

Advancing Practice in Primary and Community Care North West Virtual Event

27th January 2021
Part 2



ADVANCED CLINICAL PRACTICE Nursing

Leading the way in General Practice

**BRIDGET KINGCOX
ADVANCED NURSE PRACTITIONER PARTNER
LANCASTER MEDICAL PRACTICE**

Origins of nurse practitioners

- ❖ Stilwell 1988 – introduction of advanced skills in primary care
- ❖ Roles began to develop in primary care in 1990's and 2000
- ❖ RCN - First formal training in early 1990's with development of competencies 2008, revised in 2010
- ❖ Universities developed programmes initially at diploma level but quickly developed to undergraduate and then masters level
- ❖ Masters level is now requisite for Advanced Level Practice

4 Pillars

In 2017 Leary, A.; Maclaine, K.; Trevatt, P.; Radford, M.; Punshon, G. identified 595 different titles to describe advanced and specialist nurse practice.

HEE published 'Multiprofessional Framework for Advanced Clinical Practice' for England in 2017 to provide a clearer definition of the role.

“Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision-making. This is underpinned by a masters level award or equivalent that encompasses the four pillars of:

clinical practice

leadership and management,

education

research

with demonstration of core capabilities and area specific clinical competence.”

Advanced nurses are the cutting edge of nursing innovation, and challenge the deep-seated traditions of health professions and organisations (Barton, Bevan and Mooney 2012)

Opportunities in General Practice

The evidence consistently shows that advanced nurses are able to provide safe and effective clinical care and achieve high levels of patient satisfaction. (Evans et al 2020)

Shortage of GP's creates a need to rethink traditional models of delivering primary care.

Other professionals joining- actively encouraged via PCN roles.

HEE Framework has ensured that we have consistent competency across clinical skills

But what next....

Leadership and transformation.....the realisation of our full potential is yet to come.

- AP's should be in leadership roles, acting as role models to others in the profession and beyond.
- Tendency for ANP's to concentrate on our clinical skills, as this is what has historically defined and separated us from other nurses.
- However we are and should be so much more...
- Advanced nurses are the cutting edge of nursing innovation, and challenge the deep-seated traditions of health professions and organisations (Barton, Bevan and Mooney 2012)

Key Areas of Leadership

- ⌘ Professional Identity
- ⌘ Strategy
- ⌘ Population Health
- ⌘ Recruitment and Retention
- ⌘ Education and Learning
- ⌘ Mentorship
- ⌘ Clinical Supervision

Partnership in General Practice and the advanced role

- ❀ General Practice Nursing is becoming more dynamic, the work force is expanding and we are being challenged and inspired as more and more nurses join us from different specialities and the newly qualified.
- ❀ ANP's should be at the forefront leading and inspiring.
- ❀ Partnership enables leadership and innovation within general practice
- ❀ It ensures a voice to the nursing and AHP work force, a recognition that General Practice is much more than GP's.
- ❀ I would encourage you to start knocking on doors, writing a partnership proposal, identifying the benefits you can bring to the organisation and to the rest of the team

References

- ❖ **Barton TD et al** (2012) Advanced nursing 1: the development of advanced nursing roles. *Nursing Times*; 108: 24, 18-20.
- ❖ **Evans, C.; Poku, B.; Pearce, R.; Eldridge, J.; Hendrick, P.; Knaggs, R.; McLuskey, J.; Tomczak, P.; Thow, R.; Harris, P.; et al.** Characterising the evidence base for advanced clinical practice in the UK: A scoping review protocol. *BMJ Open* **2020**
- ❖ **Health Education England.** Multi-Professional Framework for Advanced Clinical Practice in England; HealthEducation England: London, UK, 2017.
- ❖ **Leary, A.; Maclaine, K.; Trevatt, P.; Radford, M.; Punshon, G.** Variation in job titles within the nursing workforce. *J. Clin. Nurs.* **2017**, 26, 4945–4950

Paramedic Advanced Practice in Primary Care

**Lisa Horne, Clinical Lead and Advanced
Musculoskeletal Physiotherapy Practitioner**



First Contact Physiotherapy

Lisa Horne BHSc, MCSP, SRP

Clinical Lead and Advanced Musculoskeletal Physiotherapy Practitioner
(AMPP)- Musculoskeletal Clinical Assessment and Triage Service (MSKCATS)

MSKCATS – who are we?

- Team of 8 AMPPs (4.5 wte- Band 8a) and 4 Admin and Clerical (4wte- Band 3) staff
- Clinical Medical Lead- rheumatology consultant
- Based in Runcorn and Widnes in NW England
- Employed by Warrington and Halton Teaching Foundation Trust but we are commissioned by Halton CCG to run the service
- Each of the AMPPs have worked in MSK field of physiotherapy for 15 years +

MSKCATS- our initial journey

- 2005 -orthopaedic interface triage service started
- 2015- general review of the MSK pathway occurred in Halton with the CCG
- Review concluded- move the physio interface team to be first contact physios instead
- Took 2 years of planning, strategy, funding talks to get it off the ground.
- During these 2 years, the national direction of travel for FCP had begun and this helped us enormously

MSKCATS-First contact physiotherapy

- Service started in April 2017
- Hub model- 1 base in both towns not based in GP practices
- Self referral route for patients via telephone
- Initial model- patients were given a 15 min telephone triage appointment with an AMPP
- Signposted to most appropriate service from that appointment

First contact physiotherapy- Problems

- DEMAND underestimated +++
- High waiting times
- Patients mind set- want to see a GP first
- So not always a true First contact physio service
- GP colleagues not following same clinical pathways if they saw a patient
- Service has had to keep changing and adapting in response to needs- we look nothing like the service we launched on day 1!
- No further investment for service over the years- can only do so much with resources we have

First contact physiotherapy- Positives

- Time with patients- now have 30 mins appointment
- Patient satisfaction scores are always high
- Patients feel listened too
- Conversion rates to secondary care are high
- Patients get appropriate self management from the beginning and often don't need referring onwards
- More appropriate investigations
- Great links with our secondary care consultants- offering advice and guidance when we need it.
- Medical Clinical lead for service- weekly MDT to discuss patients
- Team- not isolated

MSKCATS- Our future

- PCNs and ARRS give us opportunity to get further resources into service.
- 2 PCNs in our area- Runcorn and Widnes
- Working with Runcorn PCN on 3 month trial
- Has allowed us to put 53 extra appointments into the service for Runcorn patients per week
- 2 weeks in- already reducing waiting time
- Trial staff are working 50/50 split between FCP and physio- so patient gets continuity of care if physio treatment is required.
- Reducing the waiting time for MSK physio also

MSKCATS- our future cont

- Current staff completing “The Roadmap to practice- for FCPs and APs”- to get all staff registered on the Centre for Advancing Practice
- More investment either from CCG or PCNs
- More staff in FCP clinics
- Remodelling of MSK service to reduce both FCP and physio waiting times
- Better relationships with the GPs if we stay in a hub model using link staff
- Look to do a combined approach of hub and practice working for FCPs

Would I recommend FCP?

- Absolutely yes
- MSK physios are highly skilled in diagnosing and managing MSK conditions
- It is what we train to do
- The standardisation of FCP competencies through “The Roadmap to Practice” will lead to a workforce of FCPs who are ready, willing and capable to work in Primary Care.

THANK YOU FOR LISTENING

lisa.horne1@nhs.net

10 Minute Break



Welcome Back

Apprenticeships Implementation

Gemma Hall - Apprenticeship Relationship Manager | North West

Developing people
for health and
healthcare

www.hee.nhs.uk



What is an Apprenticeship?

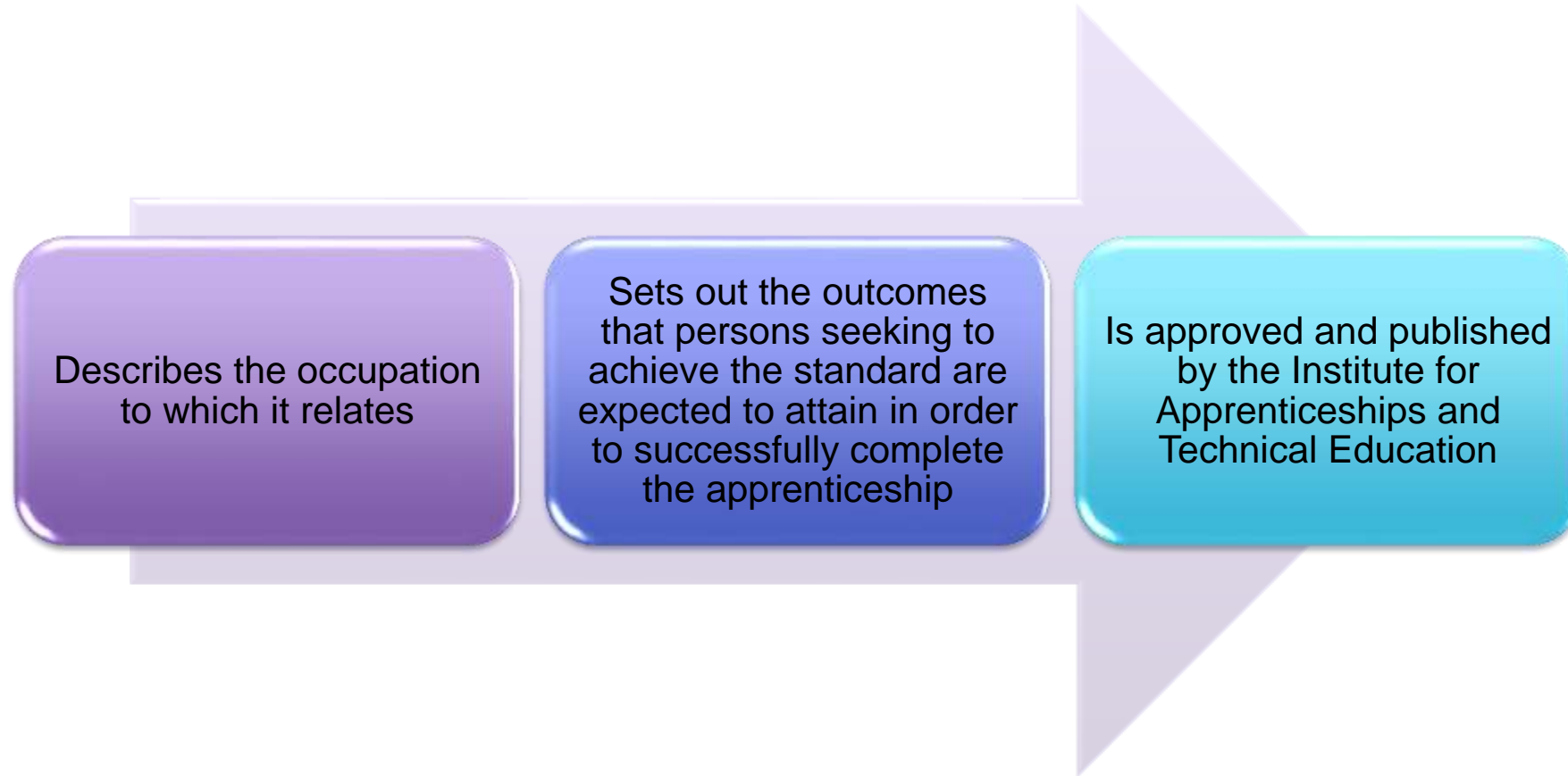
An apprenticeship is a job with training.

Apprentices will gain the technical knowledge, practical experience and wider skills and behaviours they need for their immediate job and future career.

The apprentice gains this through formal off-the-job training and the opportunity to practise these new skills in a real work environment.



An apprenticeship standard:



Advanced Clinical Practitioner Apprenticeship Standard

Advanced Clinical Practitioner (Degree)

Close X

This apprenticeship standard is approved for delivery

Advanced Clinical Practitioners are experienced clinicians who demonstrate expertise in their scope of practice. Advanced Clinical Practitioners manage defined episodes of clinical care independently, from beginning to end, providing care and treatment from the time an individual first presents through to the end of the episode, which may include admission, referral or discharge or care at home. They carry out their full range of duties in relation to individuals' physical and mental healthcare and in acute, primary, urgent and emergency settings (including hospitals, general practice, individuals' homes, schools and prisons, and in the public, independent, private and charity sectors). They combine expert clinical skills with research, education and clinical leadership within their scope of practice. Advanced Clinical Practitioners work innovatively on a one to one basis with individuals as well as part of a wider team. They work as part of the wider health and social care team and across traditional professional boundaries in health and social care.

Route: Health and Science

Pathway: Allied Health Professionals, Ambulance Service, Maternity, Nursing, Theatres

Funding £ (Max): 12,000

Reference: ST0564

Typical length: 36 months

Notes:

Level 7

Links:

- [News/updates](#)
- [Organisations involved](#)
- [Proposal submitted](#) (anonymised version)
- Advanced Clinical Practice in England – [Final report](#)
- [Standard snapshot](#)

Status: Approved for Delivery



1. Proposal Approved
2. Standard Approved
3. EPA Plan Approved
4. Funding Band Assigned
5. Training Provider Registered
6. EPAO Registered

STANDARD

ASSESSMENT

SEARCH PROVIDERS

REGISTERED EPAOs

Employer Responsibilities

Apprentice Recruitment

Who is your target audience?

- Existing workforce?
- New entrants?
- Or a mix?
- Entry requirements – maths and English

Job Role

- Must have a productive purpose
- Should provide the apprentice with the opportunity to embed and consolidate the knowledge, skills and behaviours gained through the apprenticeship

Responsibilities of the Employer

Pay, Terms and Conditions

- Ensure the apprentice has a suitable contract that covers the duration of their apprenticeship (including end point assessment).
- Pay the apprentice at least apprenticeship minimum wage - [click here for details](#) - the cost of the apprentice's wages must be met by the employer.
- NHS Trust / Local Authority – terms and conditions.
- SME's

Apprenticeship Funding

There are three ways to access funding to pay for apprenticeship training, this funding does not cover salary costs you will have to fund the apprentice's salary.

- 1. Apprenticeship Levy.** Employers with a pay bill over £3 million each year, pay the apprenticeship levy. Levy paying employers can spend their apprenticeship levy funding on apprenticeship training.
- 2. Reserve government co-investment.** If you don't pay the apprenticeship levy you can reserve funding, where the government pays 95% of the training costs and the employer pays the remaining 5%.
- 3. Levy Transfers.** Levy paying employers can transfer some of their annual levy to other employers. These transfers cover 100% of the training costs of the apprenticeship (you still need to cover salary).

What is the apprenticeship levy transfer?

- Levy-paying organisations can transfer up to a maximum of 25 per cent of the value of their annual levy fund to any other employer
- Transfers can only be used to pay for training and assessment for apprenticeship standards and only for **new apprenticeship starts** - this can include existing staff upskilling
- Transfers are managed through the apprenticeship service, with payments made monthly from the sending employer account into the receiving employer account
- Any employer wishing to receive and use any transferred funds must register and set up an account with the apprenticeship service, and have a signed agreement with the Education and Skills Funding Agency
- Training for the apprenticeship via will be paid in full (no co-investment)
- Employers can only use the transferred funds for apprenticeship training and assessment

Points to Note

- Levy transfers are not guaranteed
- Levy transfers **can not** be implemented retrospectively – they **must** be in place before the person begins their apprenticeship
- Each regions will have processes in place and different support mechanisms available to source and implement levy transfers
- For information about process(es) in operation in your region please speak to your Training HUB and / or Talent for Care Apprenticeships Relationship Manager

Reservation of Funds

- If a levy transfer is not preferred or available, SMEs can opt for reservation of funds
- You can only reserve for the current or a future month. The reserved funds cannot be used for apprenticeships that started before the reservation was made.
- You can only have a combination of up to 10 'active' or 'used' reservations at any time.
- You pay 5% towards the cost of training and assessing your apprentice. The government will pay the rest (95%) up to the funding band maximum.

Responsibilities of the Employer

Working hours



Working hours are the apprentice's paid hours, not including any overtime

Apprentices must complete their apprenticeship (including any training) during paid working hours

The apprentice must work enough hours each week so that they can undertake sufficient regular training and on-the-job activity

This is to ensure the apprentice is likely to successfully complete their apprenticeship

This includes English and maths if required

Off-the-Job Training and On-the-Job Training

Off-the-Job Training is a Statutory requirement.

Training which is received by the apprentice, during the apprentice's normal working hours (paid hours excluding overtime), for the purpose of achieving the knowledge, skills and behaviours of the apprenticeship

Apprentices must spend at least 20% of their working hours doing OTJ training.

It is not on-the-job training which is training received by the apprentice for the sole purpose of enabling the apprentice to perform the work for which they have been employed (training that does not specifically link to the knowledge, skills and behaviours set out in the apprenticeship).

Off-the-job training must be directly relevant to the apprenticeship.

The Paperwork

Commitment Statement

You must have a commitment statement, signed by you, the apprentice and the apprenticeship provider (before the apprenticeship starts and before the apprenticeship agreement is signed)

This is sometimes known as an individual learning plan and sets out the plan for the agreed training.

This should set out how all three parties (apprentice, employer, and main provider) will support the achievement of the apprenticeship (responsibilities for each party).

The Paperwork

Apprenticeship Agreement

An apprenticeship agreement must be signed at the start of the apprenticeship

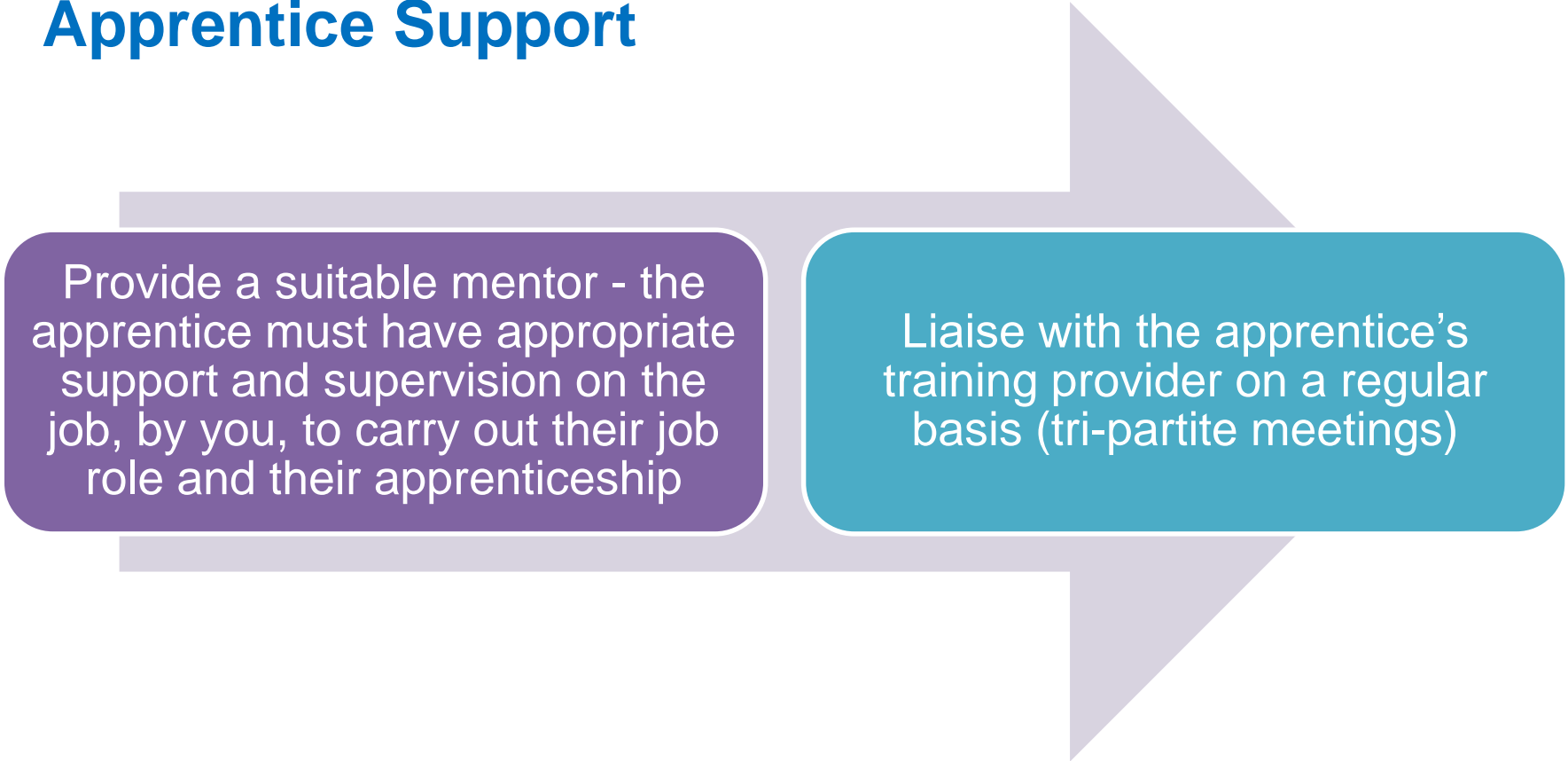
It is used to confirm individual employment arrangements between the apprentice and the employer and is a legal requirement

It must also include:

- the amount of time the apprentice will spend in off-the-job training
- the planned learning end date of the apprenticeship's practical period, called the final day

Responsibilities of the Employer

Apprentice Support



Provide a suitable mentor - the apprentice must have appropriate support and supervision on the job, by you, to carry out their job role and their apprenticeship

Liaise with the apprentice's training provider on a regular basis (tri-partite meetings)

Summary Checklist

- ✓ You have discussed and agreed within your organisation how you will employ and support your apprentice/s?
- ✓ You have identified how you wish to fund the apprenticeship. The options available are as follows – please identify which option you will be utilising:
 - ✓ Apprenticeship levy – contact your organisation apprenticeship lead to ensure there are sufficient funds available.
 - ✓ Reserve Government apprenticeship funding – set up a digital apprenticeship account, understand how to apply to reserve funding to cover the tuition element of the apprenticeship and are able to fund 5% of the total cost of the apprenticeship.
 - ✓ Levy transfer – source and confirmed a levy transfer. If you need support with this contact the Widening Participation Team on levytransfer.nw@hee.nhs.uk (or other support team e.g. Training HUB) to request a levy transfer to be sourced. Levy transfers **are not guaranteed** and **cannot be implemented retrospectively** – they must be in place before the person begins their apprenticeship. You must not enrol a member of staff onto an apprenticeship where a levy transfer is required without confirmation that a levy transfer is in place.
- ✓ You have identified your university provider and you understand the course content and the release time.
- ✓ You can commit as an organisation to enable sufficient time for the apprentice to complete their apprenticeship.
- ✓ You have identified who will be supported to complete the apprenticeship.
- ✓ The candidate will be employed with you.
- ✓ The candidate will have a suitable contract that covers the duration of their apprenticeship (including end point assessment).
- ✓ The candidate meets the entry criteria for the apprenticeship and the university programme (specific requirements for each University can be provided by the University - If you are unsure whether your candidate meets the entry requirements it is recommended to liaise with your chosen university to confirm).
- ✓ You will ensure that the apprentice works enough hours each week so that they can undertake sufficient regular training and on-the-job activity.
- ✓ You can and will cover the cost of the apprentice's wages.
- ✓ You will allow the apprentice time to complete their programme of study and allow them access to opportunities to enable them to develop through their job role.
- ✓ You will support the apprentice to complete their apprenticeship (including any training) during paid working hours.
- ✓ You will support the apprentice to complete the requisite off-the-job training.
- ✓ You will provide appropriate support and supervision on the job to the apprentice to enable them to carry out their job role and their apprenticeship.

Healthcare Apprenticeships Standards Online

NHS
Health Education England



<https://haso.skillsforhealth.org.uk>

Resources

- [Apprenticeships in Primary and Social Care Information Pack](#)
- [How do I pay for apprenticeship training?](#)
- [Apprenticeship Funding Toolkit](#)
- [How to reserve funding](#)
- [Apprenticeship funding in England From August 2020](#)

Thank You!

Getting in touch

Gemma.Hall@hee.nhs.uk

Talent for Care

talentforcare@hee.nhs.uk

Healthcare Apprenticeships Standards Online

<https://haso.skillsforhealth.org.uk>

Advancing Practice Expression of Interest Process 2021/22

Developing people
for health and
healthcare

www.hee.nhs.uk



Funding Summary

Course Pathway	Tuition fees	Salary contribution	Additional funding
Apprenticeship Pathway	Paid by: <ul style="list-style-type: none"> • Your organisation's apprenticeship levy • Government co-investment (95%) and your organisation (5%) • Levy transfer 	A total of £34K Monthly amount calculated pro rata according to programme duration Paid via the LDA or invoicing (for non-LDA organisations)	£2k per year (in £1K instalments for up to 3 years) Paid via the LDA or invoicing (for non-LDA organisations)
Fees Paid Pathway	Paid by HEE directly to the Education Provider	A total of £34K Monthly amount calculated pro rata according to programme duration Paid via the LDA or invoicing (for non-LDA organisations)	
Modular Top Up Pathway	Paid by HEE directly to the Education Provider	No salary support contribution	

Eol Process 2021-22

Month	Activity
Jan	Eol Process launched
Jan to Mar	Organisations submit electronic form, job description and person specification
Mar	Eol deadline 15 th March 2021
Mar to Apr	Eols reviewed and funding allocated
Apr	Places allocated to Education Providers
Apr	Education Providers informed of (and agree to) commissioned numbers
May	Organisations informed of outcome of funding decision
May to Aug	Organisations and Education Providers commence recruitment process
Aug	Organisations provide student details to HEE
Sep	New students commence autumn programmes
Feb	Salary support and tuition payments to be processed on/after 15 th February for Autumn starts

Electronic Form

To note for 2021/22:

- MS Forms
- Simplified 🎈 🎈 ☐
- Unable to save 😞 😞
- You will need to have read the [AP Principles 2021/22](#)

[AP Electronic Form 21/22](#)

Allocation of funding:

Stage	Criteria
1 st stage: Eol complete	<ol style="list-style-type: none">1) Completed electronic form2) Job description submitted quoting reference number3) Person Specification submitted quoting reference number
2 nd stage: Eol meets minimum standard	<ol style="list-style-type: none">1) JD reflects the four pillars of Advanced Clinical Practice:<ul style="list-style-type: none">• Clinical Practice• Leadership and Management• Education and• Research2) PS reflects the minimum requirements of a candidate to fulfil the AP role upon qualification, for example:<ul style="list-style-type: none">• Level of academic qualification• Level of professional experience
3 rd stage: Prioritisation of Eols (if required)	<p>For example:</p> <ul style="list-style-type: none">• Priority area or transformational role within organisation• STP workforce priorities

For further information or assistance

Cheshire & Merseyside:

cheshireandmerseysideworkforce@hee.nhs.uk

Greater Manchester:

gmworkforce@hee.nhs.uk

Lancashire & South Cumbria:

lancashire.southcumbriastp@hee.nhs.uk

Breakout Sessions

- This is a half hour event for each region and you can choose which region to enter
- Gain further information about the University Advancing Practice programmes
- You will be able to raise questions using the raised hand facility in these sessions.
- Each session will be recorded and shared
- [Cheshire and Merseyside](#)
- [Greater Manchester](#)
- [Lancashire and South Cumbria](#)

Summary and Close

- Thank you for today
- Recordings and questions / answers will be distributed
- Please complete survey
- Please consider applying for HEE funding!
- Training Hub contacts on final slide which we will leave up

North West Training Hub Contacts

Cheshire and Merseyside	
Katie Power, Training Hub Lead	katie.power@sthelensccg.nhs.uk
Trish Atkinson, Training Hub Lead	trish.atkinson@nhs.net
Main contact email	spinney.etpadmin@nhs.net
Greater Manchester	
Carol McRae, Greater Manchester Training Hub Strategic Business Manager	carolmcr@nhs.net
Main contact email	wbccg.gmth@nhs.net
Lancashire and South Cumbria	
Lauren Butler, Training Hub Lead	lauren.butler4@nhs.net
Main contact email	lsc.th@nhs.net