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Multi-disciplinary training hubs in North West England: The training hub lead perspective.

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Abstract

Multi-disciplinary training hubs in North West England: The training hub lead perspective

Introduction

Increasing the capacity of Primary Care to meet the challenge of providing future complex and multi-disciplinary care in England has led to the increasing establishment of ‘Training Hubs’ [TH]. Other terms are used interchangeably to refer to TH activity: Advanced Training Practices, Enhanced Training Practices and Community Education Providers. The aim of this study was to gather the perceptions of TH Leads in North West England on how they established their TH and lessons learned.

Methods

Five semi-structured telephone interviews were undertaken with TH Leads. Thematic analysis of the transcripts was undertaken.

Findings

Four themes were identified: Motivation and Expectations of Establishing THs; Benefits to Learners and Practice Staff; Implementation Challenges and Barriers to Scale-Up; Sustainability and Wider Implementation.

Discussion

TH Leads highlighted that the establishment of THs enhanced the multi-disciplinary learning experience. However, several barriers for sustaining the quality of the TH learning environments were identified. Difficulties recruiting ‘Spoke Practices’ were greater than expected. Findings identified the following factors for consideration for wider implementation: the maintenance of TH Lead support networks; appropriateness of funding to encourage practices who may be reluctant to take on this additional

responsibility; importance of communication channels between THs and HEIs; and the management of student numbers to ensure enhancement of the multi-disciplinary learning experience.

Keywords: Training Hubs; multi-disciplinary; education and training; learning; workforce.

Introduction

There are unprecedented pressures to build primary care workforce capacity including: increasing demand for longer and more complex consultations, an aging patient demographic living longer, and a progressive reduction in GPs and primary care nurses per head of the population over the last ten years [1]. Data from NHS Digital [2] suggest that despite improvements in GP recruitment and retention, the demand to fill the current and future gap for GPs and clinical staff in primary care will remain unmet without a whole system approach to workforce and practice transformation. Developing teams through the Training Hubs [THs] will enable provision of care by multi-disciplinary teams that are responsive to the increasingly complex health needs of the expanding ageing population in England. THs will also enhance and / or support the increased development of care by General Practice Nurses, Physician Associates [3] and the additional 1,500 pharmacists working in general practice by 2020 [4]. The Primary Care Commission presented their vision for the future of Primary Care in 2015 [5] and in this ten-point plan there was a focus on developing multi-disciplinary teams through the implementation of THs which would provide high quality education and training to all general practices [5,6]. This approach is further supported by the NHS Long Term Plan [7].

The intention of the THs is to provide a “broader education than the traditional single professional approach” [8] by bringing together a wide range of stakeholders to enhance the learning experience. The stakeholders can include a wide range of NHS and voluntary organisations, community, local authorities, and Higher Education Institutions (HEIs). An essential aspect of the THs is that they collaborate and share best practice across multiple general practice organisations in a ‘hub and spoke’ arrangement to ensure consistent high-quality education and training across a specific geographical locality. This model allows smaller ‘spoke’ practices to take on students and rely on a wider network of mentors co-ordinated by the Leads in the ‘hub’ practice [9].

Following the allocation of additional financial resources from NHS England, several THs were developed and implemented across England [10]. By April 2018, there were 126 multi-disciplinary THs across all 13 Health Education England (HEE) areas [8] with 15 in HEE North West [11].

An important aspect of the development and implementation of THs has been to encourage an innovative and responsive approach to meeting local needs and this has created some confusion in terminology, but also the specific objectives for the HEE region. HEE and the British Medical Association (BMA) advise ‘Training Hubs’, ‘Advanced Training Practices’ (ATP), ‘Enhanced Training Practices’, and ‘Community Education Provider Networks’ (CEPN) can be used interchangeably [12]. For the purpose of this paper, reference will be made consistently by the term ‘Training Hub’ [TH] since this is the term used in HEE North West. The objectives for THs in HEE North West highlight the need for THs to “accelerate effective partnerships”, with the expectation that their activity becomes embedded as core to the organization [13].

The aim of this study was to gather the views and perceptions of TH Leads in North West England on how they established their TH and the lessons learned to inform wider implementation.

Methods

A qualitative interview study of TH Leads across the North West (NW) of England was undertaken. The study took a constructivist approach. All twelve TH Leads (at time of data collection there were 12 THs, by the time of write up this had increased to 15) were invited via email to participate in this study. THs were spread across inner city, suburban and rural areas and were led by GPs, Nurse Practitioners, and Practice Managers. Five volunteered to take part in individual semi-structured telephone interviews conducted by two researchers (JB & SAS). The five who took part represented large inner city and smaller suburban practices and included GPs, Nurse Practitioners, and Practice Managers.

Semi-structured interviews were conversational in style; the interview guide enabled the interviewers (JB & SAS) to address themes relevant to the study and follow relevant avenues of inquiry opened by the participants [14]. The interview questions explored expectations, views regarding the dynamics of how multi-disciplinary learners interacted, impact of multi-disciplinary learners on the overall learning experience, factors associated with the activities of the THs, potential to widen use in primary care and suggestions for future improvement.

Interviews (lasting about 40 minutes) were audio-recorded, transcribed verbatim, and analysed using Braun and Clarke's model of thematic analysis [15,16]. Anonymised transcripts were transferred to NVivo software for coding and analysis [17]. Analysis was mainly inductive to enable examination of the data without constraint imposed by existing literature or preconceptions [16]. Three members (SAS, CN, & JB) of the research team

independently coded and analysed the transcripts in order to identify themes and ensure inter-rater reliability. Variations in coding were discussed and agreement was reached on designated themes.

The study was approved by Health Education England (North West) Research and Innovation committee, and the Research Ethics Committee in the Faculty of Health and Social Care, Edge Hill University. Participants were informed of the study's purpose, confidentiality, voluntary participation, and the right to withdraw at any time. All participants provided consent to anonymised excerpts of their interviews being used in research publications.

Findings

Four themes were identified after analysis of the TH Leads' qualitative accounts: (1) Motivation and Expectations of Establishing THs; (2) Benefits to Learners and Practice Staff; (3) Implementation Challenges and Barriers to Scale-Up; (4) Sustainability and Wider Implementation.

Motivation and Expectations of Establishing THs

Three general practices which became a TH reported already having a track record of training and educating students; the TH initiative was considered to be in line with the existing teaching ethos of the practices.

We've been a training practice for twenty years now... and I had nurses keen to get involved. [TH Lead (L) 1]

Another motivating factor for all practices was the inherent challenges within the current and future primary care workforce, especially related to recruitment and retirement. They felt that attracting and educating young professionals through the TH initiative, could help solve these workforce issues.

One of the things that we are absolutely aware of is the average age of practice nurse is getting closer and closer to retirement age and the numbers coming in to replace them aren't particularly the level that we need. [THL 2]

I suppose my intention was, having recently moved into [area] where there is a big workforce crisis, both with GPs and nurses, it was to look at new ways of working and how we could in the future, fill these gaps. [THL 4]

TH Leads felt that a slower start-up would have given practices (particularly those without an established track record of teaching) time to get clinicians on board and resolve preliminary problems.

I think it's been implemented far too quickly... this was a set of systems that were imposed, and the targets that were constructed to do this, I think, were counterproductive. [THL 3]

Benefits to Learners and Practice Staff

All TH leads felt the TH initiative was of benefit to learners.

The educational experience they're getting with the mentors in general practice is a huge contrast, and they describe learning more in that period of time than they've learned over six months in other environments. So, I would say it's extremely positive. [THL 3]

Fantastic! So, we've got advanced practice students, we've got social work students, we've got nursing students... we've got paramedics and obviously have medical students. The dynamics have been brilliant... we've set up some things where they've had lectures together, they've absolutely loved that... They've had an understanding of each other's roles... So, it's worked really well, our students working together. [THL 5]

Multi-disciplinary learning was also reported to have enhanced the students' overall learning experience.

I think it's enhanced the quality [of the training experience]. [THL 1]

The TH initiative was also beneficial to staff. Feedback from the hub leads showed that GP teachers enjoyed teaching the multi-disciplinary learners and found the experience rewarding because it enhanced their own and their students' learning.

...I think in terms of staff morale, giving people an interesting job to do... we are very used to teaching. We like it. It adds to the interest of doing the job, it helps reduce burn out. In fact, it keeps us all on our toes... and we have the challenge

back from the students. It means that we need to be up to date. So clearly that's a big positive. [THL 2]

All TH Leads were positive about the TH initiative. Providing training to a wide variety of learners was an opportunity to educate students about general practice and change the long-held belief that young healthcare professionals first work in hospital settings upon graduation and then move into general practice when nearing retirement.

To my mind, the principle's good, the idea's sound and we've just got to keep that in mind when we're struggling to just make this happen. [THL 1]

Support networks for THs were established during the implementation.

We actually had a meeting together last week in [area] of the various ETP hubs across the northwest and we had a couple of phone calls, conference type phone calls as well through the year to just share ideas, share good practice. [THL 1]

Implementation Challenges and Barriers to Scale-Up Expectations

Several challenges such as increased workload and time pressures, difficulty recruiting 'spoke practices', delays, issues with logistics, and disagreements with Higher Education Institutions (HEIs) were likely to affect the establishment of THs. For example, clinicians involved in teaching struggled to balance their clinical and mentorship roles; they had no protected time for mentoring students, and time-constraints coupled with increased workload affected their capacity to meet their extant job-related targets.

What we are keen to do is to ensure that the placement is of maximum value to a learner... but in order to do that, that takes time, particularly nurse time which we need to block off and that then has an impact on our capacity to practice. [THL 2]

The PA [physician associate] students, as a negative, are time-consuming. They are a definite time-consuming resource for me as a doctor. [THL 1]

The inevitable expansion in numbers of trainees created pressures on resources and in particular the physical space needed to accommodate them:

So you can get to the stage when you have too many trainees for the physical resource that you have, i.e. rooms and other things, which can mean that you could end up having to you know, double-up, etc., which can make things more difficult. [THL 2]

The TH Leads also reported expecting other teaching practices to share their vision regarding the TH initiative and were surprised by their apathy. There was an expectation that other teaching practices would engage with an initiative to address future workforce shortfalls.

I probably was being a bit naïve. I thought the other practices in the area would be keener to get involved... and I've been a bit surprised at the reluctance of some practices that I thought would be supportive to somewhat say no thanks. [THL1]

I assumed that everybody felt like me... and wanted the best for the future... I just was shocked to see how many GPs had just... lost sight of, of the bigger picture and how to move forward. [THL 4]

There was a perception that funding did not cover the costs of student placements.

Again, the barrier seems to be that when we describe the placement there isn't the level of funding to support the workload that's required. [THL 2]

It was further noted that GPs, irrespective of age or experience, were under pressure to meet targets, maintain their funding and remain viable in the future. Hence, given the perceived inadequate TH funding and immense pressure in primary care, practices were reluctant to take on this additional responsibility.

A lot of our GPs are kind of approaching retirement, so they're not interested in investing in their staff for the future... They don't want to release their nurses to train the students. [THL 4]

And the GPs' funding is absolutely dependent on targets... Their priority is going to be basically having a business in a year's time. [THL 3]

TH Leads reported that it was particularly tough to convince other practices to take on nursing students. Reasons included workload, inadequate funding and confusion with regards to their competency levels.

I mean we were the only practice in [area] as far as I can tell that put their hands up and said that we were willing to be a hub practice for the nursing students, etc.... there hasn't been a lot of interest because of the workload involved and the sort of relative lack of funding. [THL 2]

It's been quite a hard work thing to sell it to other practices which has slowed down our ability to expand and that I think still continues to be a hurdle that challenges us. [THL 1]

TH Leads believed that some of the problems encountered at the start-up stage could have been avoided if higher education institution (HEI) staff had adequate understanding of general practice and how it worked.

I think the universities, if truth be known, really don't know what we do because they're just not familiar with it. [THL 1]

It was agreed that the TH initiative was useful and had potential for widespread use in general practices. However, such expansion brings challenges such as space and accommodation within GP settings:

Sustainability and Wider Implementation

Several suggestions were provided with regards to widening the use of THs in general practice, ensuring sustenance and successful future implementation. First, participation of a larger number of practices was reported to be vital to the spread of the initiative, and in order to achieve this, it is crucial that funding problems are resolved.

A tariff that allows for the workload involved, I think we'll start to get more and more practices joining in. [THL 2]

TH leads raised some concerns over the emphasis on the number of students and the pressures that came with it, stating that this could lead to student numbers being given priority over the quality of training being provided.

It's been a slow set up for us because we have had to nurture from nothing... we have felt very, very pressurised to get numbers whereas actually we want a quality placement, that they are going to get something out of. [THL 5]

I would like us to be able to negotiate the amount, the numbers of students. [THL 5]

Secondly, it was noted that the immense pressure on staff who have to juggle the demands of their mentoring and clinical roles could be reduced by taking advantage of the 'hub and spoke' arrangement. Reducing the amount of time staff spent mentoring was reported to be important to the future sustainability of the TH initiative.

I think... you have to... actually reduce the amount of exposure time that the mentors have in order to make it saleable activity in the future. [THL 3]

Finally, TH Leads criticised the generic approach used in teaching the multi-professional learners, highlighting the need to tailor the teaching approach to meet the students' career

prospects, thereby optimising their learning experience.

We were talking about paramedic, student nurse and physician associate placements but actually, the requirements for each of these should be very different and yet they are all being treated as generic. [THL 2]

Discussion

The TH leads considered that the teaching and learning experience within their General Practice had been enhanced by the establishment of the hub. Not only does it expose students to working and learning with other health professional students, it raises awareness of professional roles and allows teachers in the THs to be challenged to learn new ways of facilitating multi-disciplinary groups. Managed appropriately, the TH initiative was perceived as an excellent way in principle to help address future workforce challenges in Primary Care. However, the TH Leads had concerns about sustaining the quality of their learning environments in the future, and reaching saturation point if the numbers of students continue to increase. An important recommendation was the need to improve communication between those managing the TH programme, the HEIs, and other stakeholders to ensure that the quality of the learning experience is not impeded by an increasing number of students needing to be supported.

It is of concern that TH Leads have found it more difficult than expected to recruit ‘spoke practices’. This mirrors findings from a pilot which ran in North Lincolnshire [18]. As the TH initiative is expanded with more funding from NHS England and HEE [7], this resistance to participate by some Practices needs to be further explored. The physical resources such as accommodation required to facilitate multi-disciplinary learning is another factor requiring further consideration.

This study provides a greater insight into the ways in which the design and delivery of training within THs impacts on the learning experience and educational practices of the participants. ‘Spoke practices’ are needed to support the TH Leads who remain fully committed but there are concerns that learning opportunities can become restricted if ‘spoke practices’ remain reluctant to support multi-disciplinary learning. THs need ongoing support by all stakeholders to allow them to focus on facilitating high quality learning environments to attract future health professionals to want to work in the Primary Care and Community care setting.

The study also highlights the difficulties of implementing change and innovation in complex systems, especially when there is little ‘absorptive capacity’ for new ways of working [19]. There are important lessons for policy makers and managers, who often expect their policy to achieve specific outcomes, but ignore the reality that these outcomes will become extensively modified through the interplay of numerous factors that occur during the process of implementing the policy [20].

Limitations

This study only focussed on one of thirteen HEE areas and only interviewed five of the twelve TH Leads in post at the time of recruitment. At the time of write up, the number of THs in this region had increased to fifteen. The findings reported here are to be read in the context that seven TH Leads did not volunteer to take part in the study, perhaps due to time and / or resource pressure. Those who did take part came from inner city or suburban practices. Rural practices are not represented. Although the findings that we have reported are not derived from a large enough sample to concretely assert that they are transferable, there are important conclusions that can inform the future development and implementation of THs, especially for policymakers and managers.

Conclusion

Overall, the TH initiative is perceived by those leading the hubs as a very positive development that has the potential to help sustain multi-disciplinary careers in the Primary Care and community setting. Findings reported in this paper demonstrate that the following areas need consideration by those responsible for wider implementation:

- Maintain the TH Lead support networks;
- Reflect on the perceived inadequate TH funding and immense pressure in primary care and practices' reluctance to take on this additional responsibility;
- Facilitate better communication channels between THs and HEIs;
- Ensure increasing student numbers do not saturate THs as this could lead to the dilution rather enhancement of the multi-disciplinary learning experience.

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Disclosure of interest

The authors report no conflicts of interest.

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