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*Creating new roles in health care:
lessons from the literature*



Creating new roles in healthcare: lessons from the literature

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Content



Current NHS context – nursing workforce



Introduction of the nursing associate role



Methodology



Seven key factors for best practice



Reflections 2 years on

Background



Workforce challenges are currently the biggest threat to the NHS (Kings Fund 2019)



NHS is the largest employer in England, 1.1 million full-time equivalent (FTE) staff in hospital and community services (NHS Digital 2018)



There is a shortage of qualified nurses, with 41,000 nurse vacancies/ one in eight posts vacant (NHS Improvement 2018)

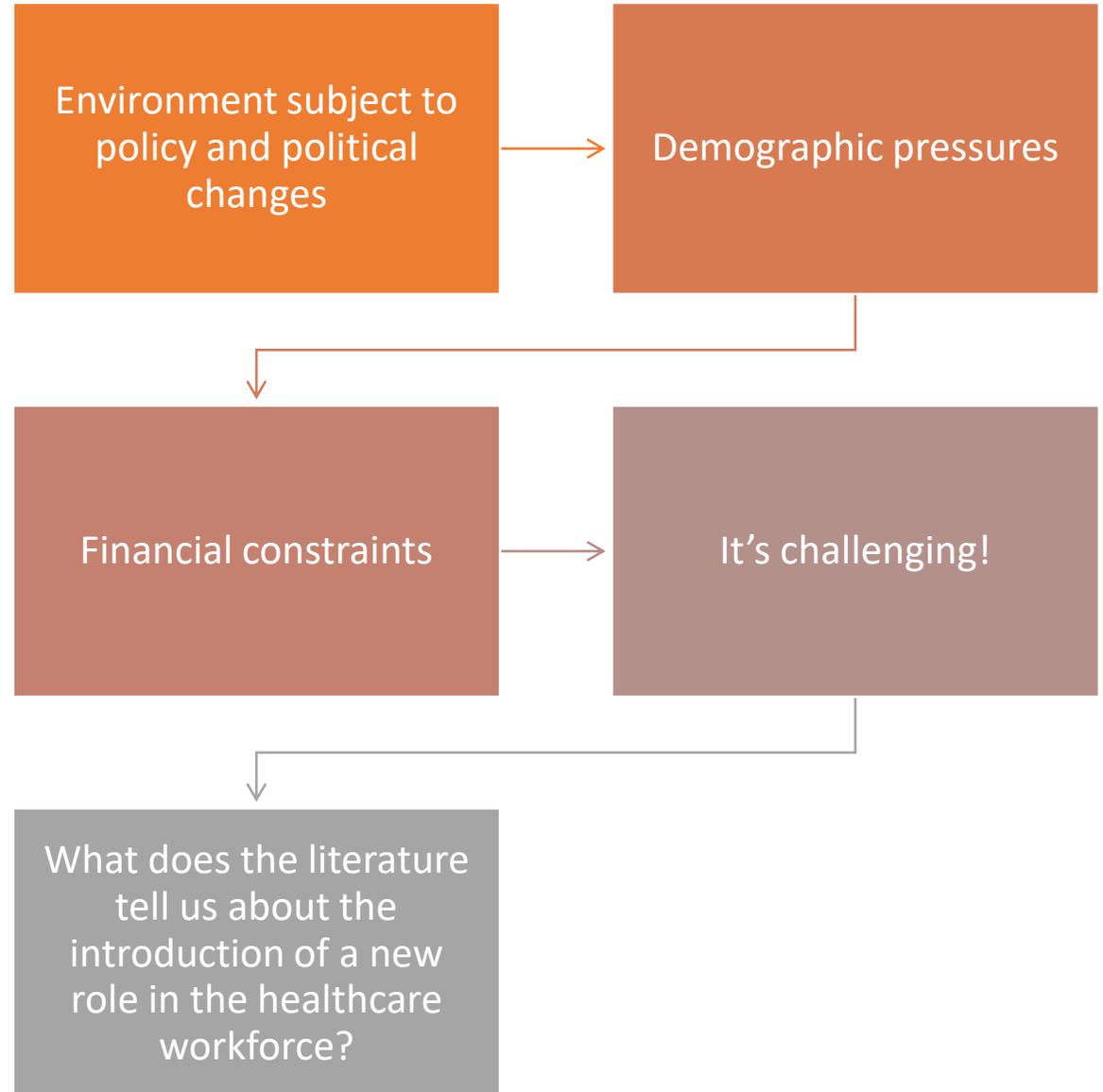


In 2019 the NHS Long Term Plan and Interim People Plan were published



In 2017 a new role, the Nursing Associate was introduced, bridging the gap between healthcare support workers and registered nurses

Work force transformation



Study Methodology - lessons from the literature

Inclusion Criteria

Articles written in English

Study set within healthcare

Content related to one or more of the following themes:

Introduction of a new role

Education required for a new role

Workforce or workforce design to meet service need

- Systematic literature review - empirical research and grey literature
- Medline and CINHAL databases
- Explicit inclusion criteria - 420 articles
- Post systematic review: 29 were analysed
- Thematic analysis use to Identify key themes
- Thematic analysis is an approach to qualitative data analysis that enables, capture significant factors, commonalities and conflicting views (Booth et al, 2016)
- Seven key factors identified for healthcare leaders to consider when introducing new roles into an existing workforce

Seven key factors



ROBUST
WORKFORCE
PLANNING;



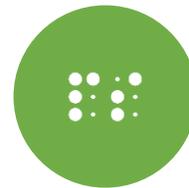
WELL-DEFINED
SCOPE OF
PRACTICE;



WIDE
CONSULTATION
& ENGAGEMENT
WITH
STAKEHOLDERS;



STRONG
LEADERSHIP;



AN EDUCATION
PROGRAMME
THAT MIRRORS
PATIENT NEED;



ADEQUATE
RESOURCES FOR
WORK-
BASED LEARNING;



SUPERVISION BY
A SKILLED
CLINICAL
EDUCATOR.

Nursing Associates

- Two reviews: Imison et al (2016) and Willis (2015) highlighted the need for the role
- Overarching aim of improving the capacity and capability of the NHS to care for patients
- 35 sites commenced in 2017 (2,000 trainees)
- Expanded rapidly target to commence 5,000 in 2018 and 7,500 in 2019
- The role was not initially regulated by the Nursing and Midwifery Council



Example from practice - introduction of NA role 2 years on

NURSING ASSOCIATE

STARTING PAY £21,089 AFTER TRAINING

A newly-qualified nursing associate will start on a salary of £21,089 outside of London (Band 4 Agenda for Change, January 2020) ^[1]

Nursing associates deliver **hands-on, person-centred** care as part of the **wider nursing team**. ^[2]

Nursing associates work with people of **all ages** and in a **variety of settings** in health and social care. ^[3]

1,488 nursing associates were registered with the NMC (Nursing and Midwifery Council) in 2019. ^[4]

Training
Training typically takes **two years**, including hands on experience in the **workplace** and learning in the **classroom**. ^[5]

Degree-level role
Trainees work towards a **foundation degree**, available by both apprenticeship and self-funded routes. ^[6]

What they do
Nursing associates undertake tasks like taking **blood pressure**, **dressing wounds** and **communicating with patients** about their condition. ^[7]

Where the role can lead
Nursing associates can go on to **train as a registered nurse** by doing a shortened nursing degree or nursing degree apprenticeship. ^[8]

'What they say'
"The **best thing** in my nursing associate journey has been getting feedback from my patients on the care I've given them, that they're really happy and it was a **great experience**." ^[9]
Caroline Marshall
(Nursing associate, London)

Facts and figures taken from: [1] <https://www.healthcareers.nhs.uk/working-health/working-nhs/nhs-pay-and-benefits/agenda-change-pay-rates> (from April 2019), [2] <https://nursing-associates.hee.nhs.uk/>, [3] <https://nursing-associates.hee.nhs.uk/about-the-role/>, [4] <https://www.nmc.org.uk/news/press-releases/nmc-register-data-september-2019/>, [5] <https://nursing-associates.hee.nhs.uk/>, [6] <https://www.healthcareers.nhs.uk/explore-roles/nursing/roles-nursing-nursing-associate/>, [7] <https://www.healthcareers.nhs.uk/explore-roles/nursing/roles-nursing-nursing-associate/>, [8] <https://nursing-associates.hee.nhs.uk/>, [9] <https://nursing-associates.hee.nhs.uk/case-studies/case-study-caroline/>

‘I have seen the positive impact nursing associates are having on patient care’ (Argar, 2020)

Nursing associates celebrated on one-year anniversary of role (Ford, 2020)

‘Let’s not blame nursing associates for the failings of the system that created them’ (Ford 2020)

‘The nursing associate role is misunderstood’ (Hickman 2020)

"If we had had an honest and open dialogue at the conception would there have been more understanding?" (Hickman 2020)



Are we still in the same cycle of introduction or do we need to consider growing and expansion of a new role?



To consider:-

- Regulation
- Evaluation / impact of the role
- Work force planning – numbers in role
- Governance and legislation
- Safe staffing ratios
- Patient experience
- Staff experience, retention
- Continuous professional development

Summary

- Introducing a new role needs to be a well thought-out process
- Workforce planning is robust, taking into consideration how the new role will fit in with existing services and workforce
- Scope of practice mirrors patient need
- Leadership is strong - change management methodology
- Time and money are adequate - resources include provision of a clinical educator

References



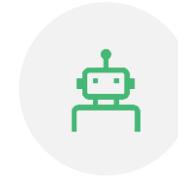
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