Response to Building capacity to care and capability to treat – a new team member for health and social care: consultation

This response is submitted by Unite. Unite is the UK's largest trade union with 1.5 million members across the private and public sectors. The union's members work in a range of industries including manufacturing, financial services, print, media, construction, transport, local government, education, health and not for profit sectors.
Unite represents in excess of 100,000 health sector workers. This includes eight professional associations - British Veterinary Union (BVU), College of Health Care Chaplains (CHCC), Community Practitioners and Health Visitors' Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Hospital Physicists Association (HPA), Medical Practitioners Union (MPU), Mental Health Nurses Association (MNHA), Society of Sexual Health Advisors (SSHA). Unite also represents members in occupations such as allied health professions, healthcare science, applied psychology, counselling and psychotherapy, dental professions, audiology, optometry, building trades, estates, craft and maintenance, administration, ICT, support services and ambulance services.
Unite has 80,000 members in Local Authorities and represents members in social work, social care, housing, schools, waste and refuse, craft and maintenance.

Question 1

***What are the most important issues that need to be addressed in deciding whether to establish a new care role working between a Care Assistant with a care Certificate and a registered Nurse*?**

It is important that this role would be a national standard, so that staff could move easily from one job to another. As there will be a cost associated with training, and these workers will be poorly paid, we think that employers should be responsible for this. In order to maintain standards and encourage those who wish to develop further then a national structured appraisal system should be put in place.

We cannot agree with the proposal (4.6) that those in this new role would demonstrate an understanding of care needs encompassing physiological, psychosocial, developmental, sociocultural and spiritual needs from pre-conception to end of life. This would be an unrealistic expectation for any professional expected to have more very a superficial level of knowledge in such a wide field(?)

As a minimum, there would have to be different senior care assistants with backgrounds in maternity, child& adolescent, mental health, learning disability and general adult fields. There could be a basic background introduction and then these would be learnt in the workplace 'on the job' using skills and competencies.

We would suggest that there is a limit to the number of staff which a registered nurse would be expected to delegate to as failure to do so appropriately puts their registration at risk.

Question 2

What contribution to patient care do you think such a role would have across different care settings?

Sensible trained practical workers will always be valued in any care setting. Some areas, such as mental health, have already developed this role: *Support Time Recovery Workers* and we could imagine similar roles to:

support patients in the community with dementia,

support people pre and post-surgery

support effective discharge from hospital by working directly in the home for a limited time

working with home support teams to prevent avoidable admission to care home or hospital

Question 3

Do you have any comments on the proposed principles of practice?

There is a contradiction in the proposal for a senior care assistant who is expected to ensure safe, high quality care and yet is expected to work across a range of population groups and conditions. At each change of service area, the member of staff reverts to a 'novice' stage until acquiring the competencies and skills for working in that area. Consequently, there must be an acceptance of this fact and an essential preceptorship arrangement in each new job.

Question 4

Do you have any comments on the aspects of service the prosed role would cover?

We understand employers' requirement that this practitioner should have a 'portable skill set to enable care provision across health and care settings'. However this also requires senior and qualified staff in both those areas to work in a similar fashion, using the same terminology and measuring the same outputs because otherwise these proposed staff will soon become disillusioned and confused.

We welcome non-traditional routes into the graduate profession of nursing and would expect any APEL (accreditation of prior learning) to be managed by the universities.

Question 5

Do you have any comments on the proposed list of knowledge this role requires?

As mentioned elsewhere, we cannot agree that anyone could possibly be expected to acquire all the skills of direct care from pre- conception to end of life. Supporting a child with their feeding or continence is different to supporting an elderly person with their feeding or continence. However, this worker could be trained in some basic skills in each setting; eg communication, working with sensory deprived people; health literacy, the difference in working in care homes, hospitals and patients own homes; understanding of roles of care partners; the difference between advocacy and care; careful observation and reporting of patient's clinical condition, moods and behaviours; recognising informed consent.

Question 6

What do you think the title of this role should be?

Where there is the word 'nurse' in the title, there is a danger of misleading the public into assuming that they are dealing with a qualified nurse. If these staff are to work flexibly across health and social care, then would the word 'nurse' in the title be restrictive?

As this consultation describes an enhanced care assistant role, then the title should reflect that: Senior care assistant.

The title 'associate nurse' presumes that this person belongs to an association of nurses, which is not true. Also, pity the poor elderly patient who comes into contact with several healthcare agencies who would be expected to understand the difference between: care assistant, associate nurse, nurse practitioner, associate practitioner etc. As a title is meant to convey a message then it should be kept simple.

Question 7

Please comment on what regulation or oversight is required for this role and which body should be responsible

If this role is at band 3 then all aspects of care will have been delegated by a registered nurse and although we would support regulation of senior care assistants, we are aware that there is no current capacity in the NMC or HCPC. Consequently, employers would need to accept responsibility for quality standards for public protection.

If however, the role is more autonomous and at band 4 then we support regulation by the Nursing and Midwifery Council. This would however be very expensive for low paid staff as they would have the same risk profile as higher paid staff, and so their fees and associated costs would need to be paid by their employer.

Question 8

The consultation would welcome any further views.

Our members would welcome a senior care assistant equipped with national standard qualifications to help with caring, hands on nursing duties, as this career development role might lead to less reliance on agency staff who are unfamiliar with the working environment. However we are unaware of any evaluation yet of those staff who have completed the care certificate course.

Unite in Health is surprised by the apparent contradiction in this consultation which proposes a new intermediate care role 'between the role of a care assistant with a care certificate and a graduate nurse'. Our assumption was that this role would be a stronger 'nurse assistant/associate practitioner' role at agenda for change band 4, rather than Health Education England's suggestion of band 3 which is currently a senior healthcare assistant.

https://www.healthcareers.nhs.uk/sites/default/files/medium_spotlight_images/NHS%20career%20framework.jpg

We note that on the agenda for change job profiles there is a role for nurse associate practitioner, (acute) at band 4 and suggest that this proposed role should be developed as Nurs**ing** Associate at band 4 AfC across community, mental health etc.

We remind the government that there are other specific roles at AfC band 4. Community nursery nurses already work on their own with families at an advanced level of skills and competencies carrying out tasks delegated by health visitors or qualified school nurses.

We are concerned that although this proposed role is meant to act as career development, the removal of student bursaries will mean that many promising nurses, particularly those with caring responsibilities will be unable to take on the financial commitment of a student loan to undertake training as a registered nurse. There is potential for increased diversity in the workforce which could be accompanied by a new glass ceiling. We consider it a mistake at this time to remove the bursary system, and think that the supply of registered nurses could be increased slightly by allowing those universities who have the capacity to allow a few extra students onto their courses via a student loan scheme in addition to those numbers currently agreed by the bursary scheme.

We note that there is ample research to show that patient outcomes are improved and hospital stays reduced where there is no shortage of qualified nurses and would expect the government to understand that this proposed role is a robust addition to band 3 or 4 but in no way replaces registered nurses.

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