidates should be warned that they may need to study in their own time and homes, and supported to do so.

Next steps

What's next for the development and sustainability of GPAs?

Nottinghamshire and Derbyshire will be participating in the next wave of GPA training, and will be considering the lessons learned from our wider evaluation for the roll out of this and other new roles in primary care.

What has been the best part of taking this approach?

From both this case study, and the wider evaluation, we are proud that this role has provided a route into clinical training for a number of very enthusiastic, passionate and committed team members who had not had the opportunity to access more traditional routes or who had not considered it in the past; several people in the wider evaluation fed back that they could not have afforded unpaid study leave or to self-fund course fees, and that this had been an invaluable learning opportunity for them. We are especially proud that we have been able to provide this opportunity in a way that supports GP practices to overcome both clinical and administrative bottlenecks to free up time for patient care.

Lessons learned from the GPA Evaluation – rapid thematic summary

Some themes which have emerged from the process which I believe will be useful to disseminate rapidly, given the need to up skill and redeploy staff at very short notice during the Covid-19 crisis.

These are initial notes based on those themes.

1) Lack of role definition and planning for supervision is stressful for all concerned

There was a feeling that some practices had not understood how much work would be needed to support people in new roles, around both planning activities and supervising. This was stressful for the GPAs, but also for GP mentors who were finding that they had to devote a lot of time to the task. Practice nurses were often thanked for fulfilling a large part of the mentor role, and some GPAs felt that this might have been better from square one.

2) Phlebotomy as a bottleneck

People struggled to access phlebotomy training in particular.

3) People were excited about clinical contact and on the job training

Many GPAs highlighted that they were excited about the chance for professional training on the job, and pointed out that they could not have afforded to take time out of their roles to train. They were excited about the chance to learn new skills. In particular, several mentioned a renewed interest in their jobs, several highlighted that they particularly loved working directly with patients and the public, and one or two were considering further clinical training if they could find an affordable way to access it. We do not know if this will be increased or decreased in the current pandemic, but the enthusiasm was heartening.

4) Working in their own time; practical issues with childcare/life pressures

People struggled to study in their own time, due to childcare and life pressures. This should be kept in mind when upskilling team members in the current situation. Several mentioned that promised study time had been eroded because of clinical pressures; this situation is only likely to have worsened, but if people cannot gain skills at home due to other people being in their households needing help and support, this is a barrier to upskilling.

5) Lack of external mentors/role of role models

Some GPA candidates felt under supported in their practices and mentioned that if they had been doing an NVQ, there would have been an external mentor that they could have called in if their practice GP mentor had gone on sickness leave or been hard to approach. Many felt that they had no one to ask for support or guidance on assessments. There may be a need for people to volunteer to provide a mentor role for some people in some new roles.

6) Benefits of being able to cross cover clear before Covid

In some practices, there had already been cases of clinics being able to run because GPAs could provide phlebotomy cover for sickness or holiday absence, and of other cross-cover for leave. This was benefiting practices before Covid-19 and will be even more important from now onwards.

7) Assessments

Many people felt the repetition in the assessments was too great, and it was hard to tell the level of detail needed in assessments. People were not clear if an answer should be a few sentences or a longer essay. Several asked for marking schedules. Clear success criteria should be borne in mind when new training is developed.

8) Encouraging team work

Many felt that the GPA training had given them more understanding of how the rest of the team worked, their roles and pressures, and had encouraged greater team work. This is a possible selling point for further upskilling during this time.