UNISON
the public service union

CARE ON THE CHEAP

A UNISON survey of clinical support workers

SUMMARY

Introduction

There are over 400,000 healthcare assistants (HCAs) and clinical support workers in the UK who work alongside nurses and other health professionals.[1]

These NHS workers typically deliver 60% of patient care and are hugely important to the health and well-being of the UK population.

They work in hospitals, community healthcare, emergency services, mental health, GP practices and clinics.

Traditionally HCAs have been associated with personal care such as washing, dressing and feeding patients as well as taking time to listen and reassure them. But in recent years there has been a rapid extension of the range and complexity of their roles.

> *"My role has completely changed from 20 years ago. I was employed as a bath nurse…now [I'm] using clinical skills such as blood pressure/ blood sugar monitoring... catheter care, eye drop administration. I have recently received training to administer insulin."*

Clinical tasks such as heart checks (ECGs), previously only done by nurses, are now routinely performed by HCAs. These tasks should be supervised by registered professionals, such as nurses, doctors or paramedics but these professionals are increasingly in short supply. So there is relentless pressure on HCAs to plug the gaps, even if they are untrained to do so.

There are widespread inconsistencies in job titles, roles and scope of responsibility for HCAs. The result is that patients are not always clear who is caring for them, and what they are qualified to do. HCAs are also not always clear what they should be doing and what their responsibilities are.

The Francis report into the Mid-Staffordshire hospital scandal recommended national standards for training and education, a code of conduct and mandatory registration for HCAs. In Wales, Scotland and Northern Ireland there has been progress towards standardising training and education, and consistency in defining roles. In England a voluntary code and training standards have been produced but none are mandatory. The government has declined to make HCA registration mandatory yet it is for nurses and other health professionals.

Although HCAs provide 60% of patient care, only 5% of the NHS education and training budget is spent on them. HCAs have told UNISON they are undervalued, increasingly overworked, and struggling to get the supervision they need. Low pay and lack of career progression mean they are struggling to make ends meet, when many could earn more stacking supermarket shelves than they can caring for patients.

'Dogsbody', 'Jack of all trades', 'Skivvy', 'Cheap nurse'...

This is how many support workers in UNISON's survey feel they are viewed by their employers – in stark contrast to how much they feel patients value them.

[1] There are a wide range of job titles in use for workers who work in clinical support roles alongside nurses, occupational therapists, paramedics and other health professionals. In this report we use 'healthcare assistant' as a catch-all term for all these roles.

KEY SURVEY FINDINGS

UNISON surveyed nearly 2,300 HCAs across the UK working in primary and secondary care and in the community.

> *"I actually run clinics...and do the same job as a registered nurse except dressings...I am also a qualified phlebotomist, and cardiographer which I undertake weekly within my HCA [healthcare assistant] role."*

The survey findings highlight that roles have changed considerably. Recording and monitoring of clinical observations has overtaken bedmaking, feeding and bathing as the most common day-to-day task.

However, less than half (45%) of respondents felt tasks they are asked to do, such as giving patients medication, are appropriate to their level of competence.

> *"Every day I take on tasks that are not in my job description because, if I did not, the problem would hold up the list ...also it has become our job because we do it so often it is now expected of us."*

There is considerable inconsistency between employers and within healthcare organisations about which tasks are considered safe and appropriate for HCAs.

> *"Some staff nurses say you can do things. Others say you cannot..."*

Two in five (39%) respondents said they have not received the necessary training for some aspects of their current job. This typically includes clinical observations, inserting tubes into veins, inserting and removing catheters, and dementia care.

More than half (61%) said the opportunities they have to progress beyond their current roles are inadequate.

> *"Treated as a glorified skivvy. I have 25 years of healthcare experience but was told once that support workers shouldn't be band 3 or above because we only need to do as we're told. We don't need to think."*

More than two-thirds (68%) of respondents revealed that in general HCAs are not given sufficient access to training and development to reach their full potential. This is despite the fact that many (64%) would like to train as nurses or other health professionals.

> *"I have had discussions with training departments requesting to go on courses applicable to my role and have been told that I am thinking above my station [which] shows how little regard there is for HCSW [healthcare support workers] within the NHS."*

Staffing levels are an issue too with nearly nine in ten (86%) of HCAs surveyed saying that levels are not always adequate. This is one of the factors for HCAs wanting to quit their jobs. In the last year, nearly half (44%) have considered leaving.

Over three quarters (77%) of respondents feel they are valued and respected by their patients, but only 35% feel valued by their employers.

Work pressure and feeling undervalued mean the strong job satisfaction HCAs get from helping their patients is being undermined.

This sense of being overlooked and ignored is a concern for HCAs. Two in five (42%) said they were not confident that any concerns they raise about patient care would be listened to and acted upon.

The majority (85%) of respondents backed regulation of HCAs by an external regulatory body. Their top priorities for change are a system of mandatory training and qualifications along with gaining greater public and professional respect for their roles.

Conclusion

UNISON's findings show that failure to invest in HCAs is letting down not only staff but the patients they care for. The challenge is to address the roles, training needs and status of the whole support workforce. At the same time, the current shortage of registered nurses and health professionals needs tackling. However the government has instead chosen to focus on developing a new 'nursing associate' role, in England. The risk is this creates a 'nurse-lite' allowing employers to use them as cheap substitutes for the registered nurses they are failing to recruit. Meanwhile the rest of the support workforce continues to be undervalued and overlooked.

UNISON believes there is great potential for well-trained, fairly rewarded HCAs to play an even greater role in delivering high quality care fit for the future. But this requires a national strategy, national standards, appropriate regulation and above all investment to ensure all staff can work safely and effectively together.

UNISON is calling for:

- Nationally defined role titles for each level of HCA and guidelines on what they are allowed to do. This would guarantee clear role boundaries and responsibilities for staff and patients.
- National education, training and competency standards applicable to all HCAs.
- A review of pay banding and career structures for HCAs.
- More investment and support for those wishing to progress on-the-job into registered nursing or other health professions.

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