Building capacity to care and capability to treat - a new team member for health and social care: Consultation
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1. Executive Summary

1.1 Today, over 350,000 clinical support staff\(^1\) work with Registered Nurses, Midwives, Doctors and Allied Health Professionals to deliver high-quality care in local communities. Working in a myriad of roles and functions, these support staff work as individual practitioners or in a team, to build capacity in the service by releasing care professionals to focus their expertise to assess need, plan care, deliver interventions, and evaluate care impact. With more experience and further qualifications care assistants have the potential to take on more responsibility in a clinical or technical area; indeed, many already act as a bridge between registered professionals and service users\(^2\) and their carers, facilitating holistic care in a range of settings.

1.2 Across health and social care, care workers are the support staff that play a crucial and fulfilling role in releasing Registered Nurses and other healthcare professionals to focus on more complex aspects of person centred care. Care workers have already contributed to significant improvements in patient experience, self-care, prevention and patient care outcomes. And this is set to increase as we widen access to opportunities in education and training locally and nationally to skill, upskill and reskill the nursing and care workforce.

1.3 Over the coming years, we will see a new type of care worker with a higher skillset that can deliver person centred basic care in all health and social care settings. These traditional skills - kindness, dignity, care and respect, maturity and resilience - are crucial in meeting the fundamental care needs of patients and people. This new enhanced support role, can assist, support and complement the care given by Registered Nurses and strengthen the nursing contribution to holistic, person centred care in all settings.

1.4 The momentum of change is now gathering pace through the Shape of Caring Review and wider service redesign towards localised models of integrated care. Care Assistants are a precious resource and the proposed higher skilled Nursing Associate has the potential to add a facet of direct care which the health and social care sectors need to realise for the delivery of multidisciplinary, holistic person centred care.

1.5 The proposals to develop the Nursing Associate role set out in this consultation document are designed to help leaders of the nursing and care workforce seize a once in a generation opportunity to transform the way care is supported across health and social care. Working in partnership, the Registered Nurse and Nursing Associate can deliver a significant boost to population health, wellbeing experience and outcomes for service users, families and carers. As the service moves towards models of person centred care in response to local need, this proposed new role will become part of the health and social care team and help meet the ever increasing health and care need and expectations.

\(^{1}\) Health and Social Care Information Centre (HSCIC) 2015 Data

\(^{2}\) HEE recognises that there are different terms given to those who use care services, who are commonly referred to as patients, clients, or consumers. For the purposes of this consultation we are using the term service user.
2. General Information

2.1 Purpose
Health Education England is seeking views on the proposals for the introduction of a new Nursing Associate role to support the Registered Nurse workforce in providing high quality care across health and social care settings, in particular to:

- Identify the potential for a new role to sit between a Care Assistant with a Care Certificate and a graduate Registered Nurse.
- Identify the principles for the proposed new care role.
- Consider the learning outcomes that will need to be assessed to assure quality, safety and public confidence in the proposed role.
- Identify what academic achievement would be required, alongside the practical skills and how this learning should be best delivered and assessed.
- Consider whether or not the proposed role should be regulated – and if so, how and by whom.
- Agree the title of this new role.

2.2 Of interest to:

- Chief Nurses and Directors of Nursing
- Care Support staff of all grades
- Registered Nurses across all fields, specialties and grades
- Services Users and representative groups
- Director of Human Resources and workforce leads
- HEIs, FE Colleges and Training Providers
- Providers of community care: non-residential and residential homes, domiciliary care,
- Primary, secondary and community care employers
- Director of Adult Social Care and Local Authorities
- NHS ALBs (Care Quality Commission, Public Health England, NHS England, Monitor, Trust Development Authority)
- NHS Employers
- Royal College of Nursing and other Professional Bodies
- Council of Deans
- Trade Unions
- Regulators
- Sector Skills Council

(This is not an exhaustive list)

2.3 How to respond:
Throughout this document we ask a series questions on a proposed new Nursing Associate role and seek your views on all aspects of the role. Your response will be most useful if it is framed in direct response to the questions posed, although further comments and evidence are also welcome. Health Education England will send an acknowledgement by email to all responses received.

2.4 You may respond by completing the response form on the Health Education England website at:

https://hee.nhs.uk/our-work/developing-our-workforce/nursing/have-your-say-new-role-nursing

Issued: 28 January 2016

Respond by: 00.00 GMT 11th March 2016

Territorial extent: This consultation applies to England only.
2.5 Confidentiality and data protection
Information provided in response to this consultation, including personal information, may be subject to publication or disclosure in accordance with access to information legislation (primarily the Freedom of Information Act 2000 and the Data Protection Act 1998).

If you would like the information that you provide to be treated as confidential, please say so clearly in writing when you send your response into the consultation. It would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded by us as a confidentiality request.

We will summarise all responses and place this summary on our website. This summary will include a list of names or organisations that have responded but will not give personal names, addresses or other contact details.

2.6 Quality assurance
This consultation has been carried out in accordance with the Cabinet Office Consultation Principles, which can be found here:


If you have any complaints about the consultation process (as opposed to comments about the issues that are the subject of the consultation), please address them to:

HEE.nursingassociateconsultation@nhs.net

2.7 Representation of opinions
We would be grateful if you could complete the section on the consultation form that asks about your role, in as much as detail as possible so that we know, for example, whether you are responding on behalf of an organisation or as an individual.

2.8 Contact point for further information
If you have any further questions about the contents of this consultation paper, please email

HEE.nursingassociateconsultation@nhs.net
3. Introduction

3.1 This consultation sets out proposals for the introduction of a new intermediate care role which sits between the role of a Care Assistant with a Care Certificate and a graduate Registered Nurse. The proposed role was discussed in both The Cavendish Review\(^3\) and The Shape of Caring Review\(^4\), which recommended that:

“Health Education England (HEE) should explore with others the need to develop a defined care role (NHS Agenda for Change band 3) that would act as a bridge between the unregulated care assistant workforce and the registered nursing workforce.”

3.2 It is envisaged that this proposed new role will support the capability to deliver high quality care to an increasingly diverse and ageing population. To deliver to this, the proposed role will need to work within defined principles of practice, supported by a competency framework.

3.3 In addition to recognising the higher level skills and competence of many Care Assistants, the proposed role will provide a new route in to pre-registration nurse education for those that wish to achieve registration and will contribute to the ever important widening participation agenda.

3.4 We know that Registered Nurses are caring for those with complex conditions with an increased focus on providing that care closer to home. Localised service models embedded within local communities are emerging within the context of the Five Year Forward View\(^5\). Care today extends beyond treatment – it encompasses prevention, public health education, management of long term conditions and supporting service users and their carers. Registered Nurses work across primary, secondary and social care and have professional relationships not just with service users, but also their families or carers.

3.5 The proposed new role will be integrated into the nursing workforce and its introduction will build on the work delivered by Shape of Caring. We want Care Assistants to have opportunities for a rewarding lifelong career with opportunities to progress into higher level caring and nursing roles for those who seek to do so. It is envisaged that a new role which has clear standards and a consistent title will enable the development of a flexible workforce able to deliver care according to need.

3.6 Many healthcare professions are moving towards a greater skill mix as organisations develop models of care in response to local need. For example, the Vanguard sites are giving local areas flexibility in adopting the model appropriate to their local needs and context, rather than mandating a one-size-fits-all approach. The intention is that these sites will not only transform care for patients in their areas, but also demonstrate and spread best practice that benefits the rest of the NHS.

3.7 We anticipate the proposed new role will strengthen the caring contribution to integrated and person centred care whilst addressing the needs of the nursing workforce in the future. The new role will compliment that of the Registered Nurses, delivering hands-on care, freeing up Registered Nurses so they can spend additional time using their more specialist training to focus on clinical duties and take more of a lead in decisions round a patient’s care.

3.8 A consistent title is believed necessary for this new role to reflect the skills, defined scope of practice and education pathway. For the purpose of this consultation, we have used the working title “Nursing Associate” however we seek the views of stakeholders on what this should be.

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4. **Background and Context**

4.1 Health Education England is mandated to support the delivery of excellence in healthcare and improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

Investing in the nursing team through the introduction of the proposed new role forms part of the response to the Shape of Caring Review. Healthcare as described in the Health Education England 15 Year Strategic Framework\(^6\) and the Five Year Forward View and beyond requires a different approach to future workforce supply, development and configuration.

4.2 As one of the six\(^7\) delivery partners of the Five Year Forward View, Health Education England has a number of programmes focused on transforming the nursing workforce to meet future healthcare challenges. As the largest group of health professionals at work in the UK, Registered Nurses are central to the transformation of care, but they do not work in silos and they need dependable support.

4.3 With the need for better access to services seven days a week and the learning from the Vanguard sites it is clear that skill mix within teams, including skilled support staff, is crucial to delivering and transforming care to improve the health outcomes of the local population. The nursing workforce has a history of responding to changing need by developing innovative ways of working introducing new roles such as the Assistant Practitioner, Nurse Specialists and Consultant Nurses into the nursing family. It is envisaged that the *Nursing Associate* role can help build capacity and capability.

4.4 Managing care needs will be a central focus of this proposed role across a range of settings and locations, including in the community (such as clinics, patients’ own homes, GP surgeries) and in hospitals (such as in wards, accident and emergency departments).

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\(^7\) The six national bodies that authored the Forward View are Care Quality Commission, HEE, Monitor, NHS England, Public Health England, Trust Development Authority
**Why the Nursing Associate?**

4.5 The proposed *Nursing Associate* role will integrate the science and art of nursing through work-based collaborative experience to assimilate academic knowledge and practical learning. Skills derived from biological, sociological and behavioural sciences and information technology will be utilised to deliver patient centred, culturally competent and holistic care.

4.6 Individuals working in the proposed new role will also have to demonstrate an understanding of care needs from preconception to end of life assisting and supporting physiological, psychosocial, developmental, sociocultural, and spiritual needs.

4.7 Health Education England’s latest research\(^8\) shows that services are increasing their commissions for the Assistant Practitioner role, however many of the roles requested are to progress and expand the care delivered by nursing teams. This suggests there is a real need for the proposed *Nursing Associate* role which will be designed to function in a uni-professional capacity – with a clear, core focus of supporting services in the delivery of expert nursing care. The proposed role will also redefine prospects for advancement in nursing for Care Assistants by differentiating the career pathway into registered nursing.

**Q1 What are the most important issues that need to be addressed in deciding whether to establish a new care role working between a Care Assistant with a Care Certificate and a Registered Nurse?**

**Reshaping the Nursing and Care Workforce**

4.8 The Shape of Caring Review underpins the work of Health Education England to transform the nursing and care workforce, to skill, reskill and upskill all the roles which contribute to improving the health and care of the population and citizens in England. Eight themes emerged from the review, of which two, “Valuing the Care Assistant Role” and “Widening access for Care Assistants”, set out the purpose and position of the proposed *Nursing Associate* role as illustrated in figure 1.

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\(^8\) HEE Workforce Planning Data, October 2015
Fig 1: Shape of Caring Themes

- Enhancing co-production and the voice of the patient
- Valuing the care assistant role
- Widening access for care assistants
- Developing a flexible model
- Assuring a high quality learning environment for pre-registration nurses
- Assuring high quality ongoing learning for registered nurses
- Assuring sustainable research and innovation
- Assuring high quality funding and commissioning
Workforce Profile

Registered Nursing Workforce
4.9 Nursing is a diverse profession spanning the whole health and care sector, and forms the largest part of the health and care workforce. There are 692,973 nurses and midwives on the Nursing and Midwifery Council register\(^9\). The workforce census 2014\(^{10}\) identified 377,191 (headcount) Nurses, Midwives, Health Visitors and General Practice Nurses working across acute and community settings.

4.10 In the UK, Registered Nurses (and midwives) have to meet standards for entry to the register, and uphold standards and requirements to remain in registration (revalidation). This is to provide assurance to the public, peers and their professional regulatory body (Nursing and Midwifery Council) that they are fit to practise. The NMC can investigate concerns about their practice and take action, including removing them from the register if needed.

4.11 We know that in making decisions on how to plan and deliver a sustainable nursing workforce in the future, employers are transforming how they develop their nursing workforce to meet the increasing and changing needs of the population. Many are introducing a greater skill mix, employing health and care support staff across a range of grades in primary, secondary or social care focused on improving the quality of care and increasing productivity in the context of downward pressures on health spending.

Non-Registered Workforce
4.12 There are approximately 1.3 million\(^{11}\) frontline staff working as Care Assistants within the current workforce in England who frequently deliver a large proportion of direct care in hospitals, care homes and the homes of individuals.

4.13 These staff are supporting the delivery of care across all disciplines and services. Their skills and competences are as diverse as the services they work within. The interdependent and interlinked relationship between Care Assistants and Registered Nurses is reflected in the current practice of care across health and social care and it is envisaged that a higher level care role would enhance the relationship even further.

Q2 What contribution to patient care do you think such a role would have across different care settings?

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\(^9\) http://www.nmc.org.uk/registration/joining-the-register/

\(^{10}\) Health and Social Care Information Centre Workforce Census England, September 2014

The Principles of the Proposed New Role

4.14 To enable flexibility across the nursing and care workforce in order to ensure safe, high quality care, the vision for the future sees the principles of the proposed new role being:

- Firmly grounded in direct care provision working with patients, families and carers within communities
- Able to deliver care in a range of settings
- Able to work across a range of population groups and conditions to a defined level of competence with a greater emphasis on community and public health perspectives
- Aware of their boundaries of competence and expertise
- Able to work within multidisciplinary teams.

Q3 Do you have any comments on the proposed principles of practice?

4.15 The anticipated benefits to the wider nursing and care workforce are seen as:

- Freeing up Registered Nurse capacity to concentrate on expert patient care, with time for high quality preparation, interaction, communications, planning and assessment, raising their status and enhancing the patient experience.
- Recognising the importance of career progression for Care Assistants (working with the professional regulators to develop a career progression pathway for the current workforce into an undergraduate nursing programme which, if approved, would allow for recognition of accreditation of prior learning thereby enabling an accelerated route from a Nursing Associate to Registered Nurse).
- Widening of the nursing career framework enabling progression from apprenticeship to senior nurse level, with opportunities to step “off and on”.
- A flexible and portable skillset that enables care provision across health and care settings.

Parameters of the role

4.16 It is anticipated that the proposed Nursing Associate will have core competencies and skills to support care delivery across health and social care settings. The proposed scope of practice is focused on the delivery of the fundamental aspects of direct care. Its purpose is to improve standards of care, offer a new route into nursing and provide a higher skilled worker to enhance the current workforce. The Nursing Associate will work under the leadership of the Registered Nurse.

4.17 The role will not:

- Independently review patient treatment plans, measure or evaluate progress to make decisions on patient care
- Lead or design the care planning process
- Manage or oversee care interventions
- Provide clinical expertise

Q4. Do you have any comments on the aspects of service the proposed role would cover?
5. **Education and Training**

5.1 Health and social care services are changing and moving towards integrated models. For the proposed new *Nursing Associate* role, the education and training pathway needs to equip the *Nursing Associate* to be adaptable to work in varied care settings. As for Registered Nurses, both the academic and practical components of the education pathway are therefore important.

5.2 A desktop review into current health and social care curricula suggests the overview of the academic knowledge that will be required for the proposed *Nursing Associate* role as:

- Prevention, health education and promotion
- Self-care
- Rehabilitation and reablement
- Support management of long term conditions including acute episodes
- Direct care from pre conception to end of life

**Q5. Do you have any comments on the proposed list of knowledge this role requires?**

5.3 For those working in NHS settings, the Banding of this role will need to be decided through the Agenda for Change process. This will be dependent upon several of the issues addressed in the consultation such as educational level and competencies for the role.

**Education levels**

5.4 The Government is committed to the development and delivery of apprenticeships within the health and care sector and has announced the introduction of an apprenticeship levy within the Comprehensive Spending Review. We are therefore utilising this funding stream as a key mechanism to deliver the proposed *Nursing Associate* programme.

5.5 In line with government policy the proposed academic and vocational pathway for the development of this new role is through the Higher Apprenticeship framework that utilises a Foundation Degree or equivalent Level 5 qualification within its structure. It is envisaged that this will be aligned to the learning outcomes of the Registered Nurse, underpinned by nationally accredited and transportable skills.

**Curriculum Delivery**

5.6 The proposed *Nursing Associate* in training will need to have an agreed curriculum structure that allows for theoretical delivery, practical demonstration of competence and protected time to experience care in aligned settings. It is envisaged that employers across health and social care will play a key role in establishing learning outcomes, and Registered Nurses will be essential in supporting the development of the proposed Nursing Associate role. This will include consideration of how best to meet the intent behind the proposals in the Cavendish Review for a Higher Care Certificate.
6. Role Title

6.1 In the past, there has been and remains confusion over the different roles, titles, educational preparation and backgrounds of the various Care Assistant roles currently within the health and social care system. This includes some misunderstanding about which titles are protected in law. The title Registered Nurse (rather than Nurse) is a protected title laid down in the Nurses and Midwives (Parts and Entries in the Register) Order 2004\(^{12}\).

6.2 The Care Assistant workforce is known by various titles such as healthcare assistant (HCA), clinical support worker, healthcare support worker, care assistant, nursing assistant and many more. HEE believes it is important to give identity to the proposed new role agreeing a title which reflects the scope and contribution of the role.

Q6. What do you think the title of this role should be?

\(^{12}\) Nurses and Midwives (Parts and Entries in the Register) Order 2004.
7. Regulation

7.1 HEE welcomes views on the regulation of the new role of Nursing Associate. Decisions about whether to regulate new roles should be based on an assessment of the risks posed, taking into account the other measures in place to shape and specify practice. Enhanced qualifications, clinical governance and local and national guidelines may be considered sufficient to protect the public, or voluntary regulation could be deemed proportionate. Statutory regulation of the sort that applies to nurses and midwives offers a further level of protection as it is the only means by which a practitioner can be prevented from practising in a given field. Shape of Caring engagement suggested strong support for the regulation of a Nursing Associate role, and regulation may give the public confidence at time when functions previously undertaken by registered professionals are being transferred to Nursing Associates. It should be noted that regulation brings with it a cost to the individual and therefore the creation of this role, with regulation, whether voluntary or statutory, would require a registration fee to be paid.

Q7 Please comment on what regulation or oversight is required for this role and which body should be responsible.
8. Closing Remarks

8.1 We see the development of this proposed role as part of the response to the Shape of Caring Review, ensuring the capacity and capability to deliver safe, high quality person centred care now and in the future. The apprenticeship delivery model provides the work based learning that will be key to ensuring both the academic and practical components of learning for the proposed Nursing Associate role.

What happens next?
8.2 We value your comments and look forward to receiving your feedback in relation to the consultation questions. The consultation will formally close on 00.0011\textsuperscript{th} March 2016 and we will publish our response and proposed next steps within 12 weeks of that date.
9. **Summary of Consultation Questions**

Q1 What are the most important issues that need to be addressed in deciding whether to establish a new care role working between a Care Assistant with a Care Certificate and a Registered Nurse?

Q2 What contribution to patient care do you think such a role would have across different care settings?

Q3 Do you have any comments on the proposed principles of practice?

Q4 Do you have any comments on the aspects of service the proposed role would cover?

Q5 Do you have any comments on the proposed list of knowledge this role requires?

Q6 What do you think the title of this role should be?

Q7 Please comment on what regulation or oversight is required for this role and which body should be responsible.

Q8 The consultation would welcome any further views.