

v.2 August 2023

## Welcome

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The Nursing Associate apprenticeship was introduced in 2017 and interest in this training has been growing steadily ever since. Primary Care Networks are utilising the Additional Roles Reimbursement Scheme to recruit Trainee Nursing Associates, whilst GP Practices are using the apprenticeship to upskill their experienced healthcare assistants. This is an exciting time for nursing development in Primary Care, as ambitions of providing enhanced support to nursing teams, and improving retention, are being realised.



This information pack has been created to provide you with all the information you need to develop an apprentice. Please contact your local NHS England primary care school learning environment lead to explore this fantastic training programme in more detail and for support with getting started.

Sue Clarke Head of School of Primary Care (Training Hubs) NHS England - Thames Valley and Wessex

#### The Nursing Associate role

The nursing associate is a bridging role between health care assistants and graduate registered nurses

They work with people of all ages and in a variety of settings in health and social care

They are registered and regulated by the Nursing and Midwifery Council (NMC). This means that nursing associates are individually accountable for their own professional conduct and practice

#### Why has this role been introduced?

The role was introduced in response to the Shape of Caring Review (HEE, 2015), to help build the capacity of the nursing workforce and the delivery of high-quality care. It will be a vital part of the wider health and care team and aims to:



Support the career progression of health care assistants



Enable nurses to focus on more complex clinical work

Increase the supply of nurses by providing a progression route into graduate-level nursing



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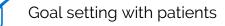
#### **Benefits for Primary Care**

As a response to the growing demands in Primary Care, general practice nurses (GPNs) are embracing some activities traditionally in the domain of GPs such as prescribing, treating minor illness and managing long term conditions. Nursing associates will be well placed to help with some of the routine work of GPNs. For example:



Trained across all 4 branches of nursing: adult, child, learning disability and mental health

Improved documentation skills





Understanding of co-morbidities and wider patient needs



Ability to make referrals and order further investigations



Asking the right questions to build understanding of patients



Managing, assessing and monitoring patients with long term conditions. This includes carrying out reviews with patients who have long term conditions



# What specific skills can a Nursing Associate provide in Primary Care?

The NMC has developed and published <u>standards of proficiency for nursing associates</u>. These Standards provide a clear picture of what nursing associates know and can do when they join the register.

In General Practice, registered nursing associates are complimenting the nursing team across Primary Care Networks, examples include;

- Complex wound management
- Lower Limb Management, including compression bandaging
- Administer prescribed medications (including IM/SC) under PSD (this includes vaccinations)
- Measurement of the ankle brachial pressure index (dopplers)
- Long Term Condition Reviews (for example: Asthma, COPD, Diabetes and Hypertension)

- Accurately undertake risk assessments, using assessment tools such as MUST, MMSE, falls assessment and NEWS2
- Safeguarding, recognise and escalate signs of all forms of abuse
- Recognise and escalate signs of selfharm and/or suicidal ideation
- Make referrals and order further investigations
- Assist patients to self-manage, understand their health concerns and support their wider health needs

## **Role development**

- Like other regulated professionals, nursing associates will continue to train and develop as part of their career pathway and are subject to re-validation in the same way as all other NMC registrants
- They can undertake additional training to develop their scope of practice throughout their careers. Funding is available for core general practice nursing skills and continuous professional development. Contact the <u>Thames Valley Primary Care School</u> for more information
- The qualification provides entry to the accelerated nursing degree apprenticeship further supporting your nursing workforce retention
- <u>Hear from Dawn Cuzner, GPN Lead in Oxfordshire</u>, talking about nursing workforce transformation.

#### No room for this role?

Training additional staff in clinical skills may require some creativity around room availability. Are you able to consider room sharing for certain tasks, remote working or utilising other sites within your PCN? Can home visits be offered? Please talk to your learning environment lead if you would like to explore these ideas.

## Nursing Associate - developing advanced skills

With experience and further training your nursing associate can be developed to offer more advanced skills, for example:

- Baby immunisation clinics
- Communication and consultation skills, including history taking in the context of person-centred care and partnership working
- Diagnostic tests
- Cervical cytology and HPV testing
- Ear care including irrigation
- Administering drugs in accordance with regulations

#### The nursing associate:

Cannot make an initial assessment

Cannot independently change the plan of care or discharge from care

Can recommend changes following their observations, however the decision to change a plan of care lies with a more senior practitioner

# Case studies for primary care click on the images to find out more



<u>Watch this NHSE film</u> and learn about the work Nursing Associate, Adam Kalaher does caring for patients as part of the team at the Highfields Medical Practice in Leicester.



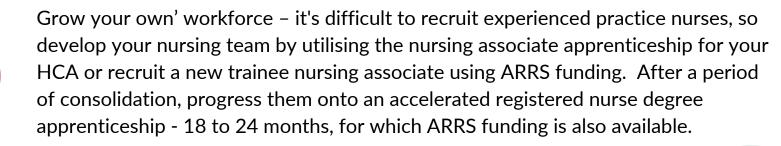
Sarah Moore completed the nursing associate apprenticeship with her Practice in Buckinghamshire and is now enrolled onto the accelerated registered nursing degree apprenticeship



Listen to Lynsey Mitchell, Berkshire, talks about her journey to become a TNA and hear about her student experience

Want to speak to another GP Practice about their experience? Please contact your <u>learning environment lead</u> to link you up.

#### Nursing workforce retention - why should Practices invest in this role?







The role is a generalist position and as such can be shaped around the specific needs of the Practice to meet the practice's population health needs. Your supervision and mentoring will be key, as well as programmes such as the GPN Fundamentals and Preceptorship programmes.



With significant challenges to the recruitment and retention of our nursing workforce, the costs of investing in your staff should outweigh the potential costs of doing nothing.

### Making the case - return on investment

A good business case will consider your longer term strategy. Will this investment help staff retention? Will it support your busy nurse team to focus on more complex tasks? How can this training help you to better meet your population health needs? Is it providing upskilling for a local resident? Will you develop your NA into a registered nurse? Meeting local needs and retaining your staff leads to efficiencies and costs savings.

#### Backfill costs or a return on investment?

Where Practices cannot utilise ARRS funding, costs of providing backfill can seem daunting. How much backfill do you require? A <u>Traverse Primary Care</u> Nursing Associate research project (HEE 2019) found that even small Practices 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 tasks to help plug gaps
- Practices can take a placement swap

# NHS England TNA funding can be used towards:

- Covering backfill where ARRS reimbursement is not being used
- DBS checks / health checks
- Travel to placements
- Uniform are usually provided but do check
- Small payments may occur where placements include unsociable hours these should be kept to a minimum
- In the rare event that a module is failed after re-sits, there will be module costs to cover.

#### Keep the end goal in mind

- Any good retention and development measures require a level of investment to yield benefits
- As your Nursing Associate's experience grows, they will be able to develop more advanced skills
- TNAs can work on assignments that add value to your Practice
- TNAs' placements in other settings will allow them to pick up new skills and good practice

# **Funding** With recognition of the need to increase the capacity of nursing roles within Primary Care, there is much financial incentive and support available for surgeries to grow their nursing teams.

#### Apprenticeship levy

Education fees are required by the training providers and are currently set nationally at a maximum of £15,000. This can be met by utilising the apprenticeship levy and employers can be supported to seek the funding by the HEE Apprenticeship Relationship Managers. Alternatively you can utilise government cofunding at 5%, meaning you will pay £750.

You will need to set up a <u>Digital Apprenticeship</u> <u>Service</u> account. See the Resources page for more information.

## NHS England funding for TNA

Employers can receive NHSE training funding support for a trainee nursing associate. This is £4,080 per year per TNA, with a total of £8,160.

For trainees working at least 50% of their practice time with people who have a learning disability and/ or are autistic, an employer will be eligible for a total funding sum of £16,116 over two years (£8,058 per year).

#### **Placement co-ordination**

Most universities do not offer placement co-ordination. As an employer you may be entitled to receive up to £2.5k funding to cover the costs of setting up and co-ordinating placements.

### Additional Roles Reimbursement Scheme

- The TNA and NA roles are part of the ARRS and therefore a PCN can claim reimbursement for their salaries plus on costs up to a maximum reimbursable amount £29,649 (national rate) in each year.
- An NA being trained to develop as a RNDA can also receive ARRS funding to cover training costs (academic and placement time)

## Supporting a TNA in Practice: Placements

#### Placement rotations vary by University. The placement pattern you choose will be dependent on:

- How many hours you can afford to backfill and support in Practice
- Your intentions about further development into registered nursing where placement hours can be used towards accelerated programmes
- Longer placement durations make it easier to catch up with lost time resulting from sickness, annual leave or for staff working less than 37 hours

**Placements must provide exposure to the four areas of Nursing:** Adult, Children, Mental Health and Learning Disability. The placements will be linked to clients being at home, near to home or in hospital. You should talk to your local partner organisations about potential placement options as soon as possible, including reciprocal placement arrangements.

One placement can usually be hosted by the employer as a student placement but check with the Provider.

**Placement co-ordination**: Some Universities expect the employer to co-ordinate placements in your local area. Contact your NHS England learning environment lead to find out what support there is in your area via <u>england.primarycareschooltvw.se@nhs.net</u>

## **Supporting a TNA in Practice: Protected learning time**

- Protected learning time is defined as time in a health or care setting, during which students are learning and are supported to learn
- Students must be supervised during protected learning time
- Protected learning time requires 1,150 hours in practice during which students are supported to learn
- Your University will guide you about how protected learning time can be achieved, here is an example for a full time tha apprentice working in a GP Practice:

Monday	Tuesday	Wednesday	Thursday	Friday
Work in practice – Cover clinics and shadow GPN doing dementia check	University day 7.5 hours	Work in practice – Cover clinics and complete eLearning package on health promotion	Work in practice– Cover clinics Learning outcome to learn new mental health medications	Work in practice- cover clinics and shadow health visitor for one appointment

## **Supporting a TNA in Practice:** Supervision, assessment & guidance



The University will teach a range of skills. They will have a plan to supervise and assess your TNA as they go through the programme to ensure their new skills and knowledge are being applied to your Practice. Talk to your learning environment lead to discuss preparation for assessment, or to discuss options if you need help.



Your TNA will have access to a regional Community of Practice for Primary Care along with qualified NAs to learn from their experience

Health Education England

Your TNA will have access to University support services and local knowledge libraries



<u>Click on this video case study</u> to hear from GPN Lead, Karen Gangadene about supporting a TNA in Practice

#### **Programme eligibility**

Entry requirements vary by University but in general they are:

The individual is employed in a clinically appropriate role

Employed for a minimum of 30 hours per week

Some Universities require level 2 or 3 qualifications include the Care Certificate English and maths GCSE grade 4/C or functional skills level 2. Most universities require these at entry

Must have the right to live and work in the UK

Current Disclosure and Barring Service (DBS) and Occupational Health (OH) checks and Covid Risk Assessment (record of vaccination)

## **Recruiting a new trainee nursing associate**

#### Consider the steps below when recruiting a new trainee nursing associate

Find out when the University will be delivering their next programme. Then allow sufficient time to recruit your TNA, induct them into your organisation and complete the University application process. Some Universities require evidence of the Care Certificate before entry.

Map your JD and selection process

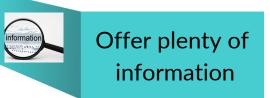
Allow plenty of

time

Make sure your job description includes the minimum criteria of the degree programme e.g. functional skills and level 3 qualifications if required. Embed some of the University interview questions into your own selection process. Use a values based recruitment approach.



Onboard your new employee as an HCA first and orient them into your Practice, before starting the degree programme.



Think about your longer term ambitions for this role - can you include any of this vision in your advert? Offer an information session or recorded video about the appprenticeship progamme as part of your recruitment process.

See the resources section for links to a sample job description and advert

### Checklist to develop your existing employee

- Your employee works at least 30 hours a week
- Certificates are available for GCSE English and maths at grade C and above, or equivalent qualification like Functional Skills level 2\*



• Some Universities require a level 3 qualification and the Care Certificate

\*For the English and maths qualifications criteria, you will need to have your certificates available. Higher level English and maths subject qualifications are acceptable, for example A Levels or a degree in English or maths. Evidence is required specifically for these subjects.

For help with functional skills and UK ENIC conversions, click on Skills for Life - HASO (skillsforhealth.org.uk)

#### Selecting a Training Provider - key considerations

See the resources page for questions to ask the University but below are some key points to consider:

#### Quality

There are options for classroom based, self-directed and online programme delivery

The NHS Salisbury DPS framework includes approved pre-selected Universities

See the Resources page for contact details

#### Delivery

How many days a week is the academic learning, how many weeks in each placement rotation and how is protected learning to be achieved?

#### Location

Most Universities deliver blended virtual and face to face training. Ask where and how often the face to face delivery will be and how many hours of self-directed learning is required

#### **Entry Criteria**

What are the University's requirements for maths and English level 2? Are there any NVQ level 3 or equivalent qualification requirements?

## Resources

#### **Recruitment and selection**

<u>Trainee nursing associate job description and advert template</u> <u>Interview questions and preparation guidance for applicants</u>

## **University selection**

<u>To search for Universities approved to deliver the nursing associate click on the nursing associate (NMC 2018) (level 5) - apprenticeship training course (education.gov.uk)</u>

You can also select a University using the NHS Salisbury DPS Apprenticeship framework, contact simon.dennis@nhs.net

<u>Questions to ask a University</u>

Discuss local options in more detail with your local learning environment lead or apprenticeship lead.

## Further links and key contacts

#### Information about the nursing associate role

NHS <u>Healthcareers</u> - general information about the NA role

NHSE Southeast TNA Thursdays - weekly virtual drop-ins 4 - 5pm contact your local Training Hub for more information

### Funding

Additional Roles Reimbursement Scheme

<u>Applying for a Levy Transfer- contact the</u> <u>South East Apprenticeship Relationship</u> <u>Advisor</u>

HEE Training Funding Support

Set up Digital Apprenticeship Service

#### **Local Contacts**

Learning Environment Leads Buckinghamshire, Oxfordshire and Berkshire West: Abbie Canton and Vicky Pearson

Frimley: - Anya Makin-Terry Hampshire and Isle of Wight: Sue Garland

To express interest in nursing apprenticeships email: <u>TVW Primary Care School</u>