

# Employing a healthcare assistant

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## Practices commonly employ at least one healthcare assistant (HCA).

It's a relatively new role, but one many practices have come to rely on.

Used effectively and nurtured in the right way, an HCA's skills can contribute a great deal to the successful running of a practice in the changing landscape of primary care.

### What kind of services can an HCA deliver?

There are different levels of HCA, just as there are different grades of administrative staff.

Traditionally, an HCA would deal with low-level activity, supporting the nurse team with blood tests, blood pressure checks and health screening. However, there is a growing list of competencies that an HCA can gain to increase your income per patient contact. For example, HCAs can train to deliver smoking cessation and phlebotomy services.

So, your practice might employ an HCA who works mainly as a phlebotomist, freeing up a lot of time for higher-paid nurses to concentrate on more advanced tasks. They can become competent and expert blood takers, so much so that they may only need five-minute appointments. The result is improved performance and patient satisfaction.

Some non-traditional tasks and responsibilities that can be taken on by an HCA include:

- Performing and interpreting spirometry for patients with COPD.
- Managing QOF calls and recalls.
- Leading practice physical activity – walking, running or chair-based exercise.
- Delivering group consultations for patients with similar conditions, for example smoking cessation or weight management or a group of patients with pre-diabetes.
- Assisting with the training of other HCAs.
- Working with GPs in minor surgery clinics.
- Developing clinical audit functions.
- Management of stock and ordering equipment.

### Limitations to the HCA role

The Royal College of Nursing does not support HCAs delivering childhood vaccinations – this is because there is an element of decision-making, unlike the seasonal vaccinations for influenza and regular injections for vitamin deficiencies.

Cervical screening should only be undertaken by a person with a clinical background. This means HCAs cannot deliver this service, even with training.

However, an HCA could undertake the preliminary observations, like the health screening that accompanies women's health checks. This means the practice nurse is only needed for five minutes of the 15-minute appointment, freeing their time.

Being flexible and open-minded is key to maximising your HCA's effectiveness, but patient care and safety must be the primary concerns.

### **Defining the HCA role**

First, identify the kind of role you want to fill, by examining the types of appointments your existing nursing team is dealing with.

To do that, you could undertake a time and motion survey, or use the electronic appointment book to run a report on the amount of time patients are seen for particular consultations.

If an HCA could deliver those services efficiently at a lower hourly rate, they would be cost effective, enabling qualified nurses to see more complex patients and taking pressure off their GP colleagues.

It's also useful to explore how much time other practices in the area allocate for appointments. You could do this in a formal way with a questionnaire to all practice managers, work with your primary care network to achieve a standard time or simply make some phone calls to your colleagues.

For example:

1. One practice allocates 30 minutes with a nurse for an annual asthma review, at a cost of £12.50 for the nurse's time.
2. Another practice allocates 15 minutes with an HCA for the same consultation, at a cost of £2.50 for the HCA's time.

Consider whether the patient gets better care by seeing a practice nurse rather than an HCA, and whether this option would work in your practice.

Also consider whether an HCA can support GPs by performing basic observations before the patient goes in for their consultation. This type of function often falls within the scope of a GP assistant, but the two roles are effectively the same.

It's important to include the practice nurse – and other members of the nursing team if applicable – in designing the scope of the HCA role and drawing up the job description. This will help ensure you use everybody's skills appropriately.

One way to make sure the HCA meets the exact requirements of the role and the practice is to train your own. Many CCGs offer fundamental training in phlebotomy, ECGs and health checks, so it's worth exploring this option.

## Hiring a HCA

You may find that a member of your administrative team shows an interest in re-training as a HCA, or someone from your local hospital trust, care provider or nursing home might want to retrain or move into general practice. With work-life balance being important we may be able to add a more balanced shift pattern to those working in alternative settings.

The clinical skills can be taught, and lots of CCGs will offer supported training opportunities. More difficult to learn are the patient and communication skills that come instinctively to some, so these may need to be tested in interview.

A starting salary is dependent on local policy, but circa £10 an hour would be a reasonable place to begin negotiations.

## Training and development

All HCAs should complete the Care Certificate. This is a set of 15 minimum standards that anyone in a patient-facing role must reach. You can find out more at the [Skills for Care website](#).

Another option is apprenticeship training. This is a good way for existing or newly appointed staff of any age to train to a higher level and take on more responsibility.

Depending on the level of qualification the HCA achieves, they might be able to manage their own clinical caseload, giving even greater flexibility in the practice's skill mix.

## Risks and challenges

An HCA is not a registered professional, and as such, some practices and patients might have concerns about their remit.

Like all employees, HCAs must follow and adhere to their terms of employment, and only work under strict monitored guidance from a registered nurse or other healthcare professional. In addition, an HCA must only work within their competencies and receive formal clinical supervision.

How practices do this will vary, but as a minimum, the nurse leads must ensure they have trained and signed off each activity completed.

Remember that employers always accept liability for their employees and are accountable for the activities and errors of all staff.

## Integrating the HCA into the team

With appropriate planning, your newly appointed HCA should fit seamlessly into the practice.

HCAs have a foot in the nursing, clinical and administrative teams, so they can provide an important link to make all teams function better, sharing information, skills and support to all areas.

Therefore you should have a clear idea in advance of the type of person who would suit the practice, including their skills, attributes and work ethic. Personality is as important as experience and clinical training.

## Main points

- Employing an HCA is a cost-effective way to boost your workforce.
  - HCAs can support clinical staff and free up their time to provide care for complex patients.
  - Training is available to upskill HCAs so they can take on more responsibility.
  - As with other staff, make sure they only work within their competencies.
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