**A blue circle with a white hand drawn hands in it

Description automatically generatedSkills development for healthcare assistants for the information gathering appointment**

Here are some suggestions of the skills and training needed for healthcare assistants who regularly gather information for the personalised care and support planning (PCSP) process.

In general, this role focuses on two key functions:

1. Gathering all the clinical measurements and collecting many of the QOF/long-term conditions disease surveillance requirements (for the combination of conditions that each person lives with)
2. Guiding the person through the PCSP process so they understand what happens next and how it differs from usual care.

These suggestions of skills and training needs, sit alongside use of usual processes for safety netting and managing ‘red flags’. These may need to be adapted for individual teams, skills and services provided.

It is recognised depending on the experience of the HCA there may be opportunities for a more in-depth role for some elements of care, e.g. checking inhaler technique and teaching home blood pressure monitoring.

In addition, the HCA having a basic knowledge and understanding of the most common long-term conditions is useful to support patients and understand the relevance of routine screening and reviews.

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| **Condition** | **Skills and training needs for information gathering appointments** |
| Generic PCSP skills | * Understand the purpose of the PCSP process and how the HCA role contributes to it * Able to navigate the person through the PCSP process * Carrying out the assessments using a conversational style * Early identification of patient concerns * Identifying ‘social prescribing’ issues e.g. debt, carers support, social isolation, and signposting to e.g. social prescriber * Know how to complete the IT template and data entry fields to be completed at the information gathering appointment |
| Generic components skills across all conditions | Measurements:   * Height/weight and calculation of BMI * Blood pressure (including lying and standing) and understand targets * Teaching people to home monitor e.g. BP * Pulse rate/Pulse rhythm. * Phlebotomy   Screening/assessments:   * Smoking/Vaping * Alcohol consumption * Physical activity * Depression/anxiety screening * Carer status * Understanding what Q-Risk is and its relevance   Identifying/promote vaccinations:   * Flu vaccine (if required) * Pneumococcal vaccine (if required) * Shingles vaccine (if required)   Bloods:   * Understand common blood tests and able to explain these to a patient * Be aware of which bloods should be taken as a fasting test |
| Cardiovascular conditions (CHD, heart failure, PAD, stroke, TIA, AF, CKD, hypertension) | As above – generic components and to include the following:  Hypertension/CKD   * ACR – ensure if possible early morning urine sample and provide explanation for the purpose of the test   Stroke/TIA/AF   * Knowledge of CHADS2 VASC   AF   * Knowledge of HAS-BLED   Heart Failure   * Exercise – grading * NYHA classification (swelling, fluid retention, breathing, tiredness)   Able to carry out an ECGs for those with NYHA class III or IV |
| Non-alcoholic Fatty Liver Disease  (NAFLD) | FIB4 screening check or alternative for NAFLD |
| Diabetes | * Able to describe the need for screening of complications e.g. feet, kidneys, and eyes * Carry out foot screening (circulation and sensation) and give basic self-care advice * Check completion of retinal screening and advise on local processes.   ACR - ensure if possible early morning urine sample and provide explanation for the purpose of the test |
| Respiratory conditions | * Optional – education about inhaler technique * Smoker/vaping or smoking household   Asthma   * Assessment of: * Peak flow * Number of exacerbations * History of hospital admission/incidents recorded.   COPD   * Assessment of: * Oxygen sats * CAT score * MRC scale * Number of exacerbations. * Hospital admissions * Attendance at pulmonary rehab.   Is the patient on oxygen therapy? |
| Frailty | * eFi available in clinical record verified * Rockwood or similar tool used to verify frailty status * Falls screening questions:  1. Have you had a fall or found yourself on the floor? 2. Are you worried about falling? 3. Have you noticed any problems with your balance?   If yes to any above might require a lying and standing BP – takes 5 mins   * Notice functional decline e.g. hearing, confusion, continence, mobility.   Awareness of frailty syndromes – continence, confusion, mobility, falls, delirium, increased sensitivity to medication side effects |
| Mental health | ECG and if it is needed for medication monitoring |