NHS
Birmingham and Solihull

Supporting healthcare support workers in general practice:
A tool for employers

This document has been developed to support employers of healthcare support workers (HCSWs) in general practice. This will assist with best practice around induction and orientation and provides 'at a glance' information on the essentials that should be available for all HCSWs in primary care. These can be adapted for local use.

Birmingham & Solihull Training Hub

Contents

Introduction 3
Aims and objectives 3
Background of the HCSW 4
Recommended requirements for best practice 5
The Care Certificate 5
Code of Conduct 5
Job description and person specification 5
Occupational Health 5
Induction 6
Support of learning and development 6
Accountability and delegation 8
Core capabilities 8
Reflective Practice 9
Care Quality Commission (CQC) requirements 9
Appendix 10

Introduction

General practice nurse ten point action plan (GPN10PP)

In 2016, NHS England launched the General Practice Forward View (GPFV). This document was designed to support general practice to deliver ambitions of the Five Year Forward View (FYFV). A nursing strategy was developed and published as The GPN 10 Point Plan, a ten point action plan aimed at supporting the development of the nursing workforce in primary care. With funding ending in March 2021, the principles of the plan have been embedded within systems to ensure nursing at all levels within primary care are considered within workforce planning. The role of the healthcare support worker (HCSW) remains essential to deliver ambitions of the NHS Long Term Plan (2019) as part of wider multidisciplinary roles and skill mixes now available within primary care.

Aims

An aim of this document is to provide a resource for the employer when inducting new or existing staff into the HCSW role. It will include guidance and resources to support induction and orientation for this ever expanding role.

This document also aims to support the growth and development of the workforce to encourage recruitment of the best employees, creating a resilient workforce and helping to maintain retention rates within the organisation.

Objectives

- To provide background on the evolving role of a HCSW in primary care.
- To provide recommended best practice standards of skills and competence.
- To provide an example of a detailed job description and person specification that will outline the HCSWs boundaries and scope of practice.
- To provide links to support Occupational Health.
- To provide guidance regarding good induction and orientation practices for the HCSW new to the practice, including example resources.
- To describe the support and guidance the HCSW will need to enable them to safely provide good patient care to the practice population.
- To support understanding of delegation and accountability.
- To support understanding of skills and competence.
- To support understanding of reflective practice.
- To describe requirements set out by the Care Quality Commission (CQC) around the HCSW role in general practice.
- To describe requirements set out by the CQC around the HCSW role in general practice.

Background of the HCSW

A HCSW, also known as a healthcare assistant (HCA), is a key member of the nursing workforce. With roots in acute and community settings, the role has become established in recent years in general practice. The role is to provide defined clinical duties and essential care.

As an unregulated member of the clinical workforce, the HCSW will require constant supervision from a registered professional, who will be delegating the tasks to be undertaken by the HCSW. The range of tasks undertaken by the HCSW varies from practice to practice and can be influenced by local need. It is therefore important that organisations employing a HCSW are familiar with the particular needs and requirements associated with the role and ensure a thorough understanding of accountability and delegation principles.

Role	Description	Recommended entry requirements
HCSW	▸ Entry level role ▸ Will work under supervision ▸ Clearly defined roles and responsibilities ▸ Unregistered practitioner	▸ Basic English/literacy and numeracy skills ▸ Willingness to achieve mandatory Care Certificate ▸ Willing to work towards basic competencies assigned to the role in accordance with local policies and protocols
Senior HCSW	▸ Advancing level role, will work with more autonomy and responsibilities within the limitations of the role ▸ Clearly defined roles and responsibilities ▸ Work under supervision and to defined protocols and policies ▸ Unregistered practitioner	▸ Completed Care certificate. ▸ Achieved National Vocational Qualification (NVQ) minimum level 2, willing to work towards NVQ level 3.

Please find potential duties of a HCSW in Appendix 1.

Recommended requirements for Best Practice

Entry onto career pathway

- GCSE Maths and English – to access career pathways. Not all HCSWs will have achieved this. Please find links below to support functional skills or alternatively contact your local training hub for further information.

Useful links

- Functional Skills
- Maths and English

The Care Certificate

In 2013, the Cavendish Report was published in response to the Francis Enquiry into Mid-Staffordshire NHS Foundation Trust. This report aimed to make recommendations to improve the care and compassion provided by the unregistered clinical workforce across health and social care. A major recommendation to connect care and improve the quality and safety of care delivered across various settings is the use of the Care Certificate.

The Care Quality Commission (CQC) welcomes this additional recommendation, in addition to the National Minimum Training Standards, and will inspect the service as part of the effective domain, including;

- Qualifications, knowledge, skill and training to perform duties.
- Induction, support, training and supervision.
- How staff are supported and managed.

Please find other resources and information around recommended requirements for best practice in Appendix 2.

Code of Conduct

A HCSW must familiarise themselves with the HCSW code of conduct. The code of conduct document is commonly used alongside the Care Certificate. It describes how a support worker should behave and the Care Certificate describes the minimum things they must know and be able to do.

Job description (JD) and person specification (PS)

A good job description should describe the HCSW role and responsibilities.

Advertising the job and creating a detailed job description (JD) and person specification (PS) can help to attract interested candidates to the post. The JD and PS will outline duties, responsibilities, accountability and define limitations of the role.

As roles and responsibilities expand, any additional elements should be added to the job description to ensure it accurately reflects activity the HCSW is involved in.

Please find job description,person specification and an example of career progression in Appendix 3, with thanks to GPS Healthcare.

Occupational Health

Protecting the physical and mental health of employees during the course of their work is a legal responsibility of employers.

This will involve appropriate risk assessments and interventions.

These risk assessments and interventions should be done pre-employment, early in employment and then at intervals throughout employment.

A good induction programme will ensure these considerations are covered.

Please find useful links relating to occupational health in Appendix 4.

Induction

An induction is designed to welcome and integrate a new member of staff into the team. An induction can be an introduction to the practice itself, identifying key staff members and workforce structures, providing information regarding the unique culture of the organisation and seek to provide support with orientation.

The induction process is an opportunity for the organisation to demonstrate their cultures and values, provide a checklist for HR priorities and a framework for early training, support and supervision.

Inclusion of a career framework will provide clear development opportunities within the organisation.

Please find an example of an induction pack in Appendix 5, you will also find a GP nursing table example, with thanks to Hazel Firmin, Lead Nurse for Primary Care at Primary Integrated Community Services (PICS).

Support for learning and development

It is beyond the scope of this document to define the theory of adult learning, however many theorists advocate a blended approach to learning to include:

- Theory or knowledge base.
- Practical implementation or experiential.
- Action learning.
- Reflection.

Training should not only be limited to online or face-to-face delivery, the HCSW should be encouraged to also be proactive within their learning journey by reading articles, research papers or given a list of recommended reading lists.

Please find learning opportunity examples in Appendix 6.

Support and guidance

- Provide terms and conditions that retain the workforce and reflects levels of responsibility.
- Assign a clinical supervisor whose role is to assess the core capabilities of a HCSW
- Ideally, the clinical supervisor will usually be a registered nurse from within the practice, but any registered clinician can be a supervisor.
- Create an agreed programme of training and development during the formal induction.
- Provide constructive feedback and guidance to enable them to become competent within the tasks they are undertaking.
- Provide ongoing monitoring and clinical supervision to ensure that core capabilities are maintained.
- Provide protected learning time.
- Plan a minimum of monthly clinical supervision sessions.
- Encourage and direct to peer support. This is important for all HCSWs for their learning journey. Contact your local training hub to find out what is available in the local area.
- Encourage the HCSW to join forums and HCSW working groups.
- Encourage the HCSW to keep their own learning log (formal and informal) and encourage them to be proactive within their learning journey.

- Plan review points as part of the induction.
- Nurture a culture of value and appreciation within the organisation.
- Involve the patients in the HCSW learning journey, as they are a great resource for feedback.
- Involve experienced HCSWs in projects.
- Provide a local career framework to support development and retention.
- Provide annual appraisal and personal development plan.

Accountability and delegation

Accountability

All clinicians are accountable for their actions at some level. Health service providers are accountable to criminal and civil courts, employees are accountable to employers, registered clinicians are accountable to their registered bodies.

All clinicians at all levels have a duty of care to only perform tasks they are competent to undertake.

To be accountable, clinicians must:

- Have the ability to perform the task.
- Accept responsibility for the task.
- Possess the authority to perform the task (as described in the JD, protocols or policies of the organisation).

Delegation

According to the Nursing and Midwifery Council (NMC), delegation is an act of transferring a task to another to complete. It is expected that the individual is competent and confident to undertake the task assigned to them in the specified situation (NMC).

- Registered clinicians have a duty of care and a legal responsibility to their patients. When delegating an activity, for example to a HCSW or assistant practitioner (AP), they must ensure that it has been appropriately delegated.
- Only delegate to someone who is competent.
- Provide supervision and support.
- Provide confirmation that the delegated task meets the required standard.

Royal College of Nursing (RCN) on accountability and delegation

If the supervising professional staff know that the HCSW has completed a recognised training programme to enhance and assess skills, knowledge and attitudes, they may be confident in their delegation.

Please note that if the HCSW was found to be working outside of their scope of practice,the GP's indemnity insurance would not cover them.

A best practice recommendation would be to have pathways for all tasks that the HCSW would undertake, as this ensures quality and safety, better patient outcomes and good communication within the practice's multi-disciplinary team (MDT).

Useful link

- RCN on accountability and delegation

Employers responsibilities

- Must provide training to carry out the task.
- Supervision of unregistered staff is required.
- Accept vicarious liability.
- Accepts a shared accountability.

Core capabilities

Core capabilities are skills, knowledge and behaviours beyond competence which demonstrate the ability to use the competence in complex and often unpredictable situations, demonstrating flexibility and ability to manage change and to work safely and effectively.

Please see Appendix 7 for the core capabilities document.

Reflective Practice

Reflective practice can be an important tool in practice-based professional learning settings where people learn from their own professional experiences. It may be the most important source of personal professional development and improvement. Reflection allows a person to make sense of a situation and understand how it has affected them. It allows identification of areas for learning and development to include in professional development objectives and supports sharing and learning from other professionals.

Reflective practice impacts on the management of change and change behaviour. It is an active part of learning and can provide insight and analysis of situations and behaviours.

An example to aid reflective practice can be found in Appendix 8.

Care Quality Commission (CQC) requirements

Care Quality Commission (CQC) requirements regarding HCSWs in general practice state that 'GPs should show how they have trained HCSWs for all aspects of their role. GPs should show how they assessed HCSW competence, when they first started undertaking the task and throughout their employment.' You can find the CQC's guidance in full here.

Please find core capabilities resources in Appendix 9.1 – 9.12.

NHS
Birmingham and Solihull

Supporting healthcare support workers in general practice:
Appendix

Birmingham & Solihull
Training Hub

Appendix contents

Appendix 1	Potential duties for HCSW in general practice	12
Appendix 2	Recommended requirements for best practice	12
Appendix 3	Career progression	13
Appendix 4	Occupational Health	13
Appendix 5	Induction	13
Appendix 6	Support for learning and development	13
Appendix 7	Core capabilities	14
Appendix 8	Reflective Practice	14
Appendix 9.1	Core capabilities of communication for a clinical consultation	15
Appendix 9.2a	Quality and safety: boundaries, limitations and scope of practice	19
Appendix 9.2b	Quality and safety: accountability and duty of care	20
Appendix 9.2c	Quality and safety: emergency situations	21
Appendix 9.3	Phlebotomy core capabilities	23
Appendix 9.4	Immunisation and cold chain resources	24
Appendix 9.5	NHS Health Check	24
Appendix 9.6	Chaperoning and chaperoning core capabilities	26
Appendix 9.7	Infection Prevention and Control (IPC)	28
Appendix 9.8	Urinalysis core capabilities	29
Appendix 9.9	Electrocardiogram (ECG) core capabilities	30
Appendix 9.10	Wound care resources	32
Appendix 9.11	Anticoagulation monitoring core capabilities	33
Appendix 9.12	Inhaler technique and peak flow resources	35

Appendix 1

Potential duties for HCSW in general practice

- NHS Health Checks / New patient registrations.
- Phlebotomy.
- Blood pressure checks.
- Electrocardiogram (ECG) recordings.
- Urinalysis.
- Peak flow measurements.
- Inhaler technique.
- Smoking cessation.
- Health promotion.
- Chaperoning.
- Basic wound care.
- Measuring for support stockings.
- Removal sutures or staples.
- Diabetic foot checks.
- Record keeping.
- Taking measurements, e.g. blood pressure (BP), weight, height, waist circumference
- Point of care testing, e.g. blood glucose, C-reactive protein (CRP), anticoagulation.
- Long term condition reviews, e.g. diabetes, asthma, hypertension reviews to defined protocols.
- Administration of immunisations, e.g. flu, shingles, pneumonia, COVID-19 vaccine in accordance with prescription, Patient Specific Direction (PSD) or national protocol.
- Assisting in minor surgery clinics.
- Administering medication in line with a PSD of prescription, e.g. B12 injections.
- Learning Disability Checks, Annual Health Checks and Physical Health Checks for people with a severe mental illness (defined tasks).

Appendix 2

Recommended requirements for best practice

Basic competencies of the Care Certificate Level 2 and 3 in Health and Social Care. Learn more on the Health Education England website.

The Royal College of Nursing (RCN) have also developed an online learning resource which maps out a range of National Occupational Standards (NOS) that will support the HCSW and expand their portfolio of learning.

- In addition, we recommend you contact your Higher Educational Institutes (HEIs) and / or your local training hubs to identify available courses to align to this document. For example, in Birmingham and Solihull, the Birmingham and Solihull Training Hub has worked closely with South & City College Birmingham to adapt their Level 3 health and social care apprenticeship qualification specifically for primary care.

  For more information about the Birmingham and Solihull Training Hub, please contact bsoltraininghub@nhs.net.

There are other training resources that can be accessed online. Bespoke packages are available for primary care and general practice, and cover all mandatory and statutory training. Examples are but not limited to:

- Skills for Health
- Bluestream Academy
- Training resources for GP practice staff

- e-Learning for healthcare is an online Health Education England (HEE) resource for training. It provides free access to members of NHS organisations and provides learning opportunities.

Appendix 3
Career progression
A HCSW job description and person specification is available to view here and a career progression document is available here.

Appendix 4
Occupational Health
- Health clearance for viruses
- NHS England policy template
- BMA occupational medicine committee overview

Appendix 5
Induction
An induction welcome pack is available to view and download here, and a document on general practice nursing team roles and responsibilities is available to view here. With thanks to Hazil Firmin, Lead Nurse for Primary Care at PICS - Primary Integrated Community Services.

Appendix 6
Support for learning and development

Learning opportunity examples

- Shadowing a more experienced practitioner
- Experiencing the general practice team to gain an in-depth understanding of the organisational culture, e.g. exposure to a multi-disciplinary team (MDT) role, including GP, general practice nurse, administrative team, physiotherapist, pharmacist or social prescriber
- Individual or group reflection
- Formal practice meetings and training
- Books, journals and articles
- Polices and protocols
- National guidance
- Commonly used resources and tools
- Formal academic based training, e.g. NVQ level 2 or 3
- In-house training, including mandatory and statutory training, (e-learning or face-to-face)
- Case discussions
- Clinical incident learning
- Significant event learning

Appendix 7

Core capabilities

These are skills, knowledge and behaviours beyond competence which demonstrate the ability to use the competence in complex and often unpredictable situations, demonstrating flexibility and ability to manage change and to work safely and effectively.

Core capabilities Q&A

- **What core capabilities should be used?**

Ensure core capabilities are mapped to the role and responsibilities described in the job description (JD).

- **When is the best time to assess these?**

Within the induction period, before assigning a task, and when undertaking a new task.

- **Is written evidence required?**

Written documentation reflecting progress to date will be provided to the HCSW and copied for the personnel file of the individual. Care Quality Commission (CQC) inspectors may ask to see evidence of training and competence as part of their inspection. Written documentation will also evidence robust internal governance within the practice.

- **If someone is unable to achieve a core capability, what should we do?**

Identify the gap in knowledge, any support required and create an action plan. This may include a training needs analysis. Agree a review date.

- **When should core capabilities be reviewed?**

An annual appraisal provides an opportunity to review capabilities, align the job description to any additional responsibilities and develop a personal development plan (PDP).

Why is it important to assess core capabilities?

- Provides assurance to the employer or supervisor of competence.
- Improves quality, safety and effectiveness of services delivered to patients.
- Provides a framework for the HCSW to work towards and supports personal and professional development.
- Provides evidence of local governance processes.
- Can be used as part of a PDP and career development.

- **How can core capabilities be assessed?**

1. Self-assessment
2. Direct observation
3. Question-and-answer sessions
4. Reflective discussions
5. Testimony from other key staff
6. Learning-log evidence

Appendix 8

Reflective practice

To aid your reflective practice, the Gibbs' reflective cycle is available to view here.

Appendix 9.1
Core capabilities of communication for a clinical consultation

	Date and signature of clinical supervisor	Type of evidence acquired
Demonstrate how to prepare for the consultation by reading past entries within the patient's medical records, being aware of the reason why the patient is attending and preparing the necessary equipment for the consultation		
Confirm the patient's details to ensure identity is correct		
Recognising the importance of introducing yourself to the patient, establishing how the patient would like to be addressed and confirming the reason for the consultation		
Recognise the importance of person-centred communication and demonstrate the ability to support and encourage informed decisions made by the patient		
Demonstrate active listening techniques by using empathy, use of silence, open and curious questioning		

Appendix 9.1
Core capabilities of communication for a clinical consultation

	Date and signature of clinical supervisor	Type of evidence acquired
Demonstrate confirmation of the patient's understanding of any information and advice given, then summarise the information they have received		
Demonstrate how to answer patient queries and concerns and recognise when you need to signpost to a senior member of the team		
Demonstrate how to provide and discuss current and up-to-date appropriate information, e.g. leaflets, when giving advice and guidance		
Understand the responsibilities and obligations you need to uphold regarding the Data Protection Act and patient confidentiality		
Understand the potential barriers to communication		
Recognise and respond to situations where another form of communication needs to be used and use the appropriate service effectively		

Appendix 9.1
Core capabilities of communication for a clinical consultation

	Date and signature of clinical supervisor	Type of evidence acquired
Demonstrate how to time manage the consultation		
Demonstrate knowledge and a clear understanding of the principles of the Mental Capacity Act when applying them to consent and provide examples of when assessment of mental capacity may be required in the consent process		
Recognise when informed consent is in doubt and refer to a senior member of the team		
Recognise abnormal clinical signs within the consultation that may indicate adverse reactions or serious medical conditions and report to a senior member of the team immediately		
Demonstrate effective communication with all levels of the practice team		
Demonstrate how to perform a telephone consultation safely and effectively following the practice policies on remote consultations		

Appendix 9.1
Core capabilities of communication for a clinical consultation

	Date and signature of clinical supervisor	Type of evidence acquired
Recognise the disadvantages of remote and telephone consultations		
Demonstrate an accurate documentation of the consultation		
Understand the importance of documenting the consultation in a timely manner		
Demonstrate how to record appropriate referrals		
Demonstrate a reflective account on a consultation to learn from and develop communication and listening skills		
Understand what is meant by the term 'health inequalities'		
Demonstrate how to advocate for the patient's rights		
Demonstrate signposting to appropriate resources and service to reduce health inequalities		

Appendix 9.2a

Quality and safety: boundaries, limitations and scope of practice

Boundaries, limitations and scope of practice	Date and signature of clinical supervisor	Type of evidence acquired
Understand why it is important to adhere to the agreed scope of practice within the job role		
Demonstrate and recognise the boundaries and limitations of safe practice based on your own competence of the job role		
Recognise and understand the roles and responsibilities of the multi-disciplinary team around you and the key agencies used when signposting/referring		
Understand the local protocol guidelines when using referral pathways and the boundaries to your own role		
Demonstrate own knowledge, skills and understanding through work based learning ensuring all mandatory training is kept up to date and the importance of this		
Recognise when to attend relevant courses being proactive in your own learning journey, to enhance your own clinical and non-clinical practice and to maintain safe working.		

Appendix 9.2b

Quality and safety: accountability and duty of care

Accountability and duty of care	Type of evidence acquired	Date and signature of clinical supervisor
Demonstrate and understand the principles of accountability within your job role		
Understand what clinical governance is and demonstrate how you apply it to your job role		
Demonstrate how you apply the HCSW Code of Conduct to you job role		
Recognise how to deal with confidential or sensitive issues that may be disclosed, follow local policy and procedure to deal with this		
Describe the eight Caldicott Principles		
Recognise the signs / symptoms associated with abuse ▸ Financial ▸ Sexual ▸ Physical ▸ Emotional / physiological ▸ Neglect / neglect by others		
Explain the actions you would take if you suspected any form of abuse adhering to local and practice policies and procedures		
Understand and recognise when your local policy and procedure for whistleblowing should be used		
Demonstrate knowledge of what CQC provides		
Demonstrate knowledge of the five principles of a CQC inspection		

Appendix 9.2c
Quality and safety: emergency situations

Emergency situations	Type of evidence acquired	Date and signature of clinical supervisor
Recognise the signs of deterioration of a patient in an emergency situation and what your next steps would be		
Understand the Airway, Breathing, Circulation, Disability, Exposure (ABCDE) assessment		
Understand the importance of sepsis awareness		
Demonstrate general knowledge on how and when to apply the principles of first aid		
Understand and recognise your role when assisting in an emergency situation		
Demonstrate you know where the emergency equipment is kept		
Recognise the signs and symptoms of anaphylaxis		
Demonstrate familiarity with your local policies and procedures to deal with emergency situations		

Appendix 9.2c
Phlebotomy core capabilities

	Type of evidence acquired	Date and signature of clinical supervisor
Demonstrate an understanding to anatomy and physiology relating to venepuncture		
Demonstrate how to confirm a patient's identity and recognise why this is important		
Demonstrate how to gain appropriate consent. If consent seems in doubt, refer to the appropriate health professional and document accordingly		
Demonstrate how to successfully and safely perform the procedure by using both butterfly and regular methods of venepuncture		
Demonstrate the procedure from a range of patients with differing challenges and settings, such as dementia, learning difficulties, difficult bleeds, home visits, and care home visits		
Demonstrate how to communicate effectively with the patient regarding the practice procedures for obtaining results		
Recognise and use the appropriate vials to meet the requirements of the request, complete appropriate blood forms, label vials and package correctly.		

Appendix 9.3
Phlebotomy core capabilities

	Type of evidence acquired	Date and signature of clinical supervisor
Be able to recognise, demonstrate or discuss the contraindications and legal obligations to carrying out the procedure ▸ Capacity ▸ Confidentiality ▸ Documentation ▸ Infection control ▸ Health and safety ▸ Reactive patients ▸ Duty of care		
Recognise Quality and Outcomes Framework (QOF) requirements relating to phlebotomy and making every face-to-face contact count		
Demonstrate an understanding of the importance for referring to a more senior member of the team when experiencing difficulty of obtaining a sample		
Demonstrate an understanding on how to follow the procedure in the event of 'adverse reaction,' including collapse		
Demonstrates good after care and ensuring the patient is fit to leave the practice before allowing them to go		

Appendix 9.4

Immunisation and cold chain resources

The Royal College of Nursing (RCN) supports the role of HCSWs in administering specific vaccines to adults and the nasal influenza vaccine to children, providing they are appropriately trained and have the support of a registered healthcare professional (GP or general practice nurse).

The RCN **does not** support HCSWs administering other vaccines, such as the remainder of the childhood vaccination programme or travel vaccines. This is due to the clinical decision-making involved.

The recommendation from the RCN is: "In England and Wales, The National Minimum Standards (PHE, 2015) advice for best practice is that only those HCSWs with at least two years' experience and a minimum level of overall education and training in health care should be considered for training in vaccine administration (for example, a level three NVQ or equivalent)."

It is recommended for best practice that those who are new to vaccinating should attend an initial two day immunisation course. The national minimum standards document does state that where it is not possible or appropriate to deliver or access a two day programme, a blended learning approach can be used with an e-learning course(s) used alongside face-to-face sessions to help ensure participants achieve all of the required learning outcomes.

Please find the competency assessment tool for immunisations by the RCN for non-registered staff in this link.

Here you will find a document on the national minimum standards for immunisation training by the Health Protection Agency (HPA).

There will be yearly updates arranged via your local training hub for immunisations, which will cover seasonal flu, pneumococcal, shingles and B12. Please contact your local training hub for more information.

Please find this link to e-Learning for healthcare where once registered you can access online training for immunisations from seasonal influenza to COVID-19 vaccinations.

All HCSWs should work from Patient Specific Direction (PSD) when administering vaccines. Unlike a Patient Group Direction (PGD) this needs to be written for each individual patient. CQC GP Myth Buster 19 is a good information resource around PGDs and PSDs.

Please also find **British Medical Association (BMA) Guidance** on PGDs /PSDs.

Please find an example of a Patient Specific Direction (PSD) here.

A video explaining how to add a PSD on EMIS is available to view on the Ardens website.

For the first time, unregistered healthcare workers can work within a national protocol for national influenza programme. **Find more details about the national protocol** here.

National protocols are legal documents authorising the supply and administration of specific prescription only medications without the prior need for an individual prescription or patient specific direction and can be used by the unregistered clinical workforce when adhering to their terms and conditions as specified in each protocol.

Useful links

- National protocols for COVID-19 vaccines

All vaccinations administered by a HCSW will always be supervised and a HCSW will never work alone when undertaking injections. A GP or general practice nurse must always be on site

and working nearby so that any queries from the HCSW can be addressed.

The HCSW will have completed an annual resuscitation / basic life support and anaphylaxis training.

Please find these useful resources around vaccine storage.

Vaccine storage and fridges in GP practices

- This guidance includes the management of vaccines, fridge temperatures, cold chain policies and the use of data loggers.

Vaccine incident guidance

- This guidance includes responding to errors in vaccine storage, handling and administration

Green Book

- The Green Book is a good resource around vaccinations and any HCSW administering vaccinations should familiarise themselves with this resource.

Appendix 9.5

NHS Health Check

The NHS Health Check programme was launched in England in April 2009 as part of a healthcare strategy aimed at empowering patients and preventing illness. It is a universal risk assessment and risk management programme offered every five years to people aged 40–74, who have not previously been diagnosed with vascular disease.

Public Health England (PHE) have introduced standards for this ongoing health initiative programme along with a competency framework and learner and assessor work book.

This competency framework will cover clinical skills such as blood pressure, pulse rate, body mass index (BMI) and waist circumference.

NHS Health Check appointments are a perfect opportunity of promoting lifestyle advice and making every contact count.

HCSWs can provide smoking cessation, and to be able to do this they will need to be a registered stop smoking advisor with the National Centre for Smoking Cessation and Training (NCSCT) and have completed the appropriate training with the NCSCT.

Appendix 9.6

Chaperoning

The Ayling report, published in September 2004, highlighted the important issue of using chaperones. There is no national policy in place surrounding guidance of chaperones, and they are all written and can be accessed locally.

It is important that all HCSWs understand what their responsibilities are when asked to chaperone, and how to confidently raise any concerns. It is a CQC recommendation that all GP practices should have a written chaperone policy and procedure in place to protect both patients and staff.

Practices should all check their employees understanding of their chaperoning policies and procedures to make sure that it is being followed correctly and carefully.

The General Medical Council (GMC) guidance states that the chaperone should be a health professional. This is a best practice recommendation, but guidance states that in a GP practice it can also mean a trained non-clinical staff member, such as a receptionist is able to take on the role of a chaperone. This individual has a specific role in the consultation and this should be made clear to both the patient and the person undertaking the chaperone role. It is best practice for chaperones to record each of their chaperoning encounters in the patient records. This will serve to protect the HCSW, the patient and the clinician undertaking the procedure.

There are a number of e-learning courses that can be completed as mandatory training.

Useful links

- e-Learning for healthcare
- Blue Stream Academy

Appendix 9.6
Chaperoning core capabilities

	Type of evidence acquired	Date and signature of clinical supervisor
Understand the purpose and duties of a chaperone		
Understand the consent and confidentiality of the patient		
Undertake training prior to becoming a chaperone		
Understand and adhere to chaperone policies and guidelines		
Ensure the patient is aware of the following: ▸ Why the examination is needed ▸ What the procedure entails ▸ How long it may take		
Ensure dignity, privacy equality and diversity are protected during the procedure		
Demonstrate documentation of the procedure and understand why this is important		
Understand why a family member, friend or child cannot be called upon to chaperone		
Understand, recognise and be confident to raise concerns when needed by following the practice policies and procedures to do this		

Appendix 9.7

Infection Prevention and Control (IPC)

Infection Prevention and Control (IPC) is a scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers. Learn more here.

It is a requirement that all GP practices have an IPC policy and procedures for their practice. There should also be a lead for IPC within the practice who shares any new guidance, and policies and procedures should be updated accordingly.

The CQC is a good resource and their guidance sets out general requirements around IPC in general practice.

Please also find some other good resources around IPC below:

- The national standards for cleaning can be found here.
- The appendices for these standards can be found here.
- Blue Stream Academy is an online resource for annual updates that all practice staff should complete.
- A hand washing step by step guide can be found here.
- Royal College of Nursing (RCN) essential practice for IPC is available here.
- IPC COVID-19 primary care guidance is here.
- NHS England's national infection prevention and control can be found here.

Appendix 9.8

Urinalysis core capabilities

Urinalysis is a task that can be undertaken by a HCSW at the request of a GP. This is a useful method of detecting and monitoring a person's health condition, as urine can change in response to illness or infection.

	Type of evidence acquired	Date and signature of clinical supervisor
Understand what urinalysis is		
Understand why urinalysis is requested		
Demonstrate good IPC procedures when undertaking urinalysis		
Understand the findings of urinalysis and what they can suggest about a person's health condition		
Recognise the signs and symptoms of a UTI (Urinary Tract Infection)		
Understand the importance of recording and reporting the results of urinalysis		
Recognise an abnormal urine appearance		
Understand why a fresh urine sample in an appropriate container is important for urinalysis		
Demonstrate how to correctly perform urinalysis adhering to practice policies and procedures		
Demonstrate the correct time interval is reached before recording the result for each test pad on the strip		

Appendix 9.9

Electrocardiogram (ECG) core capabilities

An electrocardiogram (ECG) is a simple non-invasive procedure that can be used to check the heart's rhythm and electrical activity. It can be used to diagnose conditions such as an abnormal heart beat (arrhythmia) or to determine the effectiveness of medication. It can also be part of a routine medical check up to make sure the heart is functioning normally. This is a procedure the HCSW can undertake within general practice with the appropriate training.

Please find guidance on performing an ECG from Society for Cardiological Science and Technology (SCST).

	Type of evidence acquired	Date and signature of clinical supervisor
Understand what an ECG is and the reasons why it can be requested		
Demonstrate explaining the procedure to the patient		
Demonstrate advising the patient on skin preparation for the procedure e.g. use of creams and shaving the area		
Demonstrate gaining informed consent from the patient and offering the use of a chaperone		
Demonstrate the procedure from a range of patients with differing challenges such as dementia or learning difficulties		
Ensure dignity, privacy equality and diversity are protected during the procedure		

	Type of evidence acquired	Date and signature of clinical supervisor
Demonstrates correct positioning of the patient for the procedure		
Demonstrates correct application and positioning of electrodes		
Demonstrate the correct connection of 12 lead patient cable		
Demonstrate an accurate ECG recording		
Recognise abnormalities within recording, e.g. Atrial Fibrillation (AF), tachycardia, bradycardia		
Demonstrate how to follow policies procedures and pathways for abnormal ECG recordings		
Demonstrate how to send for interpretation and documentation of the procedure		
Demonstrate how to advise patient on signs of red flags and what they need to do if these occur		
Demonstrate how to advise patients on obtaining their results in line with the practice policies and procedures		

Appendix 9.10

Wound care resources

Wound care has become a growing responsibility for primary care. The general practice workforce are the initial point of contact for many patients with wounds and have an essential role to play as frontline staff.

HCSWs have a role to play in providing wound care for the practice population. Education and training is imperative from a quality, safety and assurance perspective. Education and ongoing training will aid the best outcomes for the patients. Locally in Birmingham and Solihull, we are recommending that any primary care clinician involved in wound care complete e-Learning for Healthcare's Tier 1 training of the essentials programme. A best practice recommendation would be for a registered clinician, usually a general practice nurse, to asses and create a treatment plan and recommend a dressing regime for the patients. The HCSW would follow this regime under supervision of the registered clinician, a general practice nurse, and flag any abnormalities that occur with the wound healing (e.g. infection) and ensure local policies, guidelines and pathways are followed. All core capabilities are to be met before the HCSW starts working with some autonomy.

Please find the National Wound Care Core Capabilities Framework for England. This framework sets a standard for all levels the workforce involved in providing wound care. Within this framework document you will find other resources relating to wound care core capabilities. For example, Tissue Viability Leading Change (TVLC) competency framework.

Please find this document that recommends guidance for wound care on lower limbs.

A wound care formulary is an important resource and when choosing an appropriate dressing regime these can be accessed locally. These quick reference guides and local guidance will vary from locality to locality. This example is for Birmingham and Solihull.

Wound healing is affected by lots of different factors, from co-morbidities to food and nutrition, so it's important to assess the patient as a whole. Educating and promoting self-care plays an important part in wound healing. As a HCSW you may be involved in the care of the patient with diabetes. This may include provision of the annual diabetic foot assessment. If wounds are found on the foot of a person with diabetes it is essential that care is provided by the most appropriately skilled professional. This may be a specialist diabetic wound care clinic or a specialist podiatrist. The HCSW is responsible for recognising a problem with the foot then escalating promptly for appropriate onward referral in line with local diabetic footcare pathways.

Useful links

- Diabetes and Foot Ulcers
- Competencies | Diabetes UK
- Diabetes Foot Screening App (cop.org.uk)

Appendix 9.11
Anticoagulation monitoring core capabilities

	Type of evidence acquired	Date and signature of clinical supervisor
Identify the principles of warfarin therapy		
Demonstrate a knowledge of the normal range for warfarin therapy patients relating to diagnosis		
Demonstrate a knowledge of warfarin therapy, interactions and side effects		
Demonstrate screening questions with patient before procedure. Changes in diet medication and alcohol intake		
Demonstrate competence of using the software supporting International Normalised Ratio (INR) testing		
Demonstrates confirmation of the patient's identity		
Demonstrates collection of the correct equipment for INR testing ensuring the reagent strips are in date		

Appendix 9.11
Anticoagulation monitoring core capabilities

	Type of evidence acquired	Date and signature of clinical supervisor
Demonstrates good IPC procedures adhering to local policies before undertaking INR testing		
Demonstrates the correct technique to accurately test the patient's blood sample		
Demonstrates the safe disposal of test strip and lancet adhering to local IPC policies		
Demonstrates recognition of instances where it is necessary to seek further advice.		
Demonstrates accurately completing necessary documentation on the person's record and accurately documenting patients dosage their yellow card and understand why this is important		

	Type of evidence acquired	Date and signature of clinical supervisor
Demonstrate a basic understanding of direct oral anticoagulation (DOAC) therapies		
Demonstrate how to perform internal and external quality control measure of the equipment and why this is important		

Appendix 9.12

Inhaler technique and peak flow resources

Inhaler technique training is important for ongoing respiratory care. Technique should be checked yearly at each review or when the patients starts a new inhaler. There is evidence that suggests when patients are correctly trained on how to use their inhaler compliance improves. HCSWs have a responsibility to ensure that they are appropriately trained to deliver the care they are required to provide.

Please find some useful resources below regarding inhaler technique and peak flow measurements. Within these resources you will find videos on how to check inhaler technique and how to perform a peak flow measurement correctly.

- Peak flow test | Asthma UK
- How to use your inhaler | Asthma UK
- Common inhaler mistakes | Asthma UK
- Primary Care Respiratory Society
- British Lung Foundation
- Inhaler Competency Document

Accurate spirometry is an important part of chronic obstructive pulmonary disease (COPD) and asthma management. HCSWs can undertake spirometry but will need to be Association for Respiratory Technology and Physiology (ARTP) certified to do so. They will not be able to interpret results of spirometry. This responsibility will lie with a registered practitioner who has undertaken the training to do so. The Fit to Care Framework can be accessed for key knowledge, skills and training.

- CQC Mythbuster number 83
- Spirometry Certification
- Fit to Care Framework