

NHS Scotland Workforce Modernisation Division

OD/HR - HEALTHCARE ASSISTANTS

Note of the meeting on Tuesday 17 July 2007 at 2pm
Blackford Pavilion Seminar Room, Astley Ainslie Hospital, Edinburgh

Present:

Dr Shiona Mackie, Chair – OD/HR Working Group (SM)
Rona Agnew, Primary Care Advisor, Royal College of Nursing (RA)
Jane Cantrell, Programme Director, NHS Education for Scotland (JCa)
Jane Connechen, Practice Management Networking and Learning Coordinator (JCo)
Karen Lockhart, Nursing Officer, SEHD (KL)
Dean Marshall, Chairman, SGPC (DMa)
Duncan Miller, Lead – GMS/PC Programme Support Team (DMi)
Jim Rodger, Head of Medical Advisory Services, MDDUS (JR)
Carrie Young, Head of SGPC Secretariat, SGPC (CY)

In attendance:

Claire Murphy, GMS/PC Programme Support Team (CM) (*notes*)

1. Welcome and Introduction

Everyone was welcomed to the meeting and introductions were made.

2. Purpose of Meeting and Key Issues

SM advised the purpose of the meeting was to discuss the role of Healthcare Assistants (HCAs). The issues around HCAs were discussed in recent OD/HR meetings and it was agreed that a separate meeting should be arranged to address these issues and discuss a way forward for Scotland. Lots of work has been undertaken around HCAs in England but there was no guidance in Scotland for HCAs or their associated GP practices. It would be useful for practices to get guidance on the following key issues:

- Role of HCAs
- Competencies
- Training and Development
- Supervision
- Indemnity

With no clarity around these issues, it was hoped that having the relevant parties around the table would allow a consensus to be formed and guidance issued with the ultimate aim being ensuring patient safety.

JCo's paper was very helpful in informing the initial discussions. JCo added that she felt it would be useful to get any guidance issued quickly as it would be useful for practices to have before the next flu campaign started (around September time). She advised one practice manager had already been making enquiries about training for HCAs by WiPP (<http://www.wipp.nhs.uk/hca-gpn>). WiPP training could be provided locally if required (costs for similar training in England were around £235 per person). Forth Valley were looking at providing training to around 20 of their HCAs.

KL felt that utilising current training avenues and enhancing current courses, i.e. SVQs, would be more attractive than inviting someone else in to do the training. KL had discussed the issues with nurse directors who were comfortable with GPs utilising support staff if there was a national programme (with good backing guidelines) to support this. The RCN also supported this view.

DMi felt that NES could oversee a national programme of HCA training with Health Boards also providing SVQs if they chose to do so.

JCa agreed with KL that any programme would need to have the background good practice guidelines. The model of visible, accessible and integrated care included HCAs so education for support staff was an ongoing concern. It was important that any training and guidelines were Scottish-wide although it was recognised that timescales and capacity may be an issue here.

JCo advised that Dumfries & Galloway had been involved in a training programme for HCAs designed by Bell College (although this did not include vaccinations). Each practice funded the training at a cost of around £60 per person. With Napier and Abertay also providing such courses, it would be useful to pull together what was already there instead of starting afresh.

DMA felt that the MDDUS document tabled at the meeting was very helpful. The issue for him was around who would be supervising the HCAs. Would this be covered by MDDUS and would each individual practice have to ensure HCAs were appropriately training.

Whilst it was recognised that HCAs were the responsibility of their employers (i.e. the GPs), it was also important to note that Health Boards had a responsibility around clinical governance and patient safety.

JR was clear that the liability around HCAs being involved with procedures ultimately sat with the GP/employer. It was noted that in some practices, the practice nurse was involved in a supervisory role. However, SGPC have said consistently to GPs that nurses are not supervising HCAs – the GPs need to take the responsibility. KL was concerned that some practice nurses were being asked to (or felt they were being asked to) delegate tasks to HCAs. JR advised that the position of MDDUS was that the nurse does not have any responsibility at all as the GP delegated tasks either to the HCA or to the nurse but the tasks were not delegated from the nurse to the HCA. If the HCA is being directed by the nurse then the practice need to be informed that this should not be happening. The GP should carry the responsibility for what he delegates and to whom. The nurse should only be delegating if this has been agreed and formally recognised by the practice. The only time the nurse would be responsible was if they were delegating tasks without the GP's permission.

DMi felt any guidance issued would need to be crystal clear around the levels of delegation and also state that delegation protocols should be agreed and formalised within the practice.

There are currently no training requirements for nurses if they are supervising HCAs but it would be good practice. Including this in the guidance would provide reassurance to people. It would also be helpful if the guidance was kept "loose" so that new tasks and functions could be incorporated as they came on board. It should not be a list of "do's and don't's" but should assist with the training and good practice as new work strands are developed. The guidance should also encourage a high standard of professional relationship between GPs and their staff.

The issue of anaphylaxis training was discussed but it was agreed that HCAs did not need this training. However, they should be able to recognise an anaphylactic reaction and know that someone was on the premises to deal with this if required.

3. Way Forward

A joint approach from everyone would be helpful and would encourage good practice. When the guidance is agreed and finalised, it will go out to practice along with a joint letter from Dean Marshall (SGPC) and John Turner (SEHD). The letter/guidance would also be sanctioned by NES, MDDUS and the RCN.

The guidance would be "in principle", i.e. good practice and recommended qualification standards.

JR advised that he would do a "preamble" for the guidance from a MDDUS perspective with JCo and JCa taking forward a section on roles and task in conjunction with Fiona Bell. RA advised the RCN would be keen to include a joint statement around roles, responsibilities and delegation. JR was keen that the document be an opportunity for reminding practitioners about their professional responsibilities. He would do this for the GPs but a statement from the RCN should also be included.

Action: JR, JCa, JCo, Fiona Bell and RA

All the associated pieces of work should be emailed to nationalgmsprog@lpct.scot.nhs.uk where DMI's team will pull the different strands together into the one document. This would be emailed round the group and a further meeting would be arranged for late August/early September to take forward.

Action: GMS/PC Programme Support Team

4. Action Points

REF	ACTION	WHO?
3	MDDUS preamble for guidance and statement on professional responsibilities	JR
3	Section on roles and tasks	JCa, JCo and Fiona Bell
3	RCN statement on professional responsibilities	RA
3	Finalised pieces of work to be emailed to nationalgmsprog@lpct.scot.nhs.uk	ALL ABOVE
3	Draft guidance to be emailed round the group	GMS/PC Programme Support Team
3	Date of next meeting to be arranged	

5. Date of Next Meeting

- To be arranged – details to follow.