City Research Online

City, University of London Institutional Repository

Citation: Bickerton, J., Loudon, C, Berry, T., Abbott, S., Bryar, R., Davies, H., Hostettler, M., Lack, V., Lee, B. & Procter, S. (2004). Scoping education needs and provision for walk-in-centres in North East London. London, UK: City University London.

This is the unspecified version of the paper.

This version of the publication may differ from the final published version.

Permanent repository link: https://city-test.eprints-hosting.org/id/eprint/428/

Link to published version:

Copyright: City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

Reuse: Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

City Research Online: http://openaccess.city.ac.uk/ publications@city.ac.uk

SCOPING EDUCATION NEEDS AND PROVISION FOR WALK-IN-CENTRES IN NORTH EAST LONDON

Public Health and Primary Care Unit,
St Bartholomew School of Nursing and Midwifery,
City University, London
North East London Strategic Health Authority

Contents

Contributors

Executive Summary 3

Summary Report 7

The Report 13

Aims and Objectives of the Report..... 15

Aim

Objectives

Timeline

Phase One

Phase Two

Phase Three

Phase One..... 17

Methodology

Interviews

Findings

Staffing

Education and clinical backgrounds of nurses recruited to WiCs in NE London

Discussion of the Findings

Gaps and issues of concern related to the provision of education and training identified by nurses in WiCs

Phase Two..... 21

Methodology

Identifying a skills template

Mapping the education and training available

Longer courses with relevance to WiCs

The Team Portfolio

Recommended changes to educational provision

Phase Three **40**

Conclusions **42**

References **43**

Appendices

Appendix One: Knowledge and Skills Framework (KSF) Development Review Process

Appendix Two: The Core and Specific Dimensions of the KSF

Appendix Three: Agenda for Change Job Evaluation Factors

Appendix Four: Literature Review

Appendix Five: Educational Providers Addresses, NELSHA Trusts and PCTs Universities and Independent Companies

Appendix Six: Synopsis: Practical Application of the Knowledge and Skills Framework

Diagrams and Tables

Study Timeline

Table 1: Profile of Walk-in-Centres in NE London April/May 2004

Table 2: Skills and Courses Accessed by WiC Nurses to Acquire Core Skills

Table 3: Guidance Template for Service and Staff Development for the WiC Team Portfolio - Existing Courses and Knowledge and Skills Framework

Contributors

North East London Strategic Health Authority:

Caroline Loudon, Theresa Berry

Public Health and Primary Care Unit,

St Bartholomew School of Nursing and Midwifery, City University:

Stephen Abbott, Jane Bickerton, Rosamund Bryar, Helen Davies, Marcus Hostettler, Vicky Lack, Benedict Lee, Susan Procter

December 2004

Executive Summary

1. The success of NE London Strategic Health Authority in securing funding from government for additional Walk-in-Centres in the Sector led to the commissioning of this Report.

2. The aim of the Report is to: scope the nursing and non-registered workforce education and training needs for the new Walk-in-Centres (WiCs) that are being established in North East London. The means for delivering the education requirements will need to be identified and recommendations made regarding education providers and the programmes delivered.

3. The Report was undertaken in three phases: Phase One – interviews with leads and staff in the six WiCs in the sector to identify education and training needs; Phase Two – identification of a competency and skills framework (Department of Health WiC Team Portfolio Template) against which education and training available from a range of providers (HEIs and NHS) was mapped and gaps in provision identified. Phase Three provides an outline Action Plan for implementation of the findings of this Report.

At the time of data collection for the first phase of the Report two WiCs were established in NE London (Whitechapel WiC and Newham WiC). Four more were planned (Homerton, City and Hackney; Redbridge, King George's; Barking; Whipps Cross) and were in various stages of development. Interviews with existing clinical staff in WiCs revealed that staff recruited to WiCs have a wide and varied range of clinical experience, skills and competencies. However no consistent framework was being used to either identify the types and levels of skills and competencies required to work in a WiC or to identify the educational needs of the individual staff member or of the team to meet these competencies. During the course of the project the Department of Health published: *Guidance Template for Service and Staff Development for the WiC Team Portfolio* (DH, 2004) and this was used as the competency and skills framework to map educational provision and training needs in NE London.

The mapping of educational provision in NE London demonstrated that there was a wide range of relevant courses available in the area. However, availability does not equate to access; for example, access to courses run by some NHS bodies may not be readily available to colleagues in other NHS Trusts or PCTs; courses in some HEIs are less available to staff in some PCTs than in others. In addition, due to the lack of evidence of any common skills and competency framework amongst educational providers it is not possible to know to what extent the courses available will actually enable WiC to meet their skills and competency targets.

The *Guidance Template for service and staff development for WiC Team portfolio* (DH, 2004) combined with the NHS Knowledge and Skills Framework (DH, 2003a) as set out in the report in Table 3 provides a methodology for WiCs to identify the raise of competencies required by the WiC team to

inform education and learning requirementsof their staff and the educational opportunities available to them. This needs to be combined with information from PCT Public Health departments on the needs of the local population to ensure that each local WiC is developing a team of staff who can meet the specific needs of that population in addition to the shared needs set out in the *Guidance Template.* With regard to relevant educational provision WiCs need to be provided with a real time resource that provides information on course availability; content and outcomes; dates and times of the provision; method of enrolling on the programme, etc. as the information on educational provision collated in this report is only correct as of September 2004.

Key Recommendations:

To consider

- That each WiC uses the Guidance Template for Service and Staff Development for the WiC Team Portfolio in combination with the Individual Performance Review to identify educational and training needs of staff from both an individual and team perspective.

- That each WiC makes use of information from their PCT Public Health Department with audit information from the WiC to identify the main health needs of the local population and the main health needs individuals are bringing to the WiC.

- That each WiC identifies current learning opportunities through reference to Table 3 in this Report and obtains further information regarding the learning available through contacting the provider using the information provided in Appendix 5 in this report.

- Appointment of a clinical facilitator to work across WiCs with WiCs leads to support the use of the *Guidance Template,* application of learning to practice, practitioner's completion of Work Based Learning modules and ensuring common standards of practice in each WiC. The following commissioning strategies for the facilitator post were identified:
    - The NELSHA WDD negotiate a WiC facilitator post as part of the HEI contract
    - The Teaching PCT pump prime the post
    - HEI providers develop the post as part of an academic / practice career pathway through their staff development activity.

- Assessment of the education and training needs of new staff through the routine annual appraisals. Various modules are provided by universities that could assist with this.

- Utilisation of the Guidance for service and staff Development (see Table 3) Template to inform recruitment strategies needed as new WiCs are commissioned.

- Establishment of a regular meeting for educationalists and practice representatives to ensure the development of relevant learning opportunities, to reduce duplication of provision and ensure that education is available to meet current and emerging skills needs.

- Exploration of the accreditation of in-house Trust and PCT courses by HEIs to enable these courses to be accessed by staff from outside the providing Trust/PCT.

- Use of the *Guidance Template* and NHS Knowledge and Skills Framework (KSF) by all educational providers would enable a shared approach to educational provision from educational providers.

- Consideration of how staff can best be released for training and also given time to consolidate learning.

- Examination of delivery of education provision to meet the needs of staff in WiCs and exploration of the use of new technologies to deliver learning opportunities

- Exploration of the methodology used in compiling this Report in relation to the commissioning of education

Conclusion

The rapid expansion of WiCs in NE London creates opportunities to improve access to health care for the local population. WiCs will however, create high demand for suitably qualified staff. In the early years these staff may not be as numerous as required. A staff development strategy is required with staged evolution of the services provided by WiCs to ensure that the supply of a competent and skilled workforce keeps pace with demand.

Summary Report

1. The success of NE London Strategic Health Authority in securing funding from government for additional Walk-in-Centres in the Sector led to the commissioning of this Report.

2. The aim of the Report is to: scope the nursing and non-registered workforce education and training needs for the new Walk-in-Centres (WiCs) that are being established in North East London. The means for delivering the education requirements will need to be identified and recommendations made regarding education providers and the programmes delivered.

3. The Report was undertaken in three phases: Phase One – interviews with leads and staff in the six WiCs in the sector to identify education and training needs; Phase Two – identification of a competency and skills framework (Department of Health WiC Team Portfolio Template) against which education and training available from a range of providers (HEIs and NHS) was mapped and gaps in provision identified. Phase Three provides an outline Action Plan for implementation of the findings of this Report.

Phase One

4. *Objective 1: Identify the staffing establishments and skill mix for each WiC in the context of the aspirations of the WiC in terms of service development.* All the WiCs had clear staffing plans which included senior clinical nursing staff: nurse practitioners, nurses consultant, emergency nurse practitioners and other H and G grade appointments.

   Only one WiC had or anticipated having health care assistant (HCA) appointments.

   The two established WiCs (in Newham and at Whitechapel, Tower Hamlets) had experienced considerable staff turnover with the opportunities provided to experienced staff by the opening of the new WiCs. This effect may be anticipated as further WiCs are commissioned in the Sector.

5. *Objective 2: Identify the current key roles and the types and levels of competencies required for these roles.* The staff interviewed in the existing WiCs and those planning the proposed WiCs identified key skill areas as: first assessment; management of minor injuries and minor illness, and prescribing using patient group directives as important for staff in the WiCs.

   Staff working in and being appointed to the WiCs had a wide range of clinical experience including experience in A&E, other WiCs, practice nursing and secondary care settings.

While each of the WiCs had a list of skills and competencies relating to different grades of staff, used to make appointments and in the two established WiCs to undertake appraisals, it appeared that across the WiCs, no consistent framework was being used to either identify the types and levels of skills and competencies required to work in a WiC or to identify the educational needs of the individual staff member or of the team to meet these competencies. Skills and competencies in relation to the particular needs of the population served by the WiC did not appear to be reflected in the general skills and competencies identified by the WiCs. The main concern identified by the staff in relation to educational provision was the difficulties they experienced in obtaining adequate staff cover for the WiCs to enable them to take study leave to attend courses.

Phase Two

6. *Objective 3: Identify a competency and skills framework for nursing and non-registered staff in WiCs.* The Department of Health: *Guidance Template for Service and Staff Development for the WiC Team Portfolio* (DH, 2004) was used as the competency and skills framework used in this project. This identifies six broad Key Skills areas within which specific competencies are required:

- Leadership and management
- Clinical background knowledge
- Consultations
- Management of self-limiting conditions
- Management of different patient groups/specialist areas
- Out of hours service provision (added to the original WiC portfolio to extend portfolio to OOH services)

To provide comparability across health care practitioners *The Guidance Template* was slightly re-sequenced for use in this Report and mapped against the domains of the NHS Knowledge and Skills Framework (DH 2003a). *The Guidance Template* supplemented with the NHS KSF domains enables the identification of individual and team competencies and deficits in WiCs. It can also be used by PCTs with staff currently not working in WiCs to prepare them to work in current and future WiCs.

7. *Objective 4: Scope the education providers (HEIs and NHS) for available programmes and elements of programmes that would meet the education requirements.* The six main HEIs providing education in NE London (City University, London; London South Bank University; London Metropolitan University; Middlesex University; Queen Mary, University of London and University of East London), all the PCTs and NHS Trusts were requested to forward information concerning educational provision. Information was accessed from the five HEIs, which reported that they provided relevant courses; from the NHSU; from independent

organisations who provide nurse practitioner education; from three NHS Trusts and three PCTs in NE London which had responded by completion of the Report. Information was provided in paper form, for example NHS staff development programmes and university prospectuses and web sites were also accessed. The information provided demonstrated that there was:

- a wide range of provision
- significant, relevant longer courses are provided by London South Bank University and City University
- there is a lack of academic accreditation of NHS Trust and PCT courses
- apparent lack of any shared skills and competency framework being used across educational providers to identify gaps or duplication in provision
- lack of a shared data resource, such as a web site, on which all courses, study days and other learning opportunities are available for ready access by practitioners and WiC leads in NE London

8. *Objective 5: Map the education and training available against the identified competency and skills framework.* The information that had been obtained about the education and training available was mapped against the Guidance Template. This indicates that in relation to the majority of the Key Skills areas educational provision is widely available to WiCs in NE London. Lack of a competency framework for individuals and WiC teams has provided a limitation to date on the development of balanced teams. The publication of the Guidance Template on the DH web site in August 2004 provides a means for WiC staff to assess their individual and team competence. Work due for completion soon by the Nursing and Midwifery Council will provide a framework for nurses with advanced skills, such as nurse practitioners, to assess the level of their advanced practice.

9. *Objective 6: Highlight any gaps or issues of concern relating to the provision of education and training.* The mapping demonstrated that there was a wide range of relevant courses available in the area. However, availability does not equate to access; for example, access to courses run by some NHS bodies may not be readily available to colleagues in other NHS Trusts or PCTs; courses in some HEIs are less available to staff in some PCTs than in others. In addition, due to the lack of evidence of any common skills and competency framework amongst educational providers it is not possible to know to what extent the courses available will actually enable WiC to meet their skills and competency targets.

10. *Objective 7: Recommend changes required to current programmes and any new developments needed in order to meet education requirements (long and short term).* It is evident that there needs to be greater communication between educational providers in HEIs and the NHS to examine current and future educational provision. There is a need for learning opportunities to be mapped against the Guidance Template to ascertain to what

extent current provision meets the skills and competencies identified. There is also a need to make information about learning opportunities easily available to WiC staff.

It is suggested that a new Work Based Learning Induction Module be developed for all new nurses and non-registered practitioners appointed to WiCs. During this module the individual would identify their own training needs against the Guidance Template and would begin to access education to meet any deficits. To ensure the establishment of common standards across WiCs it is suggested that an Educational Facilitator for WiCs be appointed. This individual would work across all current and future WiCs working with the leads and staff to identify learning needs and to develop skills. The Facilitator would also work with educational providers to ensure provision of relevant courses. WiCs could also be accredited by HEIs to provide skills and competency training for staff across primary care. As part of this accreditation WiCs might develop their own multi-professional Work Based Learning Modules relating to the needs of their particular population.

11. *Objective 8: Provide a method for WiCs to identify both the education and training needs of their staff and appropriate learning opportunities available to them.* The *Guidance Template for service and staff development for WiC Team portfolio* (DH, 2004) combined with the NHS Knowledge and Skills Framework (DH, 2003a) as set out in the report in Table 3 provides a methodology for WiCs to identify the education and learning needs of their staff and the educational opportunities available to them. This needs to be combined with information from PCT Public Health departments on the needs of the local population to ensure that each local WiC is developing a team of staff who can meet the specific needs of that population in addition to the shared needs set out in the *Guidance Template.* With regard to relevant educational provision WiCs need to be provided with a real time resource that provides information on course availability; content and outcomes; dates and times of the provision; method of enrolling on the programme, etc. as the information collated in this report is only correct as of September 2004.

Phase Three: Action Plan

11. Objective 9 Propose a process to support WiC leads to make best use of the Team Portfolio in identifying and meeting the learning needs of nursing and non-registered staff in the WiCs.

Recommendations:

- That each WiC uses the Guidance Template for Service and Staff Development for the WiC Team Portfolio in combination with the Individual Performance Review to identify educational and training needs of staff from both an individual and team perspective

- That each WiC makes use of information from their PCT Public Health Department with audit information from the WiC to identify the main health needs of the local population and the main health needs individuals are bringing to the WiC.

- That each WiC identifies current learning opportunities through reference to Table 3 in this Report and obtains further information regarding the learning available through contacting the provider using the information provided in this report.

- Appointment of a clinical facilitator to work across WiCs with WiCs leads to support the use of the *Guidance Template,* application of learning to practice, practitioner's completion of Work Based Learning modules and ensuring common standards of practice in each WiC. The following commissioning strategies for the facilitator post were identified:
  - The NELSHA WDD negotiate a WiC facilitator post as part of the HEI contract
  - The TPCT pump prime the post
  - HEI providers develop the post as part of an academic / practice career pathway through their staff development activity.

- Assessment of the education and training needs of new staff through the routine annual appraisals. Various modules are provided by universities that could assist with this.

- Utilisation of the Guidance for service and staff Development (see Table 3) Template to inform recruitment strategies needed as new WiCs are commissioned

13. *Objective 10. Establish a mechanism for feedback from WiC leads to education providers concerning the relevance, quality etc. of the education and training available and identification of new learning needs of their staff which need to be met by education providers.*

Recommendations:

- Establishment of a regular meeting for educationalists and practice representatives to ensure the development of relevant learning opportunities, to reduce duplication of provision and ensure that education is available to meet current and emerging skills needs.

- Exploration of the accreditation of in-house Trust and PCT courses by HEIs to enable these courses to be accessed by staff from outside the providing Trust/PCT.

- Mapping of educational provision against skills escalators providing depth and breadth of preparation over time for individuals and WiC teams.

- Use of the *Guidance Template* and NHS KSF by all educational providers would enable a shared approach to educational provision from educational providers.

14. *Objective 11. Work with the SHA and Teaching PCT to facilitate HEI and NHS educational providers collaboration in the provision of the full range of learning opportunities to meet the current and future needs of the nursing and non-registered workforce in the WiCs.*

Recommendations:

- Appointment of a clinical facilitator to work across WiCs to support the application of learning to practice, practitioners completion of Work-based Learning modules and ensuring common standards of practice in each WiC.

- Consideration of how staff can best be released for training and also given time to consolidate learning

- Examination of delivery of education provision to meet the needs of staff in WiCs and exploration of the use of new technologies to deliver learning opportunities

15. *Objective 12. Work in partnership with the SHA Commissioning Manager to determine accessible funding streams for providing the education and training identified/required*.

Recommendation:

- Exploration of the methodology used in compiling this Report in relation to the commissioning of education

Conclusion

The rapid expansion of WiCs in NE London creates opportunities to improve access to health care for the local population. WiCs will however, create high demand for suitably qualified staff. In the early years these staff may not be as numerous as required. A staff development strategy is required with staged evolution of the services provided by WiCs to ensure that the supply of a competent and skilled workforce keeps pace with demand.

The Report

The purpose of this report is to scope the nursing and non-registered workforce education and training needs for the new Walk-in-Centres (WiCs) that are being established in North East London. The means for delivering these education requirements will be identified and recommendations will be made regarding education providers and the programmes to be delivered. The first section of the report provides a description of the staffing requirements for the four new WiCs opened in NE London during the Spring/Summer of 2004.

The second part of the report should help senior staff in each of the WiCs in NE London to develop realistic education and training plans based on skills identified for a WiC team. This approach reflects the recommendations for staff development and the commissioning of education and training made in the Knowledge and Skills Framework (KSF) produced by the Department of Health (2003a) as part of the skills escalator for NHS staff.

The KSF recommends that individual personal development plans be developed between each staff member and their line manager. These are collated to inform the overall programme of education and training commissioned by the Department within the annual planning cycle. Regular review creates a cyclical developmental process which ensures education and training keeps pace with the modernisation agenda (See Appendix One for a description of this process). The KSF is particularly important as it identifies 22 core and specific knowledge and skills dimensions, which apply to all NHS staff. These are listed in Appendix Two.

Agenda for Change (Department of Health 2003b) has also produced a generic framework for scoping skills and competencies as a basis for determining rates of pay. The skills and competencies of nurses employed in WiCs in NE London will be assessed by NHS managers using the Agenda for Change framework. It is important that any scoping exercise remains independent of this area of activity (see Appendix Three for a list of the job evaluation factors identified in Agenda for Change). Please note that it is the KSF dimensions that have an influence on staff progressing annually onto the next incrementally pay point within a band, but that the pay bands are related to job descriptions and the job evaluation factors.

It is also worth noting that the Department of Health has set up a working party to identify the skills and competencies required for emergency care under its Workforce Review Team (Care Group Workforce Teams 2004). As far as we can ascertain this is the first attempt to produce a coherent review of the skills and competencies required for first assessment in emergency care. This will produce informed consensus guidelines about skills and competencies in emergency care and is likely to provide the best available evidence for scoping skills and competencies required by WiC nurses and HCAs. Guidance was published in August 2004 by the Department of Health on staffing and

training of staff for WiCs. This guidance includes a skills template for WiC staff which was used in compiling this report.

As part of the Department of Health's modernisation agenda to improve access to NHS services, a series of new walk-in-centres are being established across the country. WiCs will form an important part of the portfolio of services for Out of Hours provision of care which became the responsibility of Primary Care Trusts with the introduction of the new General Medical Services contract in April 2004.

In North East London there were two existing WiCs and four new WiCs were set up in 2004 in the following areas:

- Tower Hamlets based at the Royal London Hospital
- Newham based at Newham General Hospital
- City & Hackney based at the Homerton University Foundation NHS Hospital
- Waltham Forest based at Whipps Cross Hospital
- Barking & Dagenham based at Upney Lane Medical Centre
- Redbridge based at King George's Hospital

In addition further WiCs are being planned across the sector. These may be fixed or mobile units.
This report is concerned with exploration of the education and training needs of HCAs and nurses. However, staff including receptionists, allied health professionals, GPs etc. also work in WiCs education that is multidisciplinary with unidisciplinary components will be increasingly required.

The development of this new service model, which has a significant place in the provision of primary care in North East London, requires attention to the skills needed amongst the staff in the WiC to meet the needs of the population, and the provision of education to meet their needs and the needs of staff to be appointed to the recently commissioned additional WiCs. This Report aims to address both these areas.

Aims and Objectives of the Report

Aim

The overall aim of the Report is to produce a useful education and training resource for the WiCs in North East London that will provide a framework to support a range of nurses and HCAs in developing the skills and knowledge within the WiC Team portfolio and enable them to deliver the services of the WiC.

The work reported here was undertaken in two phases and a further phase. Phase Three, identifies the work that is needed to take forward the recommendations from this report.

Objectives

The objectives of the Report are to:

Phase One

1. Identify the staffing establishments and skill mix for each WiC in the context of the aspirations of the WiC in terms of service development.

2. Identify the current key roles and the types and levels of competencies required for these roles.

Phase Two

3. Identify a competency and skills framework for nursing and non-registered staff in WiCs

4. Scope the education providers (HEIs and NHS) for available programmes and elements of programmes that would meet the education requirements.

5. Map the education and training available against the identified competency and skills framework.

6. Highlight any gaps or issues of concern relating to the provision of education and training.

7. Recommend changes required to current programmes and any new developments needed in order to meet education requirements (long and short term).

8. Provide a method for WiCs to identify both the education and training needs of their staff and appropriate learning opportunities available to them.

Phase Three

9. Implement a process to support WiC leads to make best use of the Team Portfolio in identifying and meeting the learning needs of nursing and non-registered staff in the WiCs.

10. Establish a mechanism for feedback from WiC leads to education providers concerning the relevance, quality etc. of the education and training available and identification of new learning needs of their staff which need to be met by education providers.

11. Work with the SHA and Teaching PCT to facilitate HEI and NHS educational providers collaboration in the provision of the full range of learning opportunities to meet the current and future needs of the nursing and non-registered workforce in the WiCs.

12. Work in partnership with the SHA Commissioning Manager to determine accessible funding streams for providing the education and training identified/required.

To fulfil the above objectives the work was completed in two phases and the activities required in the third phase were identified:

Phase One: scoping of the staffing establishments and skill mix for each WiC with identification of educational programmes that staff had attended and any gaps in education of staff in relation to the work of the WiC.

Phase Two: mapping of current educational provision in the Sector against the DH (2004) WiC Team Skills Portfolio.

Phase Three: implementation of the findings of the Report.

Study Timeline

2004

February	Report Commissioned by SHA
March	Literature review
April/May	Interviews with Leads and staff in the six WiCs
May/June	Draft report of findings from Phase One
June	Exploration of different templates to use in mapping the learning opportunities
July/August	Mapping of learning opportunities against the WiC Team Portfolio Template
August	Preparation of Final Report

Throughout Phases One and Two regular meetings were held between the commissioners and members of the City University team. These meetings provided a valuable opportunity for the commissioners to keep the City team aware of policy directions and for the City team to share findings and ideas with the commissioners.

Phase One

Scoping of the staffing establishments and skill mix for each WiC with identification of educational programmes that staff had attended and any gaps in education of staff in relation to the work of the WiC was undertaken.

Methodology

To explore the various staffing and educational arrangements of the WiCs, staff from the six WiC's were interviewed including staff from the two then existing WiC's and the further four WiC's, which at the time of data collection (April/May 2004) were opening in NE London during the Spring/Summer of 2004. Interviews were conducted with staff in post in existing WiCs and senior staff responsible for recruitment to the new WiCs (some of these people were project managers whose involvement in the WiC ended when the WiC was up and running).

The main literature in the area was reviewed and summarised (see Appendix Four).

Interviews

Twenty-five face-to-face semi-structured interviews were carried out with staff working in or with existing and new WiCs, as follows:

- Whitechapel: fourteen interviews with reception and nursing staff, and commissioner from PCT;
- Newham: eight interviews with health care assistants (HCAs) and nurses.
- Barking and Dagenham: one joint interview with one external consultant and one PCT staff member
- City and Hackney (Homerton): one joint interview with nurse manager and H grade nurse
- Redbridge (King George's): one interview with senior nurse manager in PCT
- Waltham Forest (Whipps Cross): one interview with joint project lead

Detailed notes were taken during each interview and typed up shortly afterwards.

Findings

Staffing

The findings relating to the staffing of the six WiCs are summarised in Table 1. The Table shows the staffing requirements identified for each of the WiCs in NE London with the dates the WiCs opened and future phases of development with planned phased opening dates. Table 1 also highlights the organisation of the WiC within the local structure for delivery of A&E services, primary care services and Out of Hours Services.

Table 1: Profile of Walk-in-Centres (WiCs) in NE London, April/May 2004

WiC	Open	Location	Staff (April/May 2004)	Plans
Whitechapel (Tower Hamlets)	2001	Near A&E and MIU	• 1 Nurse consultant, • 15 F/G/H grades, • 8 receptionists (who also carry out admin tasks and interpret), • Sessional GPs, Phlebotomist	
Newham	2001	Near A&E	• 1 I grade (vacancy) • 12 G grades • 8 HCAs, • 1 manager with PA.	2 G grades likely to be replaced by 2 H grades one for adult and one for children.
Homerton (City and Hackney)	May 2004	Next to MIU	• 1 Senior nurse practitioner, • 3 H grades, • 3 G grades, • 3 F grades, (staff at F/G/H grade still to be appointed). • 3 receptionist staff, • 1.5 Sessional GP.	Phase 2 (Planned for Nov 2004): Plan to open a GP unit on same premises
Redbridge (King George's)	April 2004	In A&E	• A&E nurses staff WiC. • I grade (to be appointed). • H grade (to be appointed).	Planned integration with A&E 2005/6 Another WiC planned for central Ilford, linked with PMS pilot and one-stop centre in 2/3 years.
Barking	June 2004	An MIU converting to become a WiC	• Emergency Nurse Practitioners from A&E will rotate to WiC. • 3 G grades (yet to be appointed), • Sessional GP	May integrate with out of hours service and access clinic
Whipps Cross	April 2004	Near A&E	• 1 H grade (to be appointed). • 5 G grades, • A&E reception staff • Sessional GPs,	Phase 2 planned for January 2005 Planned integration with MIU (which is currently based in A&E)

Abbreviations:
A&E: Accident and emergency department
MIU: Minor injuries unit
HCA: Health care assistant
PA: Personal assistant

Two WiCs, Tower Hamlets and Newham, opened in the first phase of implementation of WiCs and have been open for some years. These WiCs have an established workforce and have been organising the education and training of staff since their inception. Both of the established WiCs have experienced staff turnover as a result of the opening of the four new WiCs. The remaining four WiCs have been recruiting locally, nationally and internationally to meet their staffing needs. Table 1 indicates the level of recruitment achieved in each WiC at the time of data collection April/May 2004.

Education and clinical backgrounds of nurses recruited to WiCs in NE London

Nurses working in WiCs in NE London interviewed for this scoping exercise indicated a wide range of previous professional experience/skills acquired prior to taking up post in the WiC. These included experience in:

- other WiCs;
- A&E ;
- acute care;
- paediatrics;
- care of older people
- neurology;
- ITU;
- orthopaedics;
- mental health;
- practice nursing;
- family planning;
- midwifery;
- health visiting;
- practice development in primary care;
- the prison service.
- extended nurse prescribing

Table 2 indicates some of the educational provision accessed by these nurses as part of their preparation for their role in the WiC.

Table 2: Skills and Courses Accessed by WiC Nurses to Acquire Core Skills

Skill	**Relevant courses mentioned during interviews[1]**
First assessment – adults	5 day courses at a local university or Practitioner' Association 13 week course at City University RCN course Autonomous practitioner course at University of Hertfordshire In-house course at Whipps Cross Hospital (available outside)
Minor injury	11 week course at City University (combines minor illness) Medway Hospital in-house course Emergency nurse practitioner course, Southend
Minor illness	11 week course at City University (combines minor illness) Open University course (but you need a GP mentor) Luton University course London South Bank University course
Using Patient Group Directives	In-house (within PCT; or within acute; or within WiC) London South Bank University Course City University Course

Table 1 indicates that, at the time of data collection, many of the WiCs in NE London had yet to recruit to senior grade posts F/G/H/I. The data shown in Table 2, drawn from nurses already in post in WiCs, indicates that nurses recruited to these posts are likely to arrive with wide and varied professional

[1] Please note that this information was provided by nurses during interviews it may not be accurate as it is based on recall.

experience and qualifications. To demonstrate this range of experience two of the WiCs are rotating nurses from A&E and in one WiC these are already qualified Emergency Nurse Practitioners

Discussion of the Findings

Gaps and issues of concern related to the provision of education and training identified by nurses in WiCs.

Overall the findings from the WiCs in NE London indicate that nurses appointed to work in these centres arrive with a wide range of educational and experiential preparation and an ability to learn from each other and from medical colleagues. They are aware of courses that are available to meet immediate learning needs. Their main problem in accessing taught courses is not their lack of availability, but difficulties in maintaining adequate staffing levels in the clinical areas while nurses take study leave. The timing of courses is important because many of the skills and competencies will be obtained “on-the-job” if the course isn’t immediately available. By the time it becomes available it may no longer seem relevant. These local findings mirror the findings from the National Evaluation of Walk-in-Centres (Salisbury et al., 2002), which also found that nurses are recruited from a wide range of clinical backgrounds and provide a diverse profile of skills and abilities.

It is important that the WiCs are to be adequately staffed by individuals who have received an appropriate level of education. What can be seen from Table 2 is that some key skills areas such as minor injuries and illness need particular attention.

Phase Two

Methodology

Identifying a skills template

Following the collection of data in Phase One it was apparent that there was a need for a clear skills template against which to map the current educational provision for staff in WiCs. The work was greatly assisted at this point by the involvement of the Department of Health nursing lead for WiCs (HD). The National WiC Team was devising a web-based toolkit for WiC's to include the main elements of what is needed for a WiC service to develop. A Guidance Template for Service and Staff Development for the WiC Team Portfolio had been developed and it was decided to use this skills template to provide a framework against which existing courses within NELSHA could be matched (see Table 3). Subsequently this template has been published (Department of Health, 2004).

This template was slightly re-sequenced and a first draft circulated to the Lead Nurses and Managers for the WiC's within NE London with an open invitation to join the existing working group on this scoping exercise. Additionally, the draft template was presented to the WiC London Regional group in July. Feedback was extremely positive and it was seen as a useful tool that provided both a benchmark for individual and team training needs and a resource to see what courses could be accessed. There was a comment that it would also be useful to keep the document updated and that evaluations of the courses would be helpful. WiC's from other SHA's commented that they would like to take this initiative to their areas of work. The process of using frameworks such as this could also be applied to other clinical areas as it clearly demonstrates gaps in training provision as well as indicating the full range of skills required across a WiC or other clinical team.

Mapping the Education and Training Available

Contact was made with all educational providers in NE London including all the NHS Trusts, PCTs, the main HEIs providing education accessed by staff in the sector and private training organisations known to provide education in particular concerning skills in health assessment. Educational providers were asked to forward to the City team prospectuses, courses information etc for any courses that they thought were relevant to WiC staff. One University responded that it did not provide any relevant courses. The web sites of the various organisations were also accessed for information particularly when no reply was received from the organisation. In one case one University was invited to input directly onto the Table. Using this information the education and training available was mapped against the skills in the Template (see Table 3).

Finally the Table was circulated to educational providers in the Sector for their agreement as to the information included in the Table.

Table 3: Guidance Template for Service and Staff Development for the WiC Team Portfolio

Key Skills	Detail	Available course re. Skill	Level	Course length	Location	KSF Domain
Leadership and Management						
Operational management	• Clinical governance (inc. audit, incidence forms, complaints.) • Resource management • Clinical improvement plans • Personnel issues • Political awareness • Communication skills	Challenges in leadership 4015 Introduction to clinical governance Clinical governance awareness Managing life in the NHS, educating towards clinical governance Management of complaints Managing diversity Minutes of meetings Managing flexible working Customer care skills Management, leadership and change Management of self and others Leadership development programme Management of health and social services Human resources management G grade development programme Public sector management	M 2,3 M 3,M M M	7days over 12wk 1 hour 9 days 1 day 1 day 150hrs study time 11 weeks half a day per week 6days 11 weeks half a day per week 11 weeks half a day per week 6days 11 weeks half a day per week	City Newham PCT Whipps Cross C&H TPCT BLT BLT BLT BLT BLT LSBU LondonMet LondonMet LondonMet LondonMet LondonMet LondonMet	Communication Health, safety and security Quality Partnership Leadership Management of people Management of physical and/or financial resources

Service development	• Developing relationships/ partnerships • Organisational Development • Political awareness • Skill mix/role awareness	Managing change 3066 Leading an empowered organisation (LEO) Strategic management for health care professionals 3088 Partnership working and management London Health Health in the City Information management Using new technologies Community development	3 3 3 3,M 3 M M M M	5days over 12wk 3 days 8 days 11 weeks half a day per week 11 weeks half a day per week 11 weeks half a day per week 11 weeks half a day per week 11 weeks half a day per week 11 weeks half a day per week	City BLT City LondonMet LondonMet LondonMet LondonMet LondonMet LondonMet	Communication Personal and people development Service development Quality Production and communication of information and knowledge Partnership Leadership Research and development
Staff development	• Staff training • Team building/working • Appraisals	Managing work & family Managing life in the NHS Personnel effectiveness Assertiveness and self confidence Time management Work base- basic communication skills Presentation skills Telephone skills Writing for effective results Bullying & harassment NVQ in team leading	 NVQ2	1 day 9 days 2 days 2 days 1 day 10 half days 2 days 1 day 1 day half a day 12 months	BLT BLT BLT BLT BLT BLT BLT BLT BLT BLT BLT	Communication Personal and people development Quality Equality, diversity and rights Partnership Leadership

		AMSPAR certificate in medical terminology Preparation for mentorship Groups and team work Practice Educators	2 3 3 M	TBA 3 days + distance learning 11 weeks half a day per week 1 year PT - 22 days	BLT LondonMet LondonMet LondonMet	
Prioritisation of patients	• Redirection • Risk management	Clinical risk assessment Clinical risk management Risk and protection Health profiling Family support and child protection Child protection – the basics	 3 3 3 	1 day 1 day 11 weeks half a day per week 11 weeks half a day per week 11 weeks half a day per week 1 day	Newham PCT BLT LondonMet LondonMet LondonMet LondonMet	Assessment of health and well-being needs Addressing individuals' health and well being needs
Clinical Background Knowledge						
Medical /social sciences	• Anatomy/physiology • Pathology • Pharmacology • Communication skills	Biological foundations in clinical practice 3042 Pharmacology in clinical practice 3035 Biomedical sciences– physiology pharmacology Health psychology Health illness and society	3 3 1,2,3 2 2	10 x 3 hours 10 x 3 hours 11 weeks half a day per week 11 weeks half a day per week 11 weeks half a day per week	City City LondonMet LondonMet LondonMet	Communication
Issues in health care delivery	• Public health • Targets • Needs assessment	Practical public health skills Primary Care Nursing Public health and health promotion Public health and health profiling	 2,3 M 3,M	2 days 7 days+practice 11 weeks half a day per week 11 weeks half a day	Newham PCT LSBU LondonMet LondonMet	Improvement in health and well-being Protection of health and well-being.

	• Whole system working • Political developments	Nutrition Mental health in primary care Health care and health policy Health care ethics User involvement and participation workshops	2,3,M 3,M 2 2	per week 11 weeks half a day per week or workshops 11 weeks half a day per week 11 weeks half a day per week 11 weeks half a day per week Half days	LondonMet LondonMet LondonMet LondonMet LondonMet	
Evidence based practice	• Knowledge of resources • Analysis of research articles • Utilisation of research in practice • Audit and research in clinical site	Preparation for research (core) 3003 Foundation for research in practice (core) 2003 Clinical Audit – Methods Processes and Implementation Doing research Research methods M003 Research design & statistics M028 Qualitative Research M027 Research project 3004 Introduction to research and evidence Clinical effectiveness Use of evidence in practice 3092 Implementing audit in practice Health informatics Promotion of continence and management of incontinence	3 2 2 M M M 3 3 3 3	7 x 3.5 hrs 7 days over term 2 hours 6days over 12wk 8 x 3 hours over two terms 1 day 12 days 7 days / a term 1 day 12 days 8 days over term	City City LSBU Whipps Cross City City City City Newham PCT QM City Newham PCT QM LSBU	Quality Data processing and management Production and communication of information and knowledge Research and development

		Research Methods and Processes Research: Evaluation and Utilisation (1670) Introduction to research Evaluating research and evidence based practice Evaluation strategies	2,3 2,3 1 3,M M	150hrs study time 150hrs study time 11 weeks half a day per week 11 weeks half a day per week 6 days	LSBU LSBU LondonMet LondonMet LondonMet	
IT	• Basic IT skills • Data collection • Local IT training according to systems used	Introduction to Computers, Intro/advanced courses for Word, Excel, PowerPoint, Outlook and Access Introduction to computing, Intro to Intermediate level courses for Word, Excel, PowerPoint, Email and Outlook, Healthcare database, EMIS, RICHS (Similar to above, please check BLT intranet) As above + digital media and Information management at Masters level	1-3		HUH Newham PCT BLT LondonMet	Data processing and management
Consultations						
Consultation skills	• History taking • Clinical assessment • Diagnostic reasoning • Differential diagnoses • Investigations	Health assessment introduction for practitioners in primary care 3141 Health assessment development for practitioners in primary care 3158 Physical assessment – introduction to history taking and physical examination M026 Physical assessment – extension of physical examination using a systems approach M078 Physical assessment – finalising the systems approach to physical examination M079	3 3 M M M	6 days+ practice 6 days+ practice 6 days+ practice 6 days+ practice 6 days+ practice	City City City City City	Communication Quality Assessment of health and well-being needs Addressing individuals health and well-being needs Measuring, monitoring and treating physiological

	• Diagnostic uncertainty • Plan of care • Health education • Documentation • Evaluation of practice	Physical assessment 3040/4040 Consultation skills, practice & management NVQ in Care (Level 3) – Di agnostic and therapeutic support pathway Clinical examination skills Management of minor conditions Management of chronic diseases	3,M M NVQ3 3,M 3,M 3,M	12 days 13 days in 1 yr 11 weeks half a day per week 11 weeks half a day per week 11 weeks half a day per week	Middx LSBU NHSU LondonMet LondonMet LondonMet	conditions through the application of specific technologies
Prescribing	• Appropriate prescribing • Extended Nurse Prescribing • Patient Group Directions • Medicine Management • Medication teaching	Extended nurse prescribing 3104 Pharmacology in clinical practice Extended nurse prescribing Nurse prescribing study days Medicines management M024 Drug Administration Update/ 2130 Extended and supplementary prescribing Supplementary prescribing for pharmacists CPD for prescribers Medicines management workshops and PGDs Non- medical Prescribing	3 3 M 2 3 3	25 x6hrs + 12 days practice 1 day 10 days 27 days + 13 days practice 27 days + 13 days practice Varies Workshops	City City C&H TPCT C&H TPCT City LSBU LondonMet LondonMet LondonMet LondonMet LSBU	Addressing individuals health and well-being needs
Professional Issues	• Autonomous Practitioner	Clinical excellence & leadership in primary care 3052/M071	3,M	4 half days	City	Communication

	• Reflective practitioner • Documentation • Policies • Protocols • Leadership • Mentorship • Clinical supervision	Advanced clinical practice M053	M	5 days	City	Personal and people development Service development Quality Production and communication of information and knowledge Leadership
		Contemporary nursing/midwifery knowledge 3001	3	6x3 hrs over a term	City	
		Advancing nursing knowledge M001	M	5 days	City	
		Transformations in clinical leadership M030	M	5 days	City	
		Leadership at the point of care	M	10 days	NHSU	
		Demonstrating competence		5days+self learn	BLT	
		Preceptorship	3	16days/2 term	City	
		Mentorship preparation for nurses and midwives 3008	3	5 consec. days	City	
		Clinical supervision 3024	3	13 half days	City	
		Practice educators	M	150hrs study time	Middx	
		Clinical supervision 3009	3		LSBU	
		Clinical Supervision for Supervisors	M		LSBU	
		Teaching in the Clinical Setting	2.3		LSBU	
		Facilitating Learning in the Practice Setting			LSBU	
		Developing Clinical leadership			Havering PCT	
		Accountability and Dilemmas in Practice			Havering PCT	
		Preparation for mentorship	3	3 days + distance learning pack	LondonMet	
		Professional discipline based workshops	3,M	Half day workshops	LondonMet	
		Practice Educators	M	1 year part time 22 days	LondonMet	
		Health Care Ethics	3,M	11 weeks half a day per week	LondonMet	

		Developing Clinical Leadership		short course	LSBU	
Health education/ promotion of Self Care	• Health education theory and methods • Concept of self care • Chronic disease awareness	Health promotion M056	M	6 x half days	City	Improvement in health and well-being
		Multicultural nutrition		half day	C&H TPCT	
		Nutrition 3072	3	5 days over term	City	
		Chronic heart disease 3046	3	8 days	City	
		Diabetes care 3059		5.5 days	City	
		Hypertension prevention for nurses		1 day	C&H TPCT	
		Promoting Health	2,3	150 hrs studytime	LSBU	
		Principles and Practice of Health Promotion		short course	LSBU	
		An Introduction to the Management of Epilepsy in Primary Care		half day	Havering PCT	
		Basic Diabetes for Non Trained Staff		half a day	Havering PCT	
		Diabetes Part I (Basic)		1 day	Havering PCT	
		Diabetes Part II (advanced) for Qualified Nurses		1 day	Havering PCT	
		Diabetes Foot Screening & Education		half a day	Havering PCT	
		Hypertension & Stroke Prevention		half a day	Havering PCT	
		Diabetes workshops		Half and whole day workshops	LondonMet	
		CHD workshops		Half and whole day workshops	LondonMet	
		Asthma/COPD workshops	2		LondonMet	
		Health promotion and health education	3		LondonMet	
		Management of chronic diseases		Half and whole day workshops	LondonMet	
		Smoking cessation		Half and whole day workshops	LondonMet	

		Women's health Men's health Diet and nutrition Diabetes management Managing patients with chronic respiratory disease	2,3, M	Half and whole day workshops or short course Short course Short course	LondonMet LondonMet LondonMet LSBU LSBU	
Referral and follow up	• Appropriate referral • Communication with primary and secondary care providers • Knowledge of NSF	NSF workshops Partnership working NSF workshops	3,M 2,3	1 day 11 weeks half a day per week	LondonMet LondonMet City	Communication Addressing individuals' health and well-being needs Partnership
Management of self-limiting conditions and non life threatening conditions						
Illnesses and injury	• ENT • Respiratory • Musculo-skeletal • Cardiovascular • Abdominal complaints • Genitourinary • Endocrine • Haematological	Minor injuries & ailments 3141 Primary health care presentations workshop Foundations in ENT practice 2026/3026 Contemporary/cultural issues in ENT 3116 Head & Neck 3105 Respiratory care 3083 Asthma and COPD 3041 Musculo- skeletal speciality workshop Cardiovascular 1- introduction	3 2,3 3 3 3 3 3	3 days 1/wk over a term 1/wk over a term 1/wk over a term 5 days 5 days half a day 10 days	City PDUD City City City City City PDUKD BLT	Assessment of health and well-being needs Addressing individuals health and well-being needs Protection of health and well-being

	• Neurological • Skin conditions • Investigations • Trauma • Wounds • Dressings • Procedures	Foundations in cardiac practice 2010 12 lead ECG and its use in the assessment of patients 3010 Gastroenterolgy masterclass Neurology masterclass Dermatology masterclass Contemporary gynaecological issues in primary care 3114 Venepuncture & Cannulation 2132 Advanced Nursing Competencies for Assessment and Management of Minor Illness in Primary Care Introduction to Dermatology – Eczema Introduction to Dermatology – Psoriasis Management of minor conditions (includes skin, ENT, eyes, soft tissue injuries)	2 3 3 2 3 3,M	1 day+9x3hours 8 days 1 day 1 day 1 day 6 days+practice half a day half a day 11 weeks half a day per week	City City PDUK PAL PAL Middx LSBU LSBU Havering PCT Havering PCT LondonMet	
Management of different patients groups/specialist areas						
Paediatrics	• Growth and development • Clinical assessment • Paediatric variations • Childhood immunisations • Child protection	Physical assessment (paed) M021 Examination of the newborn: foundation (theory) 3062 Examination of the newborn: progression (practice) 3121 Principles of child healthcare 2036 Policy and practice of immunisation 2028/3028 Mental health needs of the developing child M066	M 3 3 2 2,3 M	10 days 10 days 10 days 10 x 4 hours 8 days 10 days	City City City City City City	Assessment of health and well-being needs Addressing individuals health and well-being needs Protection of health and well-being

	• Referral	Respiratory management in children 2015/3015	2,3	12 days	City	
		Paediatric dermatology		half a day	C&HTPCT	
		Management of pain in children 2018/3018	2,3	10 half days	City	
		Medicines managements (paeds) M022	M	12 days	City	
		Care of the adolescent 2017/3017	2,3	8 day	City	
		Child Protection 3057	3	8 days	City	
		Child protection		3days+6 hf days	C&H TPCT	
		Child protection 1	3		LSBU	
		Child protection 2	3		LSBU	
		Intro to new London CP procedure			LSBU	
		Child and adolescent Mental Health 3239	3		City	
		Supplementary Prescribing in Children's Service	3		City	
		Child protection – the basics		1 day	LondonMet	
		Family support and child protection	3,M	11 weeks half a day per week	LondonMet	
		Child development	1,2, M	11 weeks half a day per week	LondonMet	
Elderly	• Elderly variations	Assessing the older adult	M	10 Mornings	City	Assessment of health and well-being needs
	• Elderly services	Foundations of nursing older people 2138/3213	2,3	12 days	Middx	
		Current issues in caring for the older adult 2314/3134	2,3	10 days	City	Addressing individuals health and well-being needs
		Introduction to applied gerontology 3039	3	8 days	City	Protection of health and well-being
		Perspectives of ageing	3, M	11 weeks half a day per week	LondonMet	

		Enhancing Nursing Older People Nursing Older People in perspective		short course short course	LSBU LSBU	
Pregnant women	• Options re pregnancy • Legislation • Sources of referral • Basic antenatal care • Special considerations in consultations • Antenatal services	Currently there appear to be no courses available in the sector to meet the rather specific needs of staff in WiCs in relation to this specialist area of practice				Assessment of health and well-being needs Addressing individuals health and well-being needs Protection of health and well-being
New immigrants/refugees	• Cultural issues • Use of advocacy • Communicable disease screening	Cultural awareness Emergency and crisis responses to victims of violence M007 Beyond crisis: psychosocial services for survivors of violence M005 TB & the care and management of patients with TB Tuberculosis care 3091 Advancing TB service delivery 3098 Policy & practice of immunisation 2028/3028 Experience of illness and disability Refugee health Community and Individual empowerment	 M 3,M 3 3 2,3 3	1 day 8 days 5 days over term 8 days 8 days 8 days 11 weeks half a day per week	BLT City City HUH City City City LondonMet LondonMet LondonMet	Communication Equality, diversity and rights Assessment of health and well-being needs Addressing individuals health and well-being needs Improvement of health and well-being Protection of health and well-being

Sexual Health	• Sexual Health Promotion • Sexual health history taking • Counselling skills • Referral • Contraception • STIs • HIV/AIDS	Introduction to sexual health 2041 Introduction to contraception & reproductive health 2102/3102 Current issues & practice in contraception & reproductive sexual health care 2139/3139 Introduction to HIV/AIDS 2045 HIV/AIDS: Implications for nursing practice The foundation in Family Planning and Reproductive Sexual Health Care HIV/AIDS Update Supporting People with HIV 'Psychological & Social Update on Contraception Researching HIV/AIDS in African Communities	2 2,3 2,3 2 3	7days over term 6.5days 10 days 7days over 10wk 8days over term Workshops	City City City City HUH LSBU Havering PCT Havering PCT Havering PCT LondonMet	Assessment of health and well-being needs Addressing individuals health and well-being needs Protection of health and well-being
Mental Health	• Mental health assessment • Management & Signposting • Understanding Psychological Presentations • Alcohol use • Drug use • Counselling skills • Self Awareness • Dealing with	Contemporary issues in mental health Mental health: Intervention and assessment M069 Changing ideas and practices in mental health M064 Early identification of mental health problems M068 Early interventions for young people experiencing MH problems 2033/3033 Evidence based mental health care M063 Risk assessment in MH care M060 Dual diagnosis and mental health practice	M M M M 2,3 2,3 M 2,3	12 days 12 x 3 hours 12 x 3 hours 8 days over term 12 x 3 hours 2days+6 hf days	Middx City City City City City City	Communication Assessment of health and well-being needs Addressing individuals health and well-being needs Protection of health and well-being

	aggression	2040/3040 Dealing with aggressive behaviour Introduction to Mental Health Problems in Primary Care Mental health in primary care Mental health illness and society Contemporary issues in mental health Care planning Therapeutic interventions in mental health Child and adolescent mental health awareness Care and Management of People with Self harming or Suicidal Tendencies Clinical Risk Assessment and Management Mental Health Assessment for Drugs and Alcohol Coping with Violent, Aggressive and Difficult Customers	 3,M M M 3,M 3,M 3 3	 11 weeks half a day per week 11 weeks half a day per week 11 weeks half a day per week 11 weeks half a day per week 11 weeks half a day per week 10 days 2 days 1 day 1 or 3 days	City C&H TPCT HaveringPCT LondonMet LondonMet LondonMet LondonMet LondonMet LSBU LSBU LSBU LSBU LSBU	
Out of hours service provision						
Out of Hours	• Telephone triage • Awareness of local services • Service level agreements • OOH review	Currently there appear to be no courses available in the sector on these aspects. Induction programmes incorporating these elements could be developed.				Communication Service development Quality Assessment of health and well-being Addressing

	• Local plans • Home visits (?)					individuals health and well-being Partnership

Key

BLT	Barts and the London NHS Trust
City	City University, London
C&H TPCT	City and Hackney Teaching Primary Care Trust
HUH	Homerton University Hospital NHS Foundation Trust
Middx	Middlesex University
LondonMet	London Metropolitan University
Havering PCT	Havering Primary Care Trust

Newham PCT	Newham Primary Care Trust
PAL	Practitioners Associates Limited
PDUK	Practice Development UK Limited
QM	Queen Mary, University of London
LSBU	London South Bank University
NHSU	National Health Service University

The dimensions listed also break down further into different levels. Appendix Six shows a synopsis of these various levels. For more explicit indication of competencies within these levels please refer to the NHS Knowledge Skills Framework (NHS KSF) and Development Review Guidance – Working Draft – Version 6 (March 2003).

NB: All courses were correct at time of issuing this report but are likely to evolve over time. Mandatory PCT training is not included in this template. Local policies and procedures will still need to be followed. It is expected that theoretical training is complemented by onsite practical training.
Costs of courses vary and should be ascertained from the provider.
Level* Courses at level 2,3 and M level are normally of 10 –12 weeks duration. Trust and PCT courses may be one or two days long as are short courses provided by HEIs

C&H TPCT, Newham, HUH, Whipps Cross, Havering courses are free to in house staff.
NHSU courses are free for the first year (2004)
City/LSB course can be undertaken as part of a block contract. Modular courses for City/LSBU/MDDX range from £400-£600.
Private 'master class; courses are around £85 for a day course and around £300 for longer courses.

Longer courses with relevance to WiCs

In addition to stand-alone modules and short courses HEIs provide a range of longer courses of relevance to staff in WiCs

- CITY WiC/First Contact induction course.
- CITY BSc/PG Dip/MSc Nursing (include modules leading to preparation for the nurse practitioner role).
- LSBU First Contact Course (NHSU)
- LSBU BSc/MSc Nurse Practitioner (Primary Health Care)
- MIDDX MSc Nursing with pathways in specialist practice or education.
- LondonMet Introduction to Primary Care
- LondonMet BSc/PG Dip Nurse Practitioner
-
-

The addresses and contact details for all the education providers in North east London are provided in Appendix Five.

The Team Portfolio

As well as identifying individual learning and development needs of staff it is recommended that each WiC identifies a Team Portfolio i.e. the range of skills provided collectively by the team and identifies any gaps and development needs for the team as a whole. This should be linked to an analysis of local population need as evidenced via the PCT Public Health Department with audit information from the WiC to identify the main health needs of the local population and the main health needs individuals are bringing to the WiC.

It is hoped that the team portfolio will allow the diversity of the various staffing structures that currently exist to meet diverse local needs, to also fit with national frameworks for determining skills, competencies, pay scales and job evaluations. Nationally there is no set WiC staffing structure as this should be locally defined and responsive to local needs (Department of Health, 2004). However, it could be argued that currently there are various grades attributed to effectively the same role. This should shortly be addressed through Agenda for Change which will bring together jobs of similar dimensions into common pay bands. Please note that the majority of NHS jobs will be assimilated onto new pay bands *without recourse to individual evaluation.*

Jobs that are not covered by the national job profiles will be analysed and evaluated locally using the JE Scheme to ensure that jobholders are placed on the appropriate pay band. If the JE Scheme or any benchmarks are amended at any point in the future, the NHS Staff Council will decide whether the degree of change justifies reviewing any job weights concerned. The WiC team skills identified have also been matched to the broad KSF dimension that staff will shortly be working towards and can be seen in Table 3. Both core and specific relevant dimensions have been included. However, from an

individual post holder's perspective they will be expected to adhere to all the core dimensions and 3-6 of the specific dimensions.

The dimensions listed in Appendix Two also break down further into different levels Appendix Seven shows a synopsis of these various levels. For more explicit indication of competencies within these levels please refer to The NHS Knowledge and Skills Framework (NHS KSF) and Development Review Guidance – Working Draft – Version 6 (March 2003) (Department of Health, 2003a).

Recommended changes to educational provision:

1. Work-Based Module.

The development of a work-based accredited module that could be accessed during the induction period by a newly appointed nurse. The module would enable the nurse to:

- Profile her/his educational and professional learning to date.
- Undertake an Accreditation of Prior Experiential Learning (APEL) process to accredit any relevant professional experience as part of the module.
- Identify any gaps in their learning required for their post.
- Scope the patient population served by the WiC and demonstrate an understanding of the range of health needs met by the WiC.
- Identify gaps in skill mix in the WiC team arising from their analysis of local population need.
- In negotiation with their service manager decide which, if any, of the gaps in skill mix identified locally, they might wish to fill.
- Identify the range of learning opportunities available to meet identified learning needs including: taught courses, in-house study days and "on-the-job" learning opportunities.
- Negotiate and agree an educational plan with their service manager.
- Submit the educational plan APEL exercise and background analysis for assessment and accreditation.

The module would need to be supported by a peripatetic WiC practice facilitator who would provide mentorship and supervision to newly appointed nurses to undertake the induction module.

Accreditation of the module would mean that it could be used as part of a nurse practitioner courser or other HE course through Accreditation of Prior Learning (APL).

2. Accreditation of WiCs as centres for practice education

Here "ad-hoc" in-house training sessions and practice teaching and learning would be formalised through an accreditation of senior nurses and local GPs as practice teachers and the WiCs as an education and training centre. Each WiC could develop a work-based learning package to reflect the needs of the local population and the expertise available within

the WIC to meet these needs. Local primary care practitioners would so be able to access Learning Opportunities at the WiCs.

3. Multi professional education

As WiCs progress, it is important that their activities are integrated with other primary care provision locally. There may be a need for each WiC to develop a work-based learning module that scopes the local provision of health and social care for each population group enabling the services of the WiC to complement and not duplicate local provision.

Phase Three

Phase Three: Action Plan

Objective 9. Implement a process to support WiC leads to make best use of the Team Portfolio in identifying and meeting the learning needs of nursing and non-registered staff in the WiCs.

Recommendations:

- That each WiC uses the Guidance Template for Service and Staff Development for the WiC Team Portfolio in combination with the Individual Performance Review to identify educational and training needs of staff from both an individual and team perspective.

- That each WiC makes use of information from their PCT Public Health Department with audit information from the WiC to identify the main health needs of the local population and the main health needs individuals are bringing to the WiC.

- That each WiC identifies current learning opportunities through reference to Table 3 in this Report and obtains further information regarding the learning available through contacting the provider using the information provided in this report.

- Appointment of a clinical facilitator to work across WiCs with WiCs leads to support the use of the *Guidance Template,* application of learning to practice, practitioner's completion of Work Based Learning modules and ensuring common standards of practice in each WiC. The following commissioning strategies for the facilitator post were identified:
    - The NELSHA WDD negotiate a WiC facilitator post as part of the HEI contract
    - The Teaching PCT pump prime the post
    - HEI providers develop the post as part of an academic / practice career pathway through their staff development activity.

- Assessment of the education and training needs of new staff through the routine annual appraisals. Various modules are provided by universities that could assist with this.

- Utilisation of the Guidance for service and staff Development (see Table 3) Template to inform recruitment strategies needed as new WiCs are commissioned

Objective 10. Establish a mechanism for feedback from WiC leads to education providers concerning the relevance, quality etc. of the education and training available and identification of new learning needs of their staff which need to be met by education providers.

Recommendations:

- Establishment of a regular meeting for educationalists and practice representatives to ensure the development of relevant learning opportunities, to reduce duplication of provision and ensure that education is available to meet current and emerging skills needs.

- Exploration of the accreditation of in-house Trust and PCT courses by HEIs to enable these courses to be accessed by staff from outside the providing Trust/PCT.

- Mapping of educational provision against skills escalators providing depth and breadth of preparation over time for individuals and WiC teams.

- Use of the *Guidance Template* and NHS KSF by all educational providers would enable a shared approach to educational provision from educational providers.

Objective 11. Work with the SHA and Teaching PCT to facilitate HEI and NHS educational providers collaboration in the provision of the full range of learning opportunities to meet the current and future needs of the nursing and non-registered workforce in the WiCs.

Recommendations:

- Appointment of a clinical facilitator to work across WiCs with WiCs leads to support the use of the *Guidance Template,* application of learning to practice, practitioner's completion of Work Based Learning modules and ensuring common standards of practice in each WiC. The following commissioning strategies for the facilitator post were identified:
    - ♦ The NELSHA WDD negotiate a WiC facilitator post as part of the HEI contract
    - ♦ The Teaching PCT pump prime the post
    - ♦ HEI providers develop the post as part of an academic / practice career pathway through their staff development activity.

- Consideration of how staff can best be released for training and also given time to consolidate learning.

- Examination of delivery of education provision to meet the needs of staff in WiCs and exploration of the use of new technologies to deliver learning opportunities

Objective 12. Work in partnership with the SHA Commissioning Manager to determine accessible funding streams for providing the education and training identified/required.

Recommendation:

- Exploration of the methodology used in compiling this Report in relation to the commissioning of education

Conclusion

As the literature review (See Appendix Four) demonstrates NHS WiCs were introduced to give improved access to primary care services for an increasingly mobile population. However, the continuing development of primary care and public health services means that the integration of WiCs into broader primary care services is becoming a priority for provider trusts in order to help them meet Government targets and out of hours service under the terms of the new GMS contract: It is likely, therefore, that the role of WiCs will continue to evolve to keep pace with the evolving primary care agenda. It is important that those responsible for managing WiCs are linked into and aware of this agenda and the potential contribution of WiCs within primary care. In particular, there is a need to develop WiCs within a multi-professional context. This is necessary in order to reduce dependence on specific professions where the required skills and competencies may be in short supply and to ensure that the capacity of as wide a range of health care practitioners as possible is utilised to best effect to meet the health care needs of the local population. The work carried out for this Report has demonstrated that staff working in WiCs have a wide range of previous experience and a wide range of educational preparation when considered as a group. The use of the team Template has enabled the identification of the key skills that are needed to provide WiC services to local populations. The mapping of education and training has demonstrated the wide range of education and training available to staff in the Sector. The next step may require the location of the different courses and other education on a skills escalator that will provide the individual and the WiC lead with the ability to see where skills may need to be developed over time. The methodology used in compiling this report has demonstrated the utility of this approach to identifying training needs and educational provision. Further exploration of this methodology in relation to commissioning of education might be beneficial.

References:

Department of Health (2003b) *Agenda for Change website* www.doh.gov.uk/agendaforchange

Care Group Workforce Teams (2004) *Newsletter* Issue 5 June. Department of Health, London

Department of Health (2003a) *The NHS Knowledge and Skills Framework (NHS KSF) and Development Review Guidance– Working Draft– Version 6 (March 2003)*. Department of Health, London

Department of Health (2004) Establishing *an NHS Walk-in-Centre. A Practical Guide to Establishing an NHS Walk-in-Centre: identifying premises, staffing and training.* DH London www.dh.gov.uk/PolicyAndGuidance/PatientChoice/WaitingBookingChoice

Mountford L, Rosen R (2001) *NHS Walk-in Centres in London. An initial assessment.* Kings Fund Publishing, London

Rosen R, Mountford L (2002) Developing and supporting extended nursing roles; the challenges of NHS Walk-in centres. *Journal of Advanced Nursing,* 39, 3, 241-248.

Salisbury C et al (2002*) The national evaluation of NHS Walk-in Centres*. University of Bristol, Bristol

Appendix One:
Knowledge and Skills Framework Development Review Process

A development review is an ongoing cycle of review, planning, development and evaluation for staff in the NHS linked to organisational and individual development needs. The development review is a partnership between an individual member of staff and their manager (or someone acting in a management capacity) where both take responsibility fir fulfilling their agreed roles. Resources are made available to enable the member of staff to develop and apply their knowledge and skills to meet the demands of their current post. Additionally the KSF can be used to support individuals and managers planning further progress in their careers, should they wish to do so. The manager (or the person acting in their behalf) needs to be competent to undertake such a review process. Managers many therefore need to develop their knowledge and understanding of the jobs of individual staff members and their ability to undertake such reviews; or they will need to delegate the process to someone who has that knowledge and ability.

The main purpose of the development review process is to:

- Review how individuals are applying knowledge and skills to meet the demands of their current post
- Review the development needs of the individual member of staff
- Identify the development that the individual needs over the next period of time
- Plan how and when this development will take place and the date of the next review

What is the development review process?

The development review process is based on the adult learning cycle. It has four stages.

1. A joint review between the individual and their line manager (or another appropriate person acting in that capacity) of the individuals work against the demands of their post.
2. The production of a personal development plan (PDP) which identifies the individual's learning and development needs, short-and long-term goals and joint planning between the individual and their line manager as to how these goals will be met.
3. Learning and development by the individual supported by their line manager
4. An evaluation of the learning and development that has taken place and the application of this learning and development

What are the main outcomes of a development review?

The main outcomes of a development review are:

1. Joint discussion and agreement on work between and individual member of staff and their manager (or someone else who is well placed to undertake this role).
2. A systematic personal development plan (PDP) for the individual members of staff linked to:
   - Their job any specific objectives/targets linked to that job
   - Organisational needs for their development
   - Any requirements place on that member of staff for maintaining registration with a statutory body or specific legislation related to the work they undertake
   - The individual member of staff's development needs
3. Decisions about pay progression at gateway points on the pay band.

Department of Health 2003 NHS Knowledge and Skills Framework and Development Review Guidance.

Appendix Two:

The core and specific dimensions in the KSF

Core dimensions

- Communication
- Personal and people development
- Health, safety and security
- Service development
- Quality
- Equality, diversity and rights

Specific dimensions

- Assessment of health and wellbeing needs
- Addressing individuals health and wellbeing needs
- Improvement of health and wellbeing
- Protection of health and wellbeing
- Logistics
- Data processing and management
- Production and communication of information and knowledge
- Facilities maintenance and management
- Design and production of equipment, devices and visual records
- Biomedical investigation and reporting
- Measuring, monitoring and treating physiological conditions through the application of specifics technologies
- Partnership
- Leadership
- Management of people
- Management of physical and/or financial resources
- Research and development

Department of Health 2003 NHS Knowledge and Skills Framework and Development Review Guidance (p.4).

Appendix Three:

Agenda for Change Job Evaluation Factors

Factor definitions and factor levels

Communication and relationships skills
Knowledge, training and experience
Analytical and judgemental skills
Planning and organisational skills
Physical skills
Responsibilities for patient/client care
Responsibilities for policy and service development implementation
Responsibilities for finance and physical resources
Responsibilities for human resources
Responsibilities for information resources
Responsibilities for research and development
Freedom to act
Physical effort
Mental effort
Emotional effort
Working conditions

Appendix Four:
Literature Review

The effective redeployment of nursing staff in a variety of new settings and clinical roles has been vital to extending the provision of primary care services. In NHS walk-in centres (WiCs), nurses are delivering services which incorporate diagnosis and treatment of presenting medical problems from the public. NHS WiCs were introduced to give improved access to primary care services for an increasingly mobile population. However, the continuing development of primary care and public health services means that the integration of walk- in- centres into the broader primary care services is becoming a priority for provider trusts in order to help them meet Government targets and out of hours services under the terms of the new GMS contract:

> *NHS walk-in-centres provide patients with quick access to nurse-led advice, information and treatment for minor injuries and illnesses. Where they exist they can contribute to improvements in access to and convenience of primary care services, by helping to reduce inappropriate attendances to GP practices, thereby freeing up capacity amongst GPs to see those patients with more complex needs more quickly.*
> (Department of Health, 2001 p.4)

Only two significant evaluations of WiC have been commissioned since the first WiCs were opened in 2000; a National Evaluation led by the University of Bristol Division of Primary Care (Salisbury et al., 2001) and an assessment of London NHS WiCs carried out by the Kings Fund (Mountford and Rosen, 2001). The latter is a smaller scale study focussing chiefly on staffing issues, in contrast to the National evaluation which examined many aspects pertaining to the quality of care delivered by WiC.

Both these studies recognise that WiCs provide an important opportunity for nurses to extend their scope of practice. Data from the King's Fund study suggest that many nurses have reported feeling ill-equipped to deal with the pressures involved in managing a mixed and unpredictable caseload (Rosen and Mountford 2002). The National Evaluation of Walk-in Centres found significant differences in the skill mix of WiC staff. Nurses recruited from a wide range of clinical backgrounds provided a diverse profile of skills and abilities in the services offered to the public in each particular unit. The absence of a governing model of skill mix in this new sector of healthcare delivery may emerge as an advantage by providing flexibility in responding to contingent local demands for services. However, the lack of uniformity in the training which is currently offered to staff in WiCs indicates the need for clearer guidelines in preparing nurses for their extended roles. Rosen and Mountford express concern about the walk-in-centre's continuing evolution as an unstable basis for training, referring to an 'ad hoc' strategy for professional development:

> *These observations raise two important questions that must be addressed before walk-in-centres are rolled out further. Firstly, what are the core roles of walk-in-centre nursing and what skills and competencies are required to fulfil them? Secondly, how should these skills and competencies be attained and assured?*
> (Rosen and Mountford 2002 p246)

There are many contingent factors which make the links between current training provision and nurses (lack of) confidence in clinical practice, difficult to substantiate without further investigation. Recruitment for London walk-in-centres has been difficult and staff shortages may limit opportunities for training. Also, given the wide range of skills that are developed through experience on the job, it is unclear how significant these observations are without following up on the nurses interviewed. According to Rosen and Mountford, the fact that a significant portion of skills are learned on the job in walk-in-centres underlines the need for a clearer competency framework. Effective clinical leadership may play a vital part in shaping how skills are learned in the workplace, but lead nurses roles need to be recognised by means of an approved qualification. It is questionable whether teams composed of mixed nursing grades will provide career progression without a universally recognised standard of excellence. The Nurse practitioner title may provide the right level of expertise in the walk-in-centre but some inconsistencies are evident between employers about the nature of the qualification. The climate of uncertainty pending the new registration system being drawn up by the NMC is seen by Rosen and Mountford (2002) as a significant drawback.

Despite the wide range of skill mix found in WiC teams, both studies identified some core activities common to all units, such as skills in triage and clinical decision making (including support software). Higher levels of expertise were identified in interpreting ‘vague’ and sinister presenting symptoms. Understanding the meaning of these symptoms was as important to those questioned as knowing how to refer on to the appropriate specialist (Rosen and Mountford 2002). Senior colleagues and GPs played an important role in providing support in the more complex cases.

The scope of skills required depended to some extent on whether there was an Acute unit or A and E in close proximity to the WiC. Further research is needed to establish the effectiveness of shared systems of triage between WiC and acute units.

With such a limited range of published research in this new field of clinical practice, researchers can only speculate on the potential shape of skill mix and the nursing role in the WiC. The tensions and uncertainties around the future of WiC services are accentuated by a lack of common language and a more transparent competency framework in nurse training. Rosen and Mountford suggest a constructive approach to mapping the different competencies expected from nurses in the WiC. They identify three significant areas of skill development in the emerging role of the WiC nurse which are as follows:

- Core activities-referring to triage, diagnosis and formation of a management plan (using decision support software), delivery of care, advice and information provision.
- Lead Nurse Responsibilities-referring to professional development of staff, developing protocols (e.g. PDGs), quality management, clinical leadership and complex health assessment.
- Extra/Bolt-on Services-referring to stand alone tests and services, mostly of a technical nature such as phlebotomy and cholesterol testing.

References

Department of Health (2001) *Raising Standards for Patients: new partnerships in out of hours care. Three Year Planning Guidance.* Department of Health, London

Mountford L, Rosen R (2001) *NHS Walk-in Centres in London. An initial assessment.* Kings Fund Publishing, London

Rosen R, Mountford L (2002) Developing and supporting extended nursing roles; the challenges of NHS Walk-in centres. *Journal of Advanced Nursing,* 39, 3, 241-248.

Salisbury C et al. (2002*) The national evaluation of NHS Walk-in Centres*. University of Bristol, Bristol

Appendix Five:
Educational Providers Addresses Including:
NELSHA Trust and PCTs, Universities and Independent Companies

All the Trusts and PCTs below were contacted to ensure that in-house manuals were also obtained. However, in a number of cases in-house training guides were not found to contain courses of direct relevance to WiC staff or there was substantial difficulty in obtaining the in-house training guide.

Barking, Havering & Redbridge Hospitals NHS Trust*
Harold Wood Hospital, Gubbins Lane, Romford Essex RM3 0BE
Tel: 01708 345 533
http://www.bhrhospitals.nhs.uk/

Barts & the London NHS Trust
The Royal London Hospital, Whitechapel, London E1 1RD
Tel: 020 7377 7000
http://www.bartsandthelondon.org.uk/

Homerton University Hospital NHS FoundationTrust
Homerton Row, London E9 6SR
Tel: 020 8510 5555
http://www.homerton.nhs.uk/

Newham University Hospital NHS Trust*
Newham General Hospital, Glen Road, Plaistow, E13 8SL
Tel: 020 7476 4000
http://www.newham-healthcare.org/

Whipps Cross University Hospital NHS Trust
Leytonstone, London E11 1NR
Tel: 020 8539 5522
http://www.whippsx.nhs.uk/

East London & the City Mental Health NHS Trust**
St Clements Hospital, Bow Road, London E3 4LL
Tel: 020 8880 6296
Fax: 020 7377 7990
http://www.elcmht.nhs.uk/

North East London Mental Health NHS Trust**
Trust Head Office, Goodmayes Hospital, Barley Lane, Goodmayes, Essex IG3 8XJ
Tel: 020 8590 6060
http://www.nelmht.nhs.uk/

Barking & Dagenham PCT*
The Clock House, East Street, Barking, Essex, IG11 8EY
Tel: 020 8591 9595
Fax: 020 8532 6201
http://www.barkinghaveringhealth.nhs.uk/orgs_bdpct.htm

City & Hackney Teaching PCT
St. Leonard's, Nuttall Street, London N1 5LZ
Tel: 020 7301 3000
Fax: 020 7739 8455
http://www.chpct.nhs.uk/

Havering PCT
St. George's Hospital, 117 Suttons Lane, Hornchurch, Essex RM12 6RS
Tel: 01708 465 000
Fax: 01708 465 300
http://www.barkinghaveringhealth.nhs.uk/orgs_havpct.htm

Newham PCT
The Sydenham Building, Plaistow Hospital, Samson Street, London E13 8SL
Tel: 020 8586 6200
Fax: 020 8586 6382
http://www.newhampct.nhs.uk/

Redbridge PCT*
Beckett's House, 2-14 Ilford Hill, Ilford, Essex IG1 2QX
Tel: 020 8926 5335
Fax: 020 8926 5353
http://www.redbridgepct.nhs.uk/

Tower Hamlets PCT **
Mile End Hospital, Bancroft Road, London E1 4DG
Tel: 020 8709 5000
Fax: 020 8709 5010
http://www.thpct.nhs.uk/

Waltham Forest PCT *
Hurst Road Health Centre, Hurst Road, Walthamstow E17 3BL
Tel: 020 8928 2300
Fax: 020 8928 2307
http://www.walthamforest-pct.nhs.uk/

City University, London
Northampton Square
London
EC1V 0HB
Telephone: +44 (0)20 7040 5060
Fax: +44 (0)20 7040 5070
http://www.city.ac.uk

London South Bank University,
103 Borough Road, London SE1 0AA
Tel: 020 7928 8989
http://www.lsbu.ac.uk

London Metropolitan University
Primary Health & Social Care Centre
Ladbroke House
62-66 Highbury Grove
London N5 2AD
http://www.londonmet.ac.uk

Middlesex University,
North London Business Park,
Oakleigh Road South,
London
N11 1QS
Tel: + 44 (0)20 8411 5000
www.mdx.ac.uk

University of East London **
University House Romford Road
London
E15 4LZ

Queen Mary, University of London
Mile End Road
London
E1 4NS
Tel: +44(0) 20 7882 5555
Fax +44 (0)207 882 5556
www.qmul.ac.uk

*** Information requested concerning courses, but not received to date.**
**** Information received, but no relevant courses.**

Independent Companies

Courses from independent companies have only been include where there currently appear to be gaps in provision and they have found to be of benefit to WiCs.

Practitioner Development UK Ltd
11 Alvara Road
Gosport
Hants
PO12 2HY
Tel/fax +44(0)23 9250 1428
www.pduk.net

Practitioners Associates Ltd
Aspen, 20 Meadows Way
Farnborough Park
Orpington
Kent BR6 8LW
Tel/fax +44(0)1689 850882
Practitionersassociates@yahoo.co.uk

Appendix Six:

Synopsis - Practical Application of the Knowledge and Skills Framework

Dimensions	**Level Descriptions**				
CORE – will relate to all NHS posts	**1**	**2**	**3**	**4**	**5**
1. Communication	Establish and Maintain communication with people on routine and operational matters	Establish and maintain communication with people about routine and daily activities overcoming any differences in communication between the people involved	Establish and maintain communication with individuals and groups about difficult or complex matters overcoming any problems in communication	Establish and maintain effective communication with various individuals and groups on complex potentially stressful topics in a range of situations	
2. Personal and people development	Contribute to own Personal development	Develop own skills and knowledge and provide information to others to help their development	Develop own skills and knowledge and contribute to the development of others	Develop knowledge and practice in an area of work	Develop own and others' knowledge and practice across professional and organisational boundaries
3. Health, safety and security	Assist in maintaining own and others' health, safety and security	Monitor and maintain health, safety and security of self and others in own work area	Promote best practice in health, safety and security	Develop a working environment and culture that actively improves health, safety and security	
4. Service development	Assist in maintaining and developing services	Contribute to the implementation of services	Contribute to the development of services	Develop and improve services	Develop strategies and policies for service improvement
5. Quality	Ensure own actions help to maintain quality	Ensure own actions promote quality and alert others to quality issues	Contribute to quality improvement	Improve quality	
6. Equality, diversity and rights	Ensure own actions support equality, diversity and rights	Support people's equality, diversity and rights	Promote people's equality, diversity and rights	Enable people to exercise their rights and promote their equality and diversity	

Dimensions	Level Descriptions				
SPECIFIC – will relate to some posts (select as needed)	**1**	**2**	**3**	**4**	**5**
7. Assessment of health and well-being needs	Undertake routine assessment tasks related to individuals' health and well-being	Assist in assessing people's health and well-being and related needs	Assess the health and well-being needs of people whose needs are relatively stable and consistent with others in the caseload	Assess people's health and well-being needs when those needs are complex and change across the caseload	Develop practice in the assessment of health and well-being needs
8. Addressing individuals' health and well-being needs	Assist in delivering programmes of care to meet individuals' health and well-being needs	Assist in planning, delivering and evaluating programmes to meet people's health and well-being needs	Plan, deliver and evaluate programmes to address people's health and well-being needs which are relatively stable and consistent with others in the caseload	Plan, deliver and evaluate programmes to address people's complex and changing health and well-being needs	Develop practice in addressing individuals' health and well-being needs
9. Improvement of health and well-being	Contribute to raising the awareness of communities and populations about health and well-being	Raise communities' and populations' awareness of health and well-being and the actions that can be taken to address issues	Improve the health and well-being of communities and populations through projects and programmes	Improve the health and well-being of communities and populations through policies and strategies	
10. Protection of health and well-being	Assist in monitoring and protecting groups and individuals whose health and well-being may be at risk	Monitor the health and well-being of groups and individuals and contribute to protecting those groups and individuals whose health and well-being is at risk	Protect people whose health and well-being is at risk	Develop practice in the protection of health and well-being	
11. Logistics	Assist with the movement of people and goods	Move people and goods	Plan, monitor and evaluate the movement of people and goods	Develop the movement of people and goods	
12. Data processing and management	Input data	Modify and structure data	Process and manage data and information	Develop the processing and management of data and information	
13. Production and communication of information and knowledge	Collect, collate and report routine and simple data and information	Analyse, interpret and report factual data and information	Analyse, interpret and report information and knowledge related to ideas and concepts	Analyse, synthesise and present knowledge and information about complex subjects and concepts to	

				influence key decisions	
14. Facilities maintenance and management	Prepare and maintain facilities and associated products by hand	Prepare and maintain facilities and associated products using equipment and by hand	Develop and maintain facilities and associated products	Develop the maintenance and management of facilities and associated products	
15. Design and production of equipment, devices and visual records	Assist in the production of equipment, devices and visual records	Design, produce and modify simple equipment, devices and visual records	Design, produce and modify complex equipment, devices and visual records	Design and produce new and innovative equipment, devices and visual records	

Dimensions	**Level Descriptions**				
SPECIFIC – will relate to some posts (select as needed)	**1**	**2**	**3**	**4**	**5**
16. Biomedical investigation and reporting	Perform routine tests and tasks related to investigations and reporting	Undertake and report on biomedical investigations	Plan, analyse, assess and report biomedical investigations	Develop practice in biomedical investigation and reporting	
17. Measuring, monitoring and treating physiological conditions through the application of specific technologies	Assist in the application of technology for measurement, monitoring and treatment	Apply technology for measurement, monitoring and treatment	Plan, monitor and quality assure the application of technology for measurement, monitoring and treatment	Develop practice in applying technology for measurement, monitoring and treatment	
18. Partnership	Participate in partnership working with other individuals and groups	Participate in partnership working with individuals, groups, communities and agencies	Develop and sustain partnership working with individuals, groups, communities and agencies	Develops, sustains and evaluates partnership working with individuals, groups, communities and agencies	Enable individuals, groups, communities and agencies to work effectively in partnership
19. Leadership	Influence the development of knowledge, ideas and work practice	Lead others in the development of knowledge, ideas and work practice	Lead work teams in the development of knowledge, ideas and work practice	Lead multi-agency teams and communities in the development of knowledge, ideas and work practice	
20. Management of people	Supervise the work of a team	Plan, allocate, assess and provide feedback to team members	Allocate, coordinate, monitor and assess the work of teams and individuals	Delegate work to others	Develops, implements and evaluates policies and strategies for recruiting, deploying, developing and retaining staff

21. Management of physical and/or financial resources	Monitor and maintain physical and/or financial resources for a work area	Maintain and support the efficient use of physical and/or financial resources	Plan, obtain and deploy physical and/or financial resources	Determine the effective use of physical and/or financial resources	Secure physical and/or financial resources and establish strategies for their use
22. Research and development	Assist with research and development	Lead on a specific aspect of a research and development project	Plan, coordinate and evaluate research and development activities	Establish, implement and improve strategies for research and development	

From: The NHS Knowledge and Skills Framework (NHS KSF) and Development Review Guidance– Working Draft– Version 6 (March 2003) p.10-11