



NHS Dudley Clinical Commissioning Group
NHS Sandwell and West Birmingham Clinical Commissioning Group
NHS Walsall Clinical Commissioning Group
NHS Wolverhampton Clinical Commissioning Group



# Introduction

As you are aware, general practice is changing, growing and adapting, not only for patients wishing to make appointments, but also through advances in medicine, treatment and technology.

Staff roles other than GPs are now being increasingly established at your local practice and this booklet is intended to explain these roles and their responsibilities, many of which are new to general practice.

## **New Roles in General Practice**

## **Active Signposting/Care Navigation**

When you contact your GP practice, a member of staff such as a receptionist may be trained as a sign poster/navigator. They may ask you to identify your query in order to support you to identify the best placed healthcare professional or service you will need to see to help you. This is to help patients to get the right service for their specific needs and to also assist the practice manage limited staff time as effectively as possible.



## **Training Hub**

Training Hubs provide the infrastructure for multi-professional training and education in primary care to support recruitment, retention and return of all staff groups. Training hubs bring together NHS organisations, community, local authorities and education providers to deliver a much broader education platform than the more traditional single approach.

In the Black Country and West Birmingham this will build on established local successes to develop new and existing programmes designed to sustain, retain and grow the primary care workforce and its skills, supporting the ambitions of the NHS Long Term Plan as well as meeting local workforce needs.

#### **General Practice Nurses (GPNs)**

Nurses working in General Practice are undertaking an ever-wider range of roles, with experienced nurses assuming more of the traditional workload of GPs. GPNs provide care and treatment for people from birth to end of life. General practice nurses work with their GP colleagues, other health professionals and practice staff as part of the extended primary care team.

Practice nurses are qualified nurses and will be involved in almost every aspect of patient care and treatment. They will look after patients with long-term diseases such as asthma and diabetes, offer health screening, as well as holding specialised clinics such as travel immunisations, baby immunisations, wound care, and women's health for smear tests and contraception advice.

GPNs are leading the way in improving the health and wellbeing of patients. Evidence shows these teams are saving lives through improving health and fitness, reducing obesity and decreasing rates of heart disease, cancer and diabetes.



## **Nursing Associates (NAs)**

The nursing associate is a new support role and registered profession in England that bridges the gap between healthcare support workers and registered nurses to deliver hands-on, person-centred care as part of the nursing team. Nursing associates work with people of all ages in a variety of settings in health and social care, including general practice.

The role was introduced in response to the Shape of Caring Review (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 healthcare assistants
- Enable nurses to focus on more complex clinical work
- Increase the supply of nurses by providing a progression route into graduate-level nursing

#### **Trainee Nursing Associate**

To become a registered nursing associate, individuals must pass a foundation degree awarded by a Nursing and Midwifery Council-approved provider, typically taken over two years. The programme includes both academic and work-based learning and prepares trainees to work with people of all ages and in a variety of settings in health and social care.

Trainee nurse associates can either:

- Earn while they learn as part of an apprenticeship programme or
- Apply direct to university

#### **Health Care Assistants (HCAs)**

Health care assistants (HCAs) are becoming increasingly important and prominent members of the general practice team. Many more practices are employing them to take on routine tasks that were previously undertaken by practice nurses. Appropriately trained HCAs can administer vaccines to patients in certain circumstances, and are a valuable part of the team, especially for example during the annual flu vaccination campaign.

Practices employing HCAs can bring benefits both to patients and to the practice workflow. These include more effective use of GPs' and nurses' skills and time, a reduction in waiting times, increased access to appointments, and increased continuity of care.



## **Physician Associates (PAs)**

A physician associate (PA) is a healthcare professional who, while not a doctor, works under the supervision of a doctor to deliver care and treatment with the general practice team. Physician associates are medically trained generalists capable of working with patients across a wide variety of conditions. This means they can diagnose and treat adults and children with a range of clinical problems.

Within general practice, qualified physician associates work to help take the pressure off doctors and provide patients, especially those with long-term conditions, the continuity of care they need. Some PAs will have their own patient list, which they will manage and look after. They are trained to diagnose problems, order tests, interpret test results, make referrals and make a treatment plan with a patient.

Physician associates have an increasing role to play in primary care as part of a multi-skilled workforce, alongside GPs, nurses, HCAs, advanced clinical practitioners and other allied health care professionals.

Physician associates can help manage some of the general practice workload to increase flexibility and availability of GPs.



#### **Clinical Pharmacist**

A clinical pharmacist is the person to see for expert advice around medicines. If a condition needs diagnosing, you will usually see a GP, advanced clinical practitioner (ACP) or physician associate (PA) first, who may then refer you onto a practice nurse or clinical pharmacist.

If you have a condition such as asthma, type 2 diabetes, arthritis or high blood pressure, a clinical pharmacist can discuss the medicines you're taking to make sure they're working for you. They can also help you with lifestyle changes to help you manage your condition better.

If you are experiencing side effects from your medicines, you and the clinical pharmacist can discuss this and work together to find a solution, such as changing your medicine or the dosage. If you are taking several different medicines, the clinical pharmacist can help make sure they are working well together.

If you are taking medicines over the long term, you should be seen for a review at least once a year. The clinical pharmacist can review all your medicines, discuss how they are working for you and carry out health checks, such as measuring your blood pressure. They can also arrange for you to have a blood test or other tests which may be needed.

If your medicines have been changed after a stay in hospital, the clinical pharmacist can help explain these changes and ensure you get the maximum benefit from these medicines.

If you are suffering from a common illness such as a cold, hay fever, diarrhoea or an eye infection, you may see the clinical pharmacist instead of your GP. The clinical pharmacist may be able to prescribe medicines to treat your condition. You will always be referred to a GP, ACP or PA if there is a need.



#### **Paramedics**

Paramedics are currently working within a variety of roles within some general practices to help ease pressure on GPs and the wider practice team, and it is expected that more will join the workforce in the next few years.

Their background in pre-hospital care means they can assess, examine, treat and manage patients of all age ranges with a variety of acute illnesses – those that come on quickly, from coughs, and injuries such as broken bones, to more serious conditions such asthma attacks and heart attacks – as well as chronic conditions, which are long-lasting, like arthritis and diabetes.

Paramedics working in primary care have, or are undertaking, additional education at postgraduate level. Patients may encounter paramedics in many general practice activities. This may include, but is not limited to, routine or urgent appointments, telephone triage (assessment of urgency of illness or injury) or telephone consultations, home visits, managing long-term conditions and coordinating the care of those patients who are at end of life. The roles of individual paramedics will vary depending on their experience and level of education, but they are capable as a profession in diagnosing, prescribing, referring to specialists, ordering tests, interpreting results and working with the patient and their family to create a care plan.

## **Physiotherapists**

Muscle and joint conditions, also known as musculoskeletal, are estimated to account for 20 – 30% of GP consultations. Research shows physiotherapists are the most expert professional group regarding musculoskeletal issues with the exception of orthopaedic consultants. They have the same high safety record as GPs and are trained to spot and act on 'red flags'. Physiotherapists working in general practice provide patients with expert diagnosis and treatment for these types of conditions and can prevent the need for referral to hospital.

By bringing physiotherapists into general practice, this puts physiotherapy expertise at the start of the patient's journey, at the place they are most likely to seek help first.

These physiotherapists can free up GP time by arranging swift access to a specialist where necessary and offer direct treatments. Some physiotherapists who hold advanced level training (advanced care practitioners) can manage complex conditions, arrange tests such as scans, diagnose problems, and work out a management and treatment plan such as joint injections that would previously have been organised by a GP.

## **Advanced Clinical Practitioners (ACPs)**

Across many of the new roles there are ACPs (sometimes called Medical Associate Professionals). ACPs are highly trained and experienced clinicians with the knowledge and skills to manage all aspects of patient care. ACPs have advanced qualifications (such as a Master's degree) and significant experience to work independently without direct guidance from a superior. ACPs work alongside GPs and other practice staff to provide care to both adults and children.

ACPs come from a range of professional backgrounds such as nursing, physiotherapy, pharmacy, paramedics and occupational therapy. Despite their wide range of background qualification, all ACPs will have completed similar training allowing them to practice at an advanced level.

ACPs can manage your care in partnership with you and your carers. They will listen to your concerns and work with you to make decisions and ensure you get the help you need. They can prescribe medication, order tests, interpret results, diagnose your health problems and organise and create an appropriate treatment plan. Some ACPs hold patient lists and sit on the leadership team for their practice and local NHS. These ACPs are working with others to develop care in response to the changing needs of different population groups.

ACPs are not a substitute for a doctor but as highly trained and skilled clinicians, they complement the medical workforce at the practice by meeting patients' needs and improving health.



#### **Pharmacy Technician**

General practices have started to employ pharmacy technicians to help them with a range of tasks that vary in complexity, from preparing repeat prescriptions to undertaking prescribing audits and helping patients get the best outcomes from taking their medicines.

Pharmacy technicians can become an important member of the practice team and support practices in the following areas:

- Ensuring accurate records of medication following discharge from hospital and liaising with patients to help their understanding of any changes
- Releasing pharmacist and GP time by resolving medication gueries with patients
- Acting as a point of contact with community pharmacies where usual medications are out of stock
- Looking for equivalent medication alternatives for patients with difficulty swallowing tablets
- Advising on cost-effective prescribing choices and avoiding medication waste

Pharmacy technicians may also give advice to patients on stopping smoking, and provide expertise on different treatment options for patients in a specialist area, such as mental health or general practice.

#### **Dietitians**

Dietitians are qualified and regulated healthcare professionals that assess, diagnose and treat dietary and nutritional problems at an individual and wider public health level.

They work with healthy and sick people in a variety of settings – this can involve working in the food industry, workplace, catering, education, sport and the media, as well as in primary care. Other care pathways include mental health, learning disabilities, community, acute settings and public health.

A dietitian often works as an integral member of a multi-disciplinary team to treat complex clinical conditions such as diabetes, food allergy and intolerance, irritable bowel syndrome, eating disorders, chronic fatigue, malnutrition, kidney failure and bowel disorders. They advise and influence food and health policy across the spectrum from government, to local communities and individuals.



## **Occupational Therapist**

Occupational therapists work with injured, ill or disabled patients through the therapeutic use of everyday activities. They help patients develop, recover and improve, as well as maintain the skills needed for daily living and working. The Royal College of Occupational Therapy adopted the key principle of best fit support, which means the patient should receive the right support, from the right person at the right time - to enable them to manage their health and social care needs. It is likely that this role will help support the following cohort of patients in particular:-

- Frail or older people who do not need services provided by hospitals but are at high risk of needing increased levels of support in the future (including possible hospital admission) if a proactive approach is not taken
- Those who are off work seeking fit notes or return to work support
- Adults with some non-acute mental health needs

#### **Podiatrist**

Podiatrists specialise in the foot, ankle and leg, leading the patient care through the whole journey including prevention, diagnosis and treatment. Podiatrists work in a variety of places and can work with a team of people including doctors, nurses and physiotherapists.

A Podiatrist's primary aim is to improve the mobility, independence and quality of life for their patients.

Podiatrists working in primary care can support patients with a wide range of conditions including Diabetes and Rheumatology as well as wound care.



#### **Care Co-ordinator**

Care Co-ordinators help people to manage their needs through answering queries, making and managing appointments, and ensuring that people have good quality written or verbal information to help them make choices about their care, supporting them to take up training and employment, and to access appropriate benefits where eligible.

Co-ordinators use a 'Patient Activation Measure' to support people to understand their level of knowledge, skills and confidence when engaging with their health and wellbeing and help patients to access self-management education courses, peer support or interventions that support them in their health and wellbeing.

Care Co-ordinators work closely and in partnership with other members of the primary health care team, in particular the Social Prescribing Link Workers and Health and Wellbeing Coaches. In conjunction with these other roles, Care Co-ordinators play an important role in supporting patients to use health services appropriately and effectively.

## **Health and Wellbeing Coach**

Health coaching is a partnership between health and care practitioners and people. It guides and prompts people to change their behaviour, so they can make healthcare choices based on what matters to them. It also supports them to become more active in their health and care.

Health and Wellbeing Coaches will manage and prioritise a caseload. They will coach and motivate patients through multiple sessions to identify their needs, set goals, and support patients to achieve their personalised health and care plan objectives. Where required, the Health and Wellbeing Coach will refer people back to other health professionals within the practice.

To become a Health and Wellbeing Coach, the practitioner must be enrolled in, undertaking or qualified from appropriate health coaching training, with the training delivered by a training organisation listed by the Personalised Care Institute (PCI). Health and Wellbeing Coaches adhere to a code of ethics and conduct in line with the NHS England and NHS Improvement Health Coaching Implementation and Quality Summary Guide.



## **Social Prescribing Link Workers**

Social prescribing involves helping patients to improve their health, wellbeing and welfare by connecting them to community services which might be run by the council or a local charity. For example, signposting people who have been diagnosed with dementia to local dementia support groups.

In general practice, social prescribers can take the time to talk about what matters to patients and support them to find suitable activities that are a better alternative to medication. They connect people to community groups and services for practical and emotional support.

#### **Mental Health Practitioner**

A significant amount of time within primary care is spent on people who have mental health needs. The time that is needed to address these needs can be significant, and it is often more appropriate for the patient to see a skilled professional with training in mental health issues than other members of the team.



#### **FAQs**

#### Will it be harder for me to see a doctor?

You will still be able to see a GP if it is most appropriate to see a doctor. Expanding the general practice workforce means that already stretched and busy GPs will have time freed up to see the patients who need them most. Expanding the workforce with greater diversity of roles is about ensuring patients are able to see the most appropriate healthcare professional for their need at the right place and time.

## Why is there a need for new roles at my GP practice?

There are a lot of real challenges recruiting new doctors into general practice and training takes a lot of time. There are also a lot of doctors and nurses ready to retire. By adding staff in your practice, or across a group of practices working together, there will be a wider range of highly trained health professionals available to see patients, offering the right clinical skills at the right time.

In addition, we are living longer and many of us live with complex health needs, creating increased demand on general practice which the additional workforce will help manage.

Your GP isn't always the best person to see. For example, if you have a question about your medication or side effects of your tablets a clinical pharmacist is the expert in this topic and can answer your questions, or a physiotherapist may the best person to see for musculoskeletal conditions.

#### Where can I find out more?

To find out more about whether your practice has the range of roles identified in this document please contact your GP practice or visit your practice website.





Email: SWBCCG.engagement@nhs.net

Tel: 0121 612 1447

NHS Dudley Clinical Commissioning Group
NHS Sandwell and West Birmingham Clinical Commissioning Group
NHS Walsall Clinical Commissioning Group
NHS Wolverhampton Clinical Commissioning Group