The introduction of a healthcare assistant to help doctors during on-call work at night at the Bradford Royal Infirmary (BRI)

Henna Anwar, Selena Dixon, Jonathan Walker

Background and Aim

The Royal College of Physicians (RCP) recognises that an overstretched workforce could seriously compromise patient safety[1]. We hoped that by devolution of routine clinical tasks, we could reduce pressures faced by junior doctors and free more time for complex or urgent patient reviews. The aim of this project was to ascertain whether implementation of a healthcare assistant (HCA) to help doctors on medical on-call shifts would improve patient care, doctors' morale and working conditions.

Method

An anonymous survey was undertaken, asking about experiences during medical on-call shifts. 20 surveys were returned, from which responses were collated and presented to the Medical Directorate. Following initial results, we introduced clinical support from an HCA to help with routine tasks on medical ward cover at night. We followed this with another survey to gain feedback about the intervention and determine if this could continue as a permanent feature. There was space available for free text comments if respondents wished to give detailed feedback.

Results

Most respondents agreed there is adequate cover on weekdays on the Acute Medical Unit (AMU). Only 10% respondents felt on-call cover for weekends on AMU was adequate. For medical ward cover at night, no-one answered 'Agree' or 'Strongly Agree' to having adequate cover and 85% selected 'Strongly disagree'. Strikingly, only 10% respondents said they would recommend working in Medicine at BRI to friends or colleagues.

Examples of free text comments:

- "A hospital at night team, or an FY3, would make medical nights much more manageable and safer. Covering 6 wards, CCU, ARCU and all medical sleep outs alone is too much for one person, and at times dangerous. Cannulas, fluid prescriptions and bloods often get delayed whilst you deal with unwell patients."

- "In my previous trust we had a hospital at night nurse who was able to do bloods, difficult cannulas, prescribe basic analgesia/IV fluids, review patients post falls. She was dedicated to wards at night, and would not be taken off for any other nursing duties. That way as a doctor you had more time to attend to the sick patients/crterking patients."

Results following implementation

14 responses were received to a follow-on survey. Respondents unanimously agreed that the intervention improved workload, time for patient care and enjoyment of the job. A night HCA is now in place for medical ward cover at night and on AMU during weekend days.

Feedback from HCAs themselves has been positive and we plan to replicate this work in other specialty areas of the trust.

Conclusion

It is evident from feedback received that the introduction of an HCA to help with routine tasks during on-call work has been successful. This was a simple and practical measure to help reduce pressure on the junior doctor workforce at BRI, with direct implications on patient care. Further work needs to be done to improve doctors' morale and working conditions so they can provide the best, most effective care for patients.

We believe introducing similar interventions is easily achievable in other trusts and would encourage collaboration and innovation to lessen the burden and challenges of medical training on doctors. The NHS pressures ahead may seem insurmountable, but with a few small steps we can do much to ensure that our medical workforce feels valued.

References

1) Royal College of Physicians. Being a junior doctor: Experiences from the front line of the NHS, 2016