Introducing PAs into an Acute Trust

The SASH experience

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Drivers for change:

Nationally
• EWTD and junior doctor working hours
• Reduced pool from overseas
• Overspend on locums
• Less than full time working
• 7 day service provision
• Quality and safety agenda

Locally
• Increasing medical admissions
• Expansion of beds
• Reconfiguration of rota
• Ward continuity concerns...
• PA students already....
What were the options?

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<thead>
<tr>
<th>Options</th>
<th>Pro’s</th>
<th>Con’s</th>
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<tbody>
<tr>
<td>Doctors</td>
<td>Roles limited to experience</td>
<td>Cost</td>
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<tr>
<td></td>
<td></td>
<td>Availability</td>
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<tr>
<td></td>
<td></td>
<td>Locum quality/suitability</td>
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<td></td>
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<td>Longer term relationship not built</td>
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<td>Advanced nurse practitioner</td>
<td>Established ward presence</td>
<td>Most ANPs not trained to do the ward job</td>
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<td>Permanent member of staff</td>
<td>Nursing focus</td>
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<td>Great extended skills</td>
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<td>Physician associates</td>
<td>Trained in medical model and to their role</td>
<td>Cost- similar to doctors</td>
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<td>Permanent member of staff</td>
<td>CPD requirement- time and money</td>
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<td>Continuity on ward for patients/staff/carers</td>
<td>Unable to prescribe/order ionising radiological tests</td>
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<td>Flexible role</td>
<td>(currently)</td>
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<td></td>
<td>Holistic practitioners</td>
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Why a *team* of PAs?

- Better role awareness - building the brand
- Recruitment process
- It had worked elsewhere
- Peer support
- Would allow us to deliver training and development in house
AMU job plan

- 37.5hrs over 4 days
- Extended day each week
- Extra AMU activity according to PDP

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<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>8am</td>
<td>Dr P WR</td>
<td>Audit</td>
<td>Dr P WR</td>
<td>Dr M WR</td>
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<tr>
<td>10am</td>
<td>Ward work</td>
<td>Ambulatory</td>
<td>Ward work</td>
<td>Ward work</td>
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<td>2pm</td>
<td>PA teaching</td>
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<td>Acute assessment</td>
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<td>5pm</td>
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<td>7pm</td>
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What do the other PAs do?

- Each PA has sessions in acute medicine
- Geriatrics-CGA assessments, OPALS assessments, ward rounds, cognitive assessments, on call duties as above
- Orthogeriatrics-NOF# bleep carrier, ward reviews, post op reviews, falls clinic to come
- Respiratory-PE pathways, acute respiratory admissions, NIV round
- Cardiology-ETT’s, angio sessions, ward duties, day case mx
- Endocrine- wards based, specialty clinics
Pre-employment survey- only 55% had an understanding of the role

Post employment survey-
Junior doctors felt PAs improved in patient experience, continuity, team working, patient safety and quality of care.

Nursing staff highlighted the PAs’ communication skills and flexibility.

Consultants perceived a reduction in stress levels within their team and also praised the PAs’ enthusiasm and attention to detail.

Lesson learnt- prepare the ground!
Appointment process:

• Make your post attractive!

• Advertisement- ensure the job specification is clear

• Insist on MVR and UKAPA membership

• Appointment using medical staffing vs HR

• Pre-meet very useful to gain understanding of the person

• Interviews- 30 mins, ideally PA on panel

• Questions about motivation for position useful, clinical scenario, 5 year plan
Why does it work at SASH?

• 100% CEO and executive support
• Employing a team of PAs
• Positive PR work!
• PA students
• We employ only those with PG Dip in PA studies
• We employ PAs to be PAs
• Close work with UKAPA

• Development of PAs- PDP, Appraisal, study budget, role development
Governance

- Trust board
- Workforce committee
- Line manager
- PA tutor

- Moves toward faculty within PGEC
Governance

• Trust indemnity
• MDU/MPS used for primary care
• Can not prescribe
• Can not order ionising radiation
• Regulation may change this...

• Can develop extended skills eg chest drains, ascetic taps, lumbar punctures

• Use similar system of competency assessment (DOPS x 10), demonstration of continued competence
• Close clinical supervision 3 month, 6 month and yearly reviews
PA development

Training and development

- £500 study budget per annum
- Study leave allocation
- Support for professional leave (UKAPA/St George’s)
- Weekly dedicated PA teaching (mapped to recertification requirements)
- PDP each year and appraisal
- Audit/QIP
- External conferences
A word of caution...

- PAs are not a miracle cure
- They do not replace the need for medical staff
- Quality agenda not cost saving
- The changes needed to expand PA workforce will not happen overnight
- We need to be careful in making this culture change
- Negative press due to lack of knowledge

“NHS patients to be seen by ‘doctors on the cheap’”

“Unlicensed doctors to ease NHS workload”
NHS leadership team- Dr Nick Jenkins (@drnickjenkins)

- Programme to meet demand for PAs
- Will allow increased PA courses to start
- Recruit 200 US trained PAs on temporary basis
- Hillingdon NHS Trust to co-ordinate coordinate recruitment and visas
- Place PAs in groups to different ‘Host’ Trusts supported by regional LETB’s
- Looking for LETB/Trusts to host
- AHSN evaluation
Timeline

• Advertisement in US- Nov
• Recruitment- Dec/Jan
• NHS induction Feb
• Ready to start March/April 2015
• 1-2 yr contracts
• Buddy system to UK PAs
What will make it work in the future?

National change

1) Regulation of the profession - please push DoH!
2) Royal College of Physicians faculty
3) GMC involvement
4) Continued alignment of PA training programmes
5) Post graduate education and appraisal
6) Career progression and move away from Agenda for Change pay system

Culture change

1) Employing PAs to be PAs
2) Employing a cohort of PAs
3) Commit to develop the role of PA and offer them career progression
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-NHS leadership programme
-nick.Jenkins@nhs.net or @DrNickJenkins


-http://rila.co.uk/issues/full/download/33eb3f2adc9dddea6e18b2d294b602ff287419.pdf