Assistant/Associate Practitioner Steering Group Meeting
29th July 2008

Present:
Richard Billings (NESC)
John Bramley (Hampshire and Isle of Wight LLN)
Sue Byrne (Oxfordshire PCT)
Sam Donohue (Oxford Radcliffe Hospital Trust)
Barry Hodgson (Portsmouth Hospitals NHS Trust)
Ruth Monger (South Central Strategic Health Authority)
Adedayo Odubayo (NESC)
Toni Sanderson (NESC)
Jenny Simmons (Heatherwood and Wexham Park Foundation Trust)
Mary Somerville (Progress South Central)
Mark Statham (NESC)
Emma Wilton (NESC)
Julie Wintrup (Hampshire and Isle of Wight LLN)

Apologies:
Julie Abdalla (Hampshire PCT)
Anita Esser (Southampton University Hospital Trust)
Camilla Leach (NESC)
Liz Starbuck-Greer (Progress South Central)
Helen Thomas (FDF)

1. Welcome and Introduction
   1.1 Introductions were made and apologies given.

2. Minutes of Steering Group Meeting on 07.02.08
   2.1 The minutes of the last meeting were agreed as an accurate record.

3. Matters Arising
   3.1 Following discussions at the last meeting EW updated and re-circulated the Assistant Practitioner (AP) Code of Conduct. This is now available on the NESC website and it was included in delegate packs at the 17th of July Event.

   3.2 It was agreed that the Code of Conduct should be sent to the Directors of Nursing/Clinical Standards Committee and AHP and Healthcare Scientists Leads as well as the Union Forum for discussion and comment.

   3.3 After discussion about the AP title it was agreed that this should be amended to Assistant/Associate Practitioner to include band 4 roles which exist in areas such as Healthcare Science.

   3.4 It is anticipated that Modernising Scientific Careers will result in an increase in the number of staff working within healthcare science at band 4. Foundation level registration will be implemented by the year 2012.
3.5 The Code of Conduct will be amended to reflect feedback from both the Steering Group and from delegates who attended the 17th July event. It will remain generic and will need to be adapted for specific band 4 roles.

3.6 RM reported that the LDP provides data on numbers of staff by group, not bands and therefore a separate exercise will need to be undertaken to determine demand for the AP.

4. **Feedback from 17th of July Event.**

4.1 Ninety people attended the Event on 17th July. This was represented by 22 Trusts and PCTs across NHS South Central and 7 higher education institutions. Evaluation of the event appears very positive, 85% rated the event as excellent or very good, 89% of delegates rated the speakers as excellent or very good and 74% said the local consultation exercises were either excellent or very good.

4.2 Delegates participated in two facilitated locality group consultation exercises. The first exercise focussed upon need for the AP and the second upon development and implementation of the new role.

4.3 Feedback indicates that service needs exist for development of APs with core, transferable competences and specific skills which match service priorities and are specific to job roles. This reflects the model which has been adopted to develop APs within the area of Long Term Conditions (LTCs). A foundation degree in LTC has been developed in partnership with the University of Southampton and Thames Valley University. During the first year students study health and social care modules and in the second year they study modules in LTC.

4.4 APs will provide a flexible workforce to maximise capacity and capability and provide progression opportunities for staff in bands 1 – 3. The new role will also enable staff to work to their appropriate skills and competences levels. A career structure for APs is needed to enable progression up and across the Career Framework.

4.5 Specific service needs were identified for development of APs. These include rehabilitation, social care, discharge planning, screening, health promotion, physiotherapy, occupational therapy, children’s services, midwifery and end of life care. APs could work across integrated teams.

4.6 The AP role should be transferable, flexible and competency based, driven by needs of the service and linked to patient pathways. It will enable time of registered staff to be released to undertake more complex duties.

4.7 Suggested roles and responsibilities of APs include supervising staff in bands 1 – 3, screening, initial patient assessment, team leading and assessing, undertaking repeat visits and follow-up appointments and supporting and monitoring patients. Roles and responsibilities should be identified via a gap analysis.

4.8 It was felt that levers to development and implementation of the AP include cost saving opportunities, the possibility of addressing recruitment and retention issues, developing more comprehensive career pathways for staff in bands 1 – 4 and the opportunity to improve the patient experience.
4.9 Barriers to development include a lack of registration, money and costs of backfill for staff when training, fear and resentment from other staff, lack of recognition and understanding and professional boundaries.

4.10 It was felt that NESC/SC SHA could support development of the role through provision of placement opportunities and quality assurance, financial support, sharing best practice, steering and promoting development and commissioning education and training.

4.11 The role of Trusts and PCTs in development of the AP include defining the service need, linking development to local strategies and workforce plans, gaining patient feedback and supporting staff in bands 5 and beyond to release time to deliver more advanced levels of care.

4.12 It was agreed that a second, linked event would be valuable, focussed upon development of an education framework. Development of a framework should involve NESC/SHA and relevant partners, service representatives and higher education institutions. LLNs could help to facilitate development of a framework across NHS South Central. A ‘one size fits all’ approach to developing education is not appropriate. Pathways of learning will need to be developed to suit different areas of need. It may be necessary to manage small, specialist areas of need. Consideration will need to be given to whether this can be achieved within NHS South Central or across SHA boundaries?

4.13 The possible move to an all graduate nursing workforce will have large implications for development of the AP Practitioner. Understanding demand for the role should be linked to key service strategies and priorities set out in the Lord Dari Report.

5. Assistant Practitioner Definition
5.1 EW presented the AP definition for comment. The definition was informed by work undertaken in Bristol, Cumbria and Lancashire, NHS North West and the Society and College of Radiographers.

5.2 EW will update the definition to reflect the comments made by Steering Group Members and to include feedback received from the Long Term Conditions Foundation Degree Steering Group where the definition was also discussed. Action: EW to update Definition of AP.

6. Job Description.
6.1 EW presented a draft AP job description which was developed by Elaine Schurch (Long Term Conditions FD Project Manager). This was adapted by work undertaken in Bolton and is designed to serve as a guideline for people developing AP job descriptions, to act as a framework for employers. It incorporates KSF and National Occupational Standards. The job description is currently very broad and is designed to be adapted to specific roles.

6.2 Members suggested that the Job Description may be too generic and therefore not applicable to many roles. However it was agreed that this should be posted on the NESC website along with job descriptions of APs currently employed.

7. Evaluation Update.
7.1 Camilla Leach (CL) has undertaken and evaluation of APs employed across NHS South Central. The evaluation involves an exploration of the roles and responsibilities of APs, to help inform understanding of the role. The evaluation did not involve patients, but did include the perceptions of APs and their managers regarding benefits to service delivery and patient care.

7.2 Interviews have been conducted with 12 APs and 1 service manager. Questionnaire responses have been received from 4 APs and 5 service managers. Fields covered include Radiography, Radiotherapy, Breast Screening, Rehabilitation, Community Nursing and a Clinical Technician.

7.3 Issues experienced by APs include the problems of undertaking dual roles (as healthcare assistants and students), a lack of recognition and trust from registered members of staff, availability of posts once qualified, and replacement of the original band 3 post.

7.4 The benefits of becoming an AP include gaining job satisfaction and increased self esteem, enhanced understanding of the role, greater autonomy and management of a case load. Benefits for service delivery and patient care include freeing registered staff to deal with more complex duties and patients being seen quicker. Once available the evaluation report will be circulated to Steering Group Members and posted on the NESC website.

7.5 A greater number of APs are employed across NHS South Central than identified within the initial scooping exercise. These people may not hold the AP title but will be employed at band 4. It may be possible to expand the evaluation by including these.

8. **Next Step and Priorities.**

8.1 EW to meet with the Education Commissioning team in August to discuss development of an education framework/education principles.

8.2 Scooping exercise to be undertaken across Trusts and PCTs to establish need for APs, to inform future Education Commissioning plans.

8.3 Further consideration to be given to the issue of registration. The Code of Conduct will be sent to Clinical Leads and the Union Forum for discussion and approval. Establishment of a task and finish group could help to develop the Code of Conduct, agree guidelines for use and link to Standards for Better Health. FdF will be invited to join this group and the Department of Health will be contacted for their advice on registration.

8.4 Development of FAQs may help to support implementation of the AP Practitioner.

9. **Any Other Business.**

9.1 RM informed members that a meeting has been convened to discuss development of the Maternity Support Workers across NHS South Central.

9.2 JB will send members information about the work of the Lifelong Learning Networks and how they can contribute towards this Steering Group and development of the Assistant Practitioner.

10. **Date of next Meeting**

10.1 The next meeting will be held in October, date to be confirmed.