Evaluation of the Digital Support Technician Apprenticeship Scheme as currently implemented by the Bexley Training Hub

Interim Report 31st May 2021

Authors: Dr Marianne Markowski, Dr John Foster

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Executive summary:

Background

Bexley Training Hub commissioned Greenwich University Enterprises Limited (GUE Ltd.) to evaluate the Digital Support Technician Apprenticeship (DST) Scheme. The evaluation commenced in August 2020 and consists of primary care placements and training provided by Gingernut Training. Day to day supervision is provided by the Bexley Training Hub (BTH). There is also a steering group to provide advice concerning the implementation of the DST scheme and subsequent evaluation.

Methods:

  a) Focus groups of the digital apprentices during their first placement
  b) Semi Structured Interviews with Gingernut Training co-ordinator and BTH project co-ordinator
  c) Written feedback from Digital Apprentices at the beginning of their second placement.
  d) Training Needs Analysis

Findings:

The DST scheme is currently performing well in regards to its set-up and the range of activities the apprentices can perform. There is good communication between apprentices, IT primary care department, the training provider (Gingernut Training) and the Bexley Training Hub. However the main issue is the need to raise awareness of the DST scheme within the Bexley primary care setting in general so that the benefit can be spread beyond interested GP practices.

The communication between GP practices and the BTH can be improved as well as the awareness around the DST scheme overall in the Bexley primary care area, in order to increase the number of placements in forthcoming rotatations.

The experiences of the apprentices is wide and varied, in combination with the BTH and trainee co-ordinator their expereinces are being mapped to the national standards. Future planning of the DST scheme will support placements in providing the apprentices with a variety of tasks that are well integrated in the GP practice settings. However, it is recommended that an agreed script (guidance) is developed so that communication with IT helplines are streamlined, and that the apprentice can learn the cause of the issue, rather just the procedure to rectify it. Furthermore, the apprentices requested clearer guidance on the protocols when they need to speak with patients so it is clear what function they perform and

the limits of their role. The latter is also beneficial for the apprentices' communications with primary care staff in order to manage expectations on each side.

One of the apprentices has developed a list of activities after their first placement that can form the basis of a standardised structured learning contract. It has been difficult to collect data from primary care staff (the evaluation coincides with the vaccine roll-out and the Covid 19 pandemic) and we have little data yet from primary care as to what is required by them to support the digital apprentices.

The Training Needs Analysis collected data from just over 28% of possible primary care staff. The results showed that training in EMIS and AccuRx can be recommended for all staff (administrative and clinical) including the apprentices.

Conclusion

The Digital Apprenticeship scheme has the potential to contribute significantly to the delivery of primary care is Bexley. However, the one gap in the data is how the scheme is experienced in primary care. The apprentices themselves largely report a positive experience and are working closely with the training co-ordinator and the BTH project co-ordinator to ensure they meet the required national standards and have a positive learning experience.

It is clear there are practices where there is a high level of understanding and experience of the DST scheme but equally there are other practices who we suspect have minimal links. Our main recommendation is to think of how best to raise greater awareness of the DST scheme across primary care services in Bexley.

Acknowlegement:

We thank Liz Nicholls (Bexley Training Hub Primary Care Tutor) for checking this document and making amendments to ensure accuracy of this report

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Introduction

Bexley Training Hub commissioned Greenwich University Enterprises Limited (GUE Ltd.) to evaluate the Digital Support Technician Apprenticeship (DST) Scheme, which currently involves four apprentices (from August 2020 to February 2022). GUE's activities comprise (but are not restricted to) the following activities:

- Negotiating ethical and research governance procedures
- Complement an inhouse training needs analysis regarding digital confidence of primary care staff with a short survey of primary care staff
- Run a series of focus groups with apprentices working on the digital apprenticeship scheme to evaluate the effectiveness of the digital apprenticeship scheme over the 18 months training period

Our approach

The approach to this evaluation is based on action research (McNiff 2013) where the steps of the planned implementation are reviewed, actions are carried out, and the observations as well as reflections informing the next steps in the cycle.

The DST apprentices started their apprenticeship in August 2020. A focus group with the four apprentices was held in November 2020. Early feedback from the focus group was passed on to the coordinating team at the BTH and they considered this in the planning of future placements for the apprentices.

There were a number of other activities such as interviewing the apprenticeship coordinator and the training tutor, the Training Needs Analysis (TNA) survey with the GP practices in Bexley and gathering apprentices' feedback after having moved into the next placement; all of these activities inform the content of this interim report and we provide recommendations going forward. The overall guiding questions for the interim evaluation were:

- What is working well?
- And where are the gaps or concerns?

Structure of this report

- Context around the apprenticeship – objectives & current set-up
- Empirical feedback activities & outcomes' summaries
- Recommendations – immediate & strategic
- Appendices - Job description, Standard, focus group questions, TNA summary

The context for the apprenticeship scheme

The NHS digital transformation agenda and the Five Year Forward View (FYFV) plan (NHS England 2014; NHS England 2017) aims to improve access to health information and increase the use of self management tools. The DST apprenticeship scheme was initiated in an attempt to improve and increase access to and utilisation of digital technologies commonly available for both practices and patients. The underlying aims of the scheme are to support:

- Access to GP appointments, electronic and repeat prescribing as well as improving utilisation of digital solutions and data analysis.
- An expanding set of NHS accredited health apps that patients will be able to use to organise and manage their own health and care; and the development of partnerships with the voluntary sector and industry to support digital inclusion.
- Training staff so that they are able to support those who are unable or unwilling to use new technologies.

BTH formed a steering group consisting of 10 members with clinical and digital skills knowledge to organise the monitoring of the apprenticeship scheme. This steering group meets approx. every 6-8 weeks.

Members of the steering group committee are:
- Caroline Healy (Apprenticeship coordinator)
- Liz Nicholls (Bexley Training Hub Primary Care Tutor)
- Clive Anggiansah (GP Clinical Lead – Lyndhurst Practice)
- Pin Bhandal (Associate Director of ICT & IG Bexley CCG)
- David Blows – (Primary Care IT Facilitator NHS South East London CCG - Bexley)
- David Flanagan – (IT Support Officer Bexley CCG)
- Hannah Holloway – (Lead IT Primary Care Facilitator for Bexley CCG)
- Shay Shivapatham (IM & T Manager Bexley CCG)
- Sukh Singh (Assistant Director of Primary care Service Delivery NHS SEL CCG (Bexley)
- Sarah Birch (Head of Primary care development - Bexley CCG)

BTH supports all apprenticeships for non-clinical roles across GP practices in Bexley such as business administration or management apprenticeship, but this is the first apprenticeship that focuses on the digital transformation agenda.

Bexley Health Neighbourhood Care CIC (BHNC) is the Bexley GP Federation, which hosts the Training Hub ie, HR, salaries etc. The apprentices are employees of the Federation.
Bexley CCG IT department supports GP practices

The Bexley CCG consists of 23 GP practices.

The objectives for DST scheme

The objectives for the digital apprenticeship scheme as described in the job description are:

- Increase patient access to all digital resources as stipulated in the Five Year Forward View document
- Improve staff confidence and usage of technology for service delivery
- Improve clinical staff confidence in supporting patients to use digital options to access health improvement and self-management apps
- Support patients in reporting clinical outcomes thus reducing the need for face-to-face consultation

The job description describes the **main purpose of the role** as:

- To maximise the effective use of evolving digital technologies and digital communication and information systems to support practices to adapt to and exploit changes in order to increase service users' access to NHS general practice services.
- To support service users of their organisation though a wide variety of digital channels, to help them access and receive services, to coach and support them in their use of the digital systems; to support them to complete and submit information remotely and to diagnose and resolve their problems in relation to their access to and use of the digital technologies.

The apprenticeship set-up

Gingernut training is the training provider to ensure that the apprentices are trained to the equivalent standard, which have been set out by the Institute of Apprenticeships (see link https://www.instituteforapprenticeships.org/apprenticeship-standards/digital-support-technician-v1-0)
The apprenticeship training of the DSTs allows for the apprentices to choose either the route of the digital application technician (internal facing) or the digital service technician (external facing).

The apprentices regularly need to provide proof for their activities (and standard achievements) by saving documentations, reflections and course material to an online portfolio called "onefile". For this reflective learning process the apprentices are supported by a personal tutor who is employed by Gingernut Training.

The apprentices have been advised by BTH to create a learning contract, with which they negotiate with their supervisors i.e. their management team at the GP practice, to carry out the relevant practical experiences.

The apprenticeship co-ordinator from BTH meets each apprentice on a 1-to-1 basis monthly. Furthermore, there is a quarterly review meeting between the apprenticeship co-ordinator and the tutor from Gingernut training, together with the apprentice about their performance.

Due to the COVID lockdown measures the apprentices commenced programme in the first week of August with home learning and the mandatory training courses. From 21st September 2020 to 31st March 2021 the apprentices worked 3 days in their allocated GP practice and in pairs for one day a week at the overarching IT department, which supports all practices. Fridays, was and still is used as the home study day, to meet the tutor, have team catch-ups and personal management meetings with the coordinator from the BTH.

From April 2021 the apprentices are spending 1 day every fortnight with the IT department and one day every fortnight at the Federation to learn about business reporting (see fig 1).

The first four practices were:
- Bexley Group Practice
- Lakeside Medical Practice
- Belvedere Medical Centre
- Lyndhurst & Bursted Wood Medical Centre

The current placement practices are:

- Bellegrove (which still uses the vision)
- Sidcup Medical Centre
- The Albion Surgery
- Northumberland Heath Medical Centre

Fig 1 Diagram depicting the set-up of the scheme from April 2021
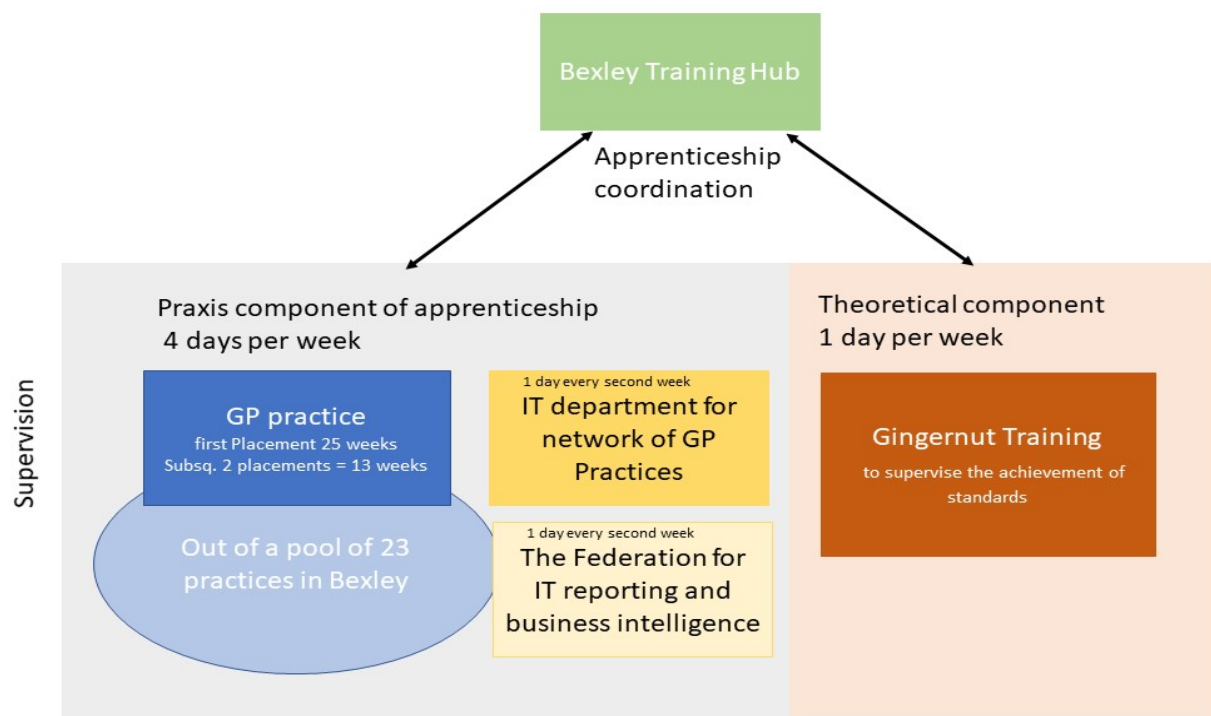
Support for supervisor at the GP practices

BTH provides support for the supervisors at the GP practices. However, many supervisors have not taken up any face-to-face support due to limited time and pre-dominantly engage via email. The GP practices as placement providers do not have any direct contact with the apprenticeship Training provider i.e. Gingernut Training.

Focus group interview with the apprentices

On 13th November 2020 Dr Markowski and Dr Foster held a focus group interview with the four apprentices. The questions covered were around:
- Their expectations before they started
- How the training program relates to the daily activities
- The work environment and whether they have everything to carry out their role
- Any changes needed to improve their training for the daily work experience
- Their current experience working in the GP surgeries
- Any improvements or comments

Summary of the focus group discussion

Expectations
Based on the job description the apprentices expected to be trained in specific software at the GP surgeries and to support staff with this knowledge in the use of the software and also to help patients to get online.

A4: *"My expectations were it was basically going to be helping in practices with just general sort of trivial IT issues [laughs], and also helping patients with online stuff, and interacting with that side of things with the NHS where they had difficulties."*

A1: *"Helping out staff and patients who are struggling to get online, that's what I was expecting for this role"*

Relevant training and the need for applied problem solving
The apprentices stated their IT training was useful, but also very general (e.g. Imaging PCs, hardware installation or Cisco Net academy). The issues that occurred in the GP practices were with specific software such as EMIS and DOCMAN, for which they had no training. This lack of training and the expectations from others towards them meant that they had to apply problem solving skills themselves and learn on the job.

A2: *"At my practice, from the beginning I feel like everyone assumed that I was already specialised in all the programs that they use, you know, accuRx, EMIS, Docman, because it's like we never had any training but then the people in my practice think that I'm this professional in all these softwares, when in reality I didn't even know what Docman was when I first started and they're asking for help, I need help with this and that."*

This situation was perceived as not ideal since it create some stress for the apprentices. The apprentices had to rise to the challenge and developed their own strategies on how to acquire the lacking skills by calling the software producer's helplines or watching youtube videos.

One apprentice developed the strategy when calling an IT / software helpline to explain who he was i.e. the DST apprentice and asked for in more detail explanation so he could avoid calling the helpline the next time.

In general, the apprentices were able to add this problem-solving experience to their "onefile portfolio" as evidence for their apprenticeship.

Understanding the bigger picture
At the same time they felt unsure about the larger picture around how the digital systems in the NHS connected, and how the different members of staff used the software for which purpose.

A3: *"I'm still not entirely clear what all the software does, so I understand EMIS is big but it's not overwhelmingly complicated, and but just knowing what all the software is used for, so to… because we… I've got a login for EMIS and I've got a login for a lot of things, but I don't use them day-to-day like admin people or clinicians do, so I don't really know what they're for in the grand scheme of things and how it relates to other areas of healthcare that people need to access. And that the clinicians need to talk to, or admin people need to talk to, it's all, it's not, it's something that I've had to just try and pick up by osmosis rather than what's been explained to me and made clear how everything is put together."*

Overall, the apprentices noticed a generic or systematic lack of training concerning members of staff.

A4: *"We haven't had much training with any of the software, we've had like a couple of sit-ins with other staff having talks about it, but the feeling I get is that no-one really gets proper training on it anywhere, it's sort of, everyone learns on the job, and everyone is just sort of, and so everyone learns from the people who have gone before them who have learned it from people that have gone before them, and there's no, like even when the practices go from Vision to EMIS they're not getting necessarily trained from the ground up on EMIS, they're just sort of, they're given an opportunity, or opportunities to ask what would I do if I want to do this over sort of teams meetings, it's been, and a couple of trainers in as well. But there's no, I don't think there's much in the way of real training for the software, it's quite ad-hoc I think."*

They noticed a gap between the IT team and the practices.

A3: *"The IT team doesn't get told about stuff sometimes when the practices want software, or get told to install software, the IT team isn't necessarily the first people to know, which is a bit disjointed, and strange."*

Integration in GP practices and sense of belonging
The apprentices' experiences varied in regard to feeling integrated in the GP practices. One apprentice carried out very specific and set tasks (related to the migration from Vision to

EMIS) while others worked more like a "digital handyman" or "firefighters" when problems arose.

A3: *"I'm fairly integrated but it is a sort of 'as and when things go wrong' deal. I haven't got any set tasks that or set projects that I need to complete, it's like firefighting, I guess, putting out the fires."*

The apprentice whose tasks were set, described how he felt less integrated since most of his tasks he carried out by himself.

A1: *"I'm mostly alone, I'm there if they need me, so if they have like a problem they come to me, but most of the day I'm usually alone."*

The apprentices met every Friday on teams and therefore developed a sense of community between them where they helped each other out.

A3: *"We've got a group chat and then every Friday with [the project coordinator] who's sort of, I don't know if she's running it but she's like our first point of contact, and we have a catch-up and then we usually exchange like problems we've had that we can, and then, yeah, I know that [apprentice 1 and apprentice 2] were doing some complex stuff in EMIS that I was asking for them to give me more information on that, and I was doing some template stuff that I had helped [apprentice 2] out with one week, yeah, we're like a little community."*

Improvements: EMIS training, typical troubleshooting issues and confidentiality protocols
In terms of improvements the apprentices asked for specific training in EMIS and other specific software.

A1: *"Actual proper EMIS training would be probably the best thing, because that's the most relevant to, it's the most relevant and most consistent thing to what we're doing, because all the programs that are being used in all the GPs all revolve around EMIS pretty much, so that would help with the foundation of what we're doing."*

Another suggestion was to utilise time on the IT training day to include training around 'typical IT troubleshooting scenarios' and possibly some role play.

A2: *"As I said before the troubleshooting issues that the surgeries may have, maybe we can do some role play. Maybe our [IT] trainer could like figure up some problems that GP surgeries may have and then we can go through that with him, and then test it out and see if we've done it right, then if we do it right we can bring that back to the surgery."*

The apprentices are in a position where they can view and access patient data and two of the four apprentices had direct contact with patients regarding online connectivity. However, there was some unease around the direct contact and which information they would be allowed to reveal or not.

A4: *"We're not clinicians, so we're not, like I don't know where the limits are of what we're supposed to be able to see, and I don't think it's an issue but there are occasional worries about that stuff, for me. Because we have access to, I have access to everything on their system."*

Summary of the interview with the project coordinator

On 19th March 2021 Dr Foster and Dr Markowski interviewed the BTH project manager in her role as apprenticeship and project coordinator.

She described the set up of the apprenticeship schedule and assessment measures as described in the section above. She reported overall positivity about the set up of the scheme and how more practices have now signed up to host an apprentice since they are perceived as "useful". She highlighted the good communication between her and the apprentices as well as between her and their current Gingernut Training personal tutor.

However, she also pointed towards areas of some concern, which were around:

- The 'learning contract': The apprentices did not seem to have taken up this opportunity and have yet to recognise the value of asking for "20 minutes" of their supervisors' time
- The mindset of the apprentice to shape and ask for their learning experience
- Support for the supervisors at the GP practices: at the moment supervisors (which may be the practice manager or GPs, depending on the practice) are hard to engage and they do not seem to seek support from the BTH
- The choice of the apprenticeships' role regarding client facing (patient facing) or internal facing. This could have an impact on the apprentices' career trajectory and progression. (Note: one of the apprentice cannot be client facing due to health reasons)
- This question of career progression and future employment is exacerbated since the role of the digital support technician is not connected to the 'Agenda for Change' or the Additional Roles Reimbursment Scheme (ARRS) workforce.
- Concerns around the apprentice being exposed too early to patients without sufficient training as one of the apprentices was giving digital skills drop-in clinics to patients within the first month of the apprenticeship – this however appeared to have been an exception and has not occurred since
- Concern that the apprentices are not working towards the variety of standards and that the last months are a scramble around to achieve tasks that fulfil the requirement for the standards and the end point assessment.

Summary of the interview with the Trainer from Gingernut training

On 25th March 2021 Dr Foster and Dr Markowski spoke with the tutor from Gingernut Training. He has a background in IT and primary school teaching before he got involved in further education and apprenticeship assessment and tutoring. This background is beneficial in supporting the apprentices.

The tutor uses a bespoke approach with each of the apprentices, where he develops through assessments and conversations an initial baseline of the apprentice's knowledge in the context of their workplace and what is required of them. He then asks questions to understand what the workplace is like, what types of software they use and the established processes in the work environment. As the next step he maps this knowledge onto the national standards criteria https://www.instituteforapprenticeships.org/apprenticeship-standards/digital-support-technician-v1-0 which the apprentices need to have fulfilled by the end of their apprenticeship. For this he plans a personalised "route map" for each of the apprentices, so they can achieve all the standards. One example he provided was that one of the apprentices is heavily involved in data management, so he would use this as a starting point to cover the standards around data management and work from there to the other standards such as networking or technical skills.

He sees his main role in helping the apprentices to connect theory and practice with their own real-world examples and experiences from practice. At the end of their apprenticeship the digital support technician apprentices have to pass two core knowledge exams and an optional knowledge exam (depending on the route – client facing or application oriented) and work on a case study in a given time frame as well as passing a final interview. The end point assessments are externally moderated, where apprentices can fail, pass or achieve a distinction. Level 3 apprenticeships are broadly comparable to an A-level in terms of the details and the level of knowledge.

The tutor keeps a close relationship with the employer, in this case with the co-ordinator from the BTH, but he hasn't got a direct relationship with the practice managers or supervisors at the GP surgeries.

The tutor meets with the apprentices online every Friday for 60-90 minutes individually. In these meetings two areas are covered: the first is content delivery such as a training session on a particular topic or software, the second is a write-up where the apprentice provides evidence of their learning towards a national standard, e.g. fixing printers, dealing with the covid vaccine data base, whilst being careful to consider GDPR.
The write-ups by the apprentices of their activities are vital for the tutor to keep track on progress. In his sessions he always asks the apprentices whether there is anything they need to learn and they find it difficult to access so he could help them.

Dr Foster and Dr Markowski asked the tutor about the scenario when the apprentice has not addressed some of the standards with their practice experience by the time they get to their final placement and if the final placement can not provide the opportunity for the real-world experience. The tutor explained that a level of simulation is allowed in apprenticeships, so in these situation experience could be re-created in a setting or role play.

One of the challenges the tutor explained is that this particular apprenticeship is a new kind of an apprenticeship – it hasn't got an official 'on program' assessment; so that all the assessment is done at the end point assessment. The learners have to create their portfolio to evidence their learning but this portfolio is never assessed and it can only inform the assessors for the exam at the end point. Since it is a new kind of apprenticeship the tutor hasn't got access to any reliable data on pass and fail rates and has to use his own judgement on whether he provides enough feedback.

Previous apprenticeship models would have an interim assessment or case study where one could track the learners' performance. It also means that the tutor currently does not know yet what a merit or a distinction looks like. In general, the pass rate is 65% for the two exams at the end of the DST apprenticeship. If a learner fails one of those exams, they are allowed to re sit the exam or any aspect of the endpoint assessment (EPA) process. The guidance states: 'Apprentices who fail one or more assessment method can be offered the opportunity to take a re-sit/re-take. A re-sit does not require further learning, whereas a re-take does. The apprentice's employer will decide whether or not a re-sit/re-take is an appropriate course of action. Apprentices should have a supportive action plan to prepare for the re-sit/re-take.' The EPA window is 12 weeks, and this is designed to allow for re-sits / re-takes. If an apprentice cannot pass within that time frame, then the apprenticeship would need to start again from the beginning.

From the tutor's perspective there are not specific challenges around the work environment or set up considering the network of GP practices. He feels that his background in IT, but being outside the health care and a primary care setting allows him to ask questions more effectively and critiically regarding their work experiences.

There is a revision of the current Digital apprenticeship standard since the standards appear too broad, which come into effect in 12-month time. It is expected that the apprenticeship will be split into two levels, level 2 for more basic activities and level 3 for more advanced activities.

Progression after the apprenticeship exam would be to continue with a level 4 apprenticeship such as network engineer, cyber security technologist, software developer or data analyst. The apprentices could also continue in industry with recognised certifications from leading developers such as Microsoft or Cisco. The tutor normally raises the conversation towards the last two months of the apprenticeship concerning career trajectory and opportunities.

Engagement with GP practice for feedback

The apprenticeship coordinator emailed the four GP practices so that Dr Marianne Markowski could get in touch with them. Only two of the four responded and their details were shared with Dr Markowski. Dr Markowski emailed those 2 practice managers and after follow-up emails received one reply by one practice manager who apologised and explained that they have little time and will respond at a later point.

Summary of feedback from apprentices after commencing in a new practice

After the apprentices finished their first placement, Dr Markowski emailed them to gather written feedback on the final experience of the first placement and around the expectations for the second placement

In summary, three of four apprentices had overall positive experiences in their first placement GP surgery. One apprentice provided mixed feedback on their first placement experience as there were some meaningful parts where he learned a lot and felt integrated and some repetitive as well as tedious experiences, which were at the fringe of his apprenticeship role remit (e.g., scanning documents).
For another apprentice the migration from Vision to EMIS coincided with his placement, which gave him the opportunity to be instrumental in facilitating the adoption of the new system.

The most commonly noted positive experiences were:
- There were always general IT admin tasks to be done
- Having positively contributed to the IT skills & confidence of fellow staff
- Having supported the Covid vaccination campaign to achieve its success
- Overall, feeling well embedded into the practice team (with the exception of one apprentice)

The most commonly noted negative experiences were:
- There weren't too many software related planned activities for the apprentices
- At times an overwhelming experience until more IT skills were gained (e.g. for the one who was dealing with the EMIS migration)
- Some stress was felt when dealing directly with patients (e.g. when phoning them)
- Short comings of the software rolled out related to the COVID vaccination
- Some concern about fitting into the practice's everyday activities since their role is not seen as essential

The expectations for the next practice placement were around:
- To improve their knowledge of clinical systems in general
- To further their knowledge around EMIS, as well as docman and AccuRx. (Further details concerning these will be provided in the account of the training needs analysis section (TNA))
- To update their knowledge of using Ardens Manager and Ardens Portal (This is a system of clinical and contract reporting for primary care relating to the Covid pandemic).
- To advance their excel skill for program compatibility
- To increase their project management skills
- To improve people skills i.e. how to engage with colleagues who are time short regarding a digital issue
- To understand better the digital and organisational structures in the NHS

Expectations around the business intelligence project with the federation

There are some concerns around being effectively involved in the business intelligence project with the federation since training appeared to have been rushed and the main person has left, which makes dealing with queries or unexpected issue difficult.

On the other hand, the apprentices are looking forward to learning about the software and furthering their knowledge around CVS with the view of accruing transferable skills. Lastly, the apprentices hope that this knowledge will place them into a position where they can play an augmented and valuable role for the GP practice.

Range of Tasks for DST

One of the apprentices compiled a list of activities which he carried out at the practice in his first placement. This list had been created in order to support the next supervisor in the planning of the management of the placement.

The described task remit can be from Diagnosing and solving general IT problems, to contacting the IT team or specific software helplines, helping patient to get online and to support staff in improving how they work by teaching them new skills and helping to understand unfamiliar systems. The task remit can form the basis of the learning contract as well as fitting with the aims of the GP practice with their current IT needs.

Please see the full list of activities in appendix 2

Summary of the results of the TNA

The results of the TNA have to be considered in light of several limitations. Not all GP practices answered with the same volume of respondents therefore some practice might be overpresented, while others are not sufficiently represented. This survey is a snapshot of perceived skills levels, which may vary depending on how the individual interprets their own abilities. In order to develop a more conclusive picture of training needs, a survey like this should be repeated on a regular basis to track GP practice and their staff perceived confidence with the software used.

The training needs analysis pointed towards a generic need to improve skills with EMIS and AccuRx for all members of staff.

Both administrative and clinical staff were not confident when sign posting patients to online support or changing telephone or waiting room screen messages. Therefore all members of staff would benefit, but in particular administrative staff from training around resources to sign post patients to use online services and to changing telephone and waiting room screen messages.

The TNA report can be found in the appendix 4.

Recommendations

Taking all current empirical activities into account GUE has the following recommendations. The recommendations are divided between immediately applicable recommendations and strategic recommendations.

Immediately applicable recommendations

- Provide support in form of a 'conversation script', which helps the apprentices to introduce themselves on software helplines' and therefore they ideally receive an in more depth explanation than others and the number of calls could be reduced. The script could start with the words *"I'm the DST apprentice and responsible for increasing the digital skills levels with my colleagues. It would be of benefit to both of us, if you could explain the solution to the issue we experience in a way that I can learn from you and we can avoid having this problem again…."*
- Engage with the supervisors (practice managers or leading GPs) to ensure that they fully understand the remit of the apprentices' task and abilities and that their value can be promoted
- Support supervisors to structure and manage the apprentices' placement experience with a variety of tasks, which gives them opportunity to interact with all members of staff (e.g. circulate a list of typical tasks and a generic weekly schedule considering the mode of working (alone or with others))
- Ensure a suitable communication channel between the apprentices, so their sense of community is maintained. Their exchanges could also form the basis of a trouble-shooting database
- Work with the apprentices to ensure their mindset is set to seeking out learning opportunities and that they ask for time with their supervisors
- Ensure apprentices emphasise to GP practice colleagues that at times they need to work with them in order to solve IT problems (rather than for)
- Arrange for training / learning material to provide an comprehensive overview of the digital and organisational structures in the NHS
- Consider providing specific training including: Excel, EMIS, docman, AccuRx, Ardens
- Consider providing specific training concerning project management skills, people skills and data confidentiality

Strategic recommendations:
- Greater awareness around the The DST apprenticeship scheme throughout the Bexley primary care area needs to be raised to achieve greater integration of the DST role
- The DST apprenticeship scheme needs to be 'systematised'. This systematisation affects in particular the GP surgeries and how they integrate the apprentice, but also the funding of the scheme and future career paths for the DST. Overall, there need to be clear guidance for the supervisors, the IT team and for the apprentices themselves, on what they can be doing and what they can ask for. This also needs to take into considerations the potential change in the DST apprenticeship scheme, where it might be split into two components.

- The BTH needs to ensure that it is a clear point of contact for the GP practices and GP practice have an awareness of the role played by BTH in the DST scheme
- The supervisors at the GP practices need to be given guidance on how to structure the apprentices' placement experience to ensure that this is varied and adhering to the standards they need to achieve
- Digital inventory and IT training management could be supported by the DST, this will involve the management of a process to ensure all staff have relevant and necessary IT training, and the digital inventory to keep the IT department and the Training Hub informed about training needs
- The applications and remit of the DST's role will be evolving with software developments and changes in the NHS system. Consider introducing a buddying system between previous and future DST apprentices to facilitate the exchange of informal and specific expert knowledge.

Acknowlegement:

We thank Liz Nicholls (Bexley Training Hub Primary Care Tutor) for checking this document and making amendments to ensure accuracy of this report

Appendix 1 DST Job description

The role and responsibilities for the apprentices were described in August 2020 as:

- To undertake a level 3 digital support technician apprenticeship whilst supporting staff and service users within the General Practice setting to achieve the NHS digital agenda
- Working closely with the Clinical Commissioning Group ICT team and primary care facilitators, using discretion in identifying and responding to complex issues and assignments, usually receiving clear instructions and having work reviewed at frequent milestones, and determining when issues should be escalated to a higher level
- Interacting with and influencing others, having working level contact with colleagues and service users, and may supervise others or make decisions which impact the work assigned to others or to other phases of projects
- Contributing fully to the work of teams, planning, scheduling and monitoring their own work within limited deadlines and according to relevant legislation, standards and procedures. Awareness of and compliance with all relevant practice policies and procedures
- If you have not already achieved a grade 4 or higher in English and maths at GCSE you will be required to undertake English and maths learning as part of your apprenticeship

Duties as described in the job description

Digital Support Technicians have the following core duties:
- Apply relevant digital technologies effectively to achieve objectives
- Monitor and operate complex digital information and intelligence systems
- Respond to user enquiries
- Maintain data, digital resources and data systems
- Communicate effectively though digital channels
- Learn through digital resources
- Work as a member of a team
- Maintain an awareness of current, emerging and fringe digital technologies

Specific duties for this role:
- Work as a digital champion – training and supporting colleagues to make best use of technology-based productivity tools
- Support digital transformation projects
- Help service users register for and access information, products and services through online and digital channels
- Support and coach service users in their use of these digital technologies
- Diagnose and resolve service users' digital problems with accessing and using the digital technologies and advising on related hardware and software problems
- Utilise software packages and tools such as collaborative technologies, to interface effectively with service users

- Use a variety of digital channels to maximise effective external user support and to resolve external end-user problems

- Use and maintain information systems to manage service delivery, improve user experience and increase organisational productivity

Appendix 2 - A Task list provided by one apprentice after the first placement

- Diagnosing and solving general IT problems: printing, scanning, broken cables, software not configured correctly etc.
- Contacting the CCG IT team when required, also Dell support when a problem is with an in-warranty PC.
- Contacting practice website provider when the site is unavailable.
- Maintaining a close relationship with the IT team so that issues are resolved as quickly as possible: this includes procurement, transportation and installation of hardware from the CCG such as printers, scanners, monitors and replacement PCs.
- Contacting support for clinical software when unfixable issues arise. Involving administrative or clinical staff if they are better able to articulate the nature and effect of the problem.
- Installing some specialist clinical equipment – Bluetooth ECG machine installed for nurses and offering a demonstration on how to use the new software.
- Installing and activating software such as 'C the Signs' and Docman.
- Dealing with BluebayCT/THIN Courier technicians by phone, allowing remote access to systems where needed.
- Adding users to Pinnacle, EMIS and related systems with appropriate roles.
- Training temporary admin staff on Pinnacle and EMIS.
- Helping patients use online services: by e.g. having a regular date and time for patients to contact the DST to support patient to sign up and learn how to use Patient Access. Taking referrals from other members of staff when they are unable or unsure how to help the patient accessing their digital system.
- Online services migration from Vision to EMIS Web at [this practice] – if relevant
- Running and building searches in EMIS, exporting reports with appropriate information to spreadsheets and extracting needed data.
- Finding patients for flu clinics and sending out iPlato mass SMS messages.
- Finding housebound patients and care home residents and batch coding them appropriately, in consultation with clinical staff to avoid mistakes.
- Keeping Ardens' Covid-19 Vaccination searches up to date and advising management on which reports are needed for which purposes.
- Finding which APL Covid-19 vaccine recipients are not patients of any of the PCN practices to enable recalls for them, since they will not be found on PCN EMIS systems.
- Helping staff improve how they work, teaching new skills and helping to understand unfamiliar and new systems. For example: EMIS searches, using multiple monitors, using general office software, TeamNet, Jayex etc.

Appendix 3 – Indicative focus group questions

1. What were your expectations for the role when you started?

2. How have your expectations changed since you started?

3. Does the apprenticeship training programme relate to your daily work activities?

4. Work Environment: Do you feel you have all the equipment needed to perform the role (e.g. printers/large monitors etc)

5. Are there any ways you think the training could be changed to relate to your daily work activities better?

6. How is the experience of working in the GP practice going so far?

7. Have you felt part of a team in the GP practice?

8. Is there anything you would like to suggest to facilitate your integration in the GP practice?

9. Any other comments you would like to make?

Appendix 4 - Training Needs Analysis (TNA) - report

As part of the evaluation a Training Needs survey organised by the Bexley Health Neighbourhood Care CIC with all staff at the GP surgeries in Bexley was conducted. The aim of the survey was to understand the level of software implementation & uses in the GP surgeries as well as staff's digital confidence and familiarity with different forms of software.

The results of the TNA aim to inform future training packages for staff, but also to map out GP surgeries in their adoption of the digital transformation.
The latter information is also seen as relevant to make decisions on the selection of GP surgeries for the digital apprentices since the intention is to provide the apprentices with a spread of experiences, which ideally includes surgeries with low and with high digital adoption.

The TNA survey collected in total 101 responses from 23 GP practices and from a pool of approx. 350 possible respondents, implying a response rate of 28%. The online survey was sent to Practice managers for distribution and followed up with reminders in the period from Oct to December 2020. Any employed GP surgery staff including pharmacists were invited to respond to the survey.

Descriptive information

The GP practices vary in sizes and therefore number of staff. At least one answer was received from each GP practice as can be seen in the figure below.

Responses by GP Practices

- Crayford Town Surgery
- Belvedere Medical Centre
- Bexley Group Practice
- Northumberland Heath MC
- Lyndhurst
- Westwood Surgery
- Plas Meddyg Surgery
- Sidcup Medical Centre
- Barnard Medical Practice
- Slade Green Medical Centre
- Bulbanks Medical Centre
- Woodlands Surgery
- Lakeside Medical Practice
- Dr Thavapalan & Partners
- The Albion Surgery
- Bexley Medical Group
- Riverside Surgery
- Welling Medical Practice
- Ingleton Avenue Surgery
- Bursted Wood
- Bellegrove Road Surgery
- Station Road Surgery

The Barnard Medical Practice collected the most with 15 responses, followed by the Westwood Surgery with 13, the Belvedere Medical Centre with 8, Bexley Group Practice 7, Crayford Town Surgery and Northumberland Heath MC with six each.

Respondents' professions

Job title	No. of responses
Administrator	19
Digital support technician	4
Receptionist	11
Manager	8
Pharmacist	4
Nurse	19
Nursing associates	2
Doctor	16
Health care assistant	8
Other	8

The group of 'other' consisted of 'Care navigator', Clinical care coordinator', 'Advanced Clinical Practitioner', 'Trainee Nursing Associate', 'Admin Reception Medical Records Safeguarding', 'Medical secretary' (2x).

For the purpose of analysis two groups were created: Administrative staff (n = 45) and Clinical staff (n = 52).

Administrative staff comprise Administrators, Receptionists, Managers and Digital support technicians, Care navigator', 'Clinical care coordinator', Admin Reception Medical Records Safeguarding', 'Medical secretary'.

Clinical staff consisted of Doctors, Nurses, Nursing associates, Health care assistants and Pharmacists, Advanced Clinical Practitioner', 'Trainee Nursing Associate'

The T&N results are structured by the following areas:

Contents

Printing-Related Tasks

Figure 1a shows the results of confidence levels in administrative staff in relation to printing-related staff. Respondents were confident about resetting a toner, changing a drum or toner but less confident about installing a printer onto a PC.

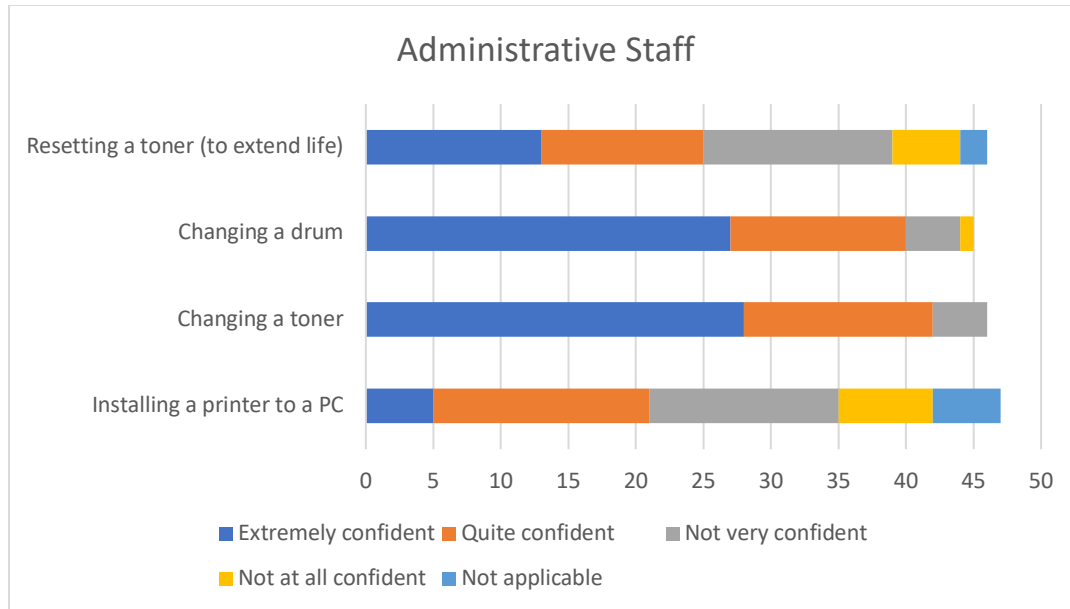Figure 1a): Confidence of Administrative Staff to conduct Printing Related Tasks:

Figure 1b) shows similar data for clinical staff. There is a high degree of confidence when changing the toner but there was a low level of confidence in all the other tasks related to printers surveyed in the training needs analysis.

Figure 1b): Confidence of Clinical Staff to conduct Printing Related Tasks:
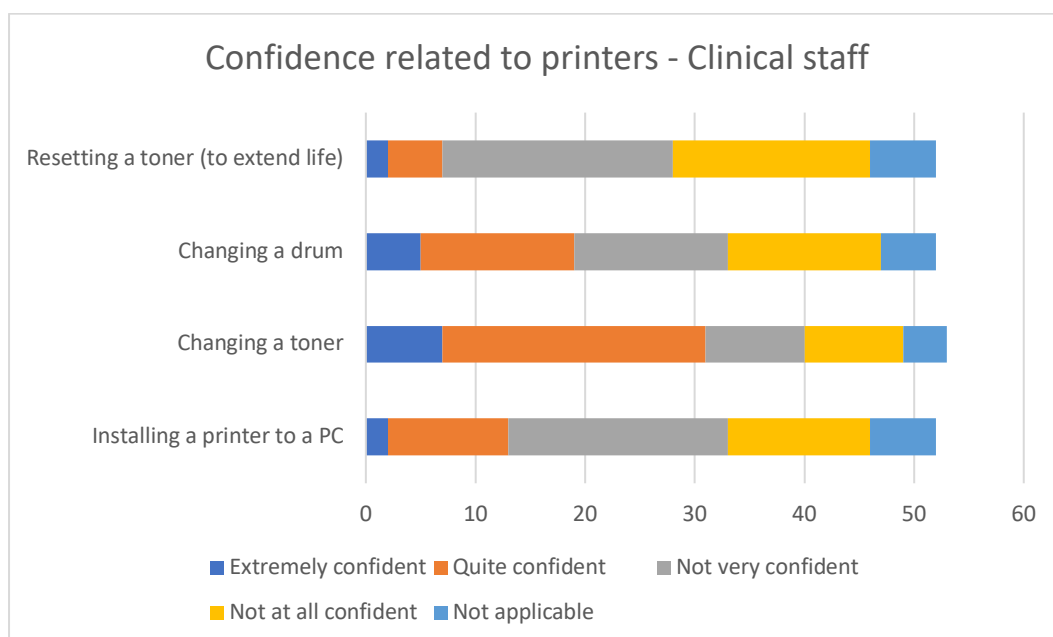
Findings related to EMIS

EMIS Health (EMIS) as was previously known as the Egton Medical Information Systems. It is an electronic patients record systems used in acute care and community pharmacy systems as well as primary care.

In the Bexley GP network the majority of the 23 Practice use now EMIS. Two practices (Belvedere Medical Centre & Bexley Group Practice) were migrating to EMIS whilst the apprentices undertook their first placement. The other practices had been using EMIS for a considerable time - the following three were the first: Northumberland Heath Medical, Lakeside Health Centre and The Albion Surgery - so that the assumption can be made that all their staff are reasonably confident with EMIS.
Four practices are still using Vision, which is an alternative system to EMIS, these are: Bellegrove, Ingleton Medical centre, Slade Green, Dr Thavapalan & Partners. The latter two are going to migrate to EMIS in the next two months.

Figure 2a shows the confidence of administrative staff of using parts of the EMIS system. There was a high level of confidence conducting simple searches but less with more complex searches. In general there was a lack of confidence in administrative staff when using EMIS, in particular template and protocol design the use of the general practice work load tool and exporting data to excel.

Figure 2a): Confidence of Administrative Staff to conduct EMIS- Related Tasks:
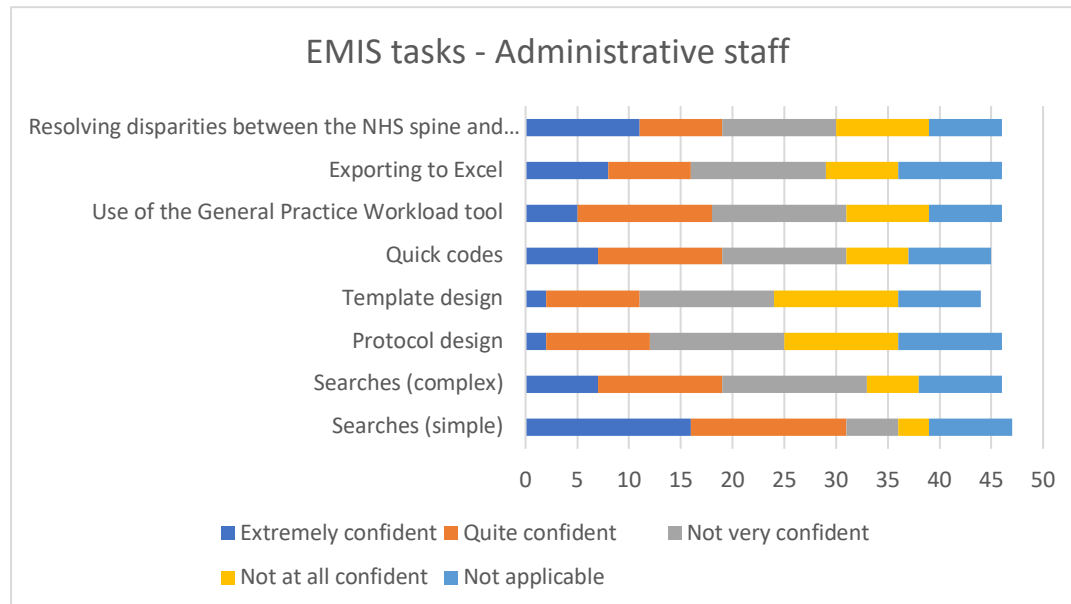
Figure 2b shows similar data for clinical staff. The only area where this is a high level of confidence is in simple searches. Both administrative and clinical staff have high levels confidence in relation to EMIS searches but otherwise there is a currently a low level of confidence when using EMIS and this was seen as part of the job role for both clinical and administrative staff.

Figure 2b: Confidence of Administrative Staff to conduct EMIS- Related Tasks:

Confidence relating to EMIS - Clinical staff
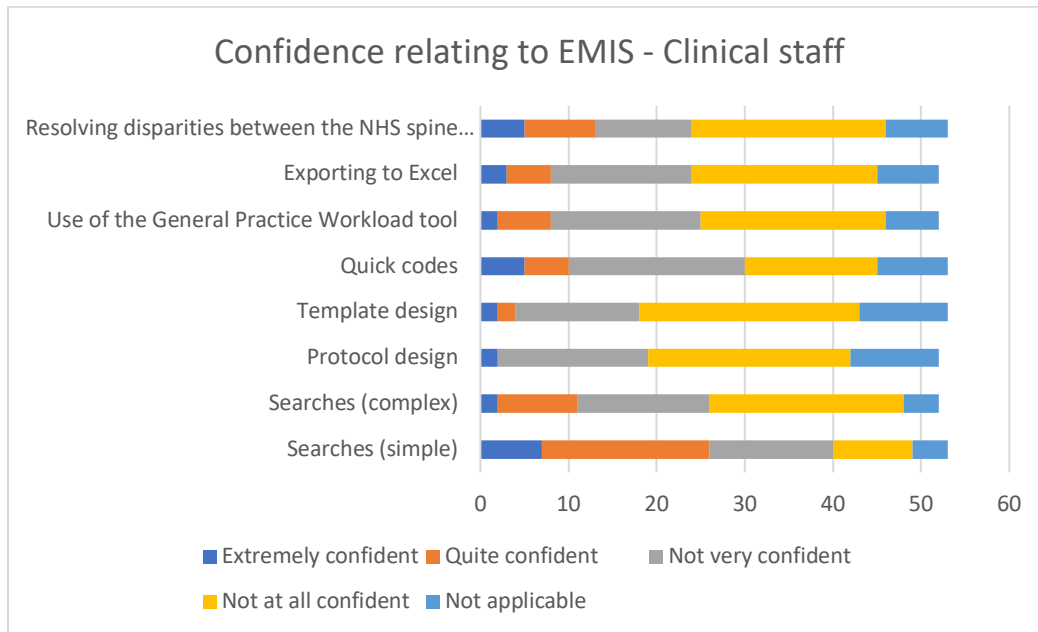
Findings relating to AccuRx

AccuRx builds software that makes it easier to communicate between staff and patients as well as other people involved in the organisation of the patients care plan. AccuRx is a tool that can be used within EMIS to message patients. Usually clinical staff or senior management create and write the messages to patients and junior staff enter it in the system and send it. The clinician can send directly messages to the patient.

The results of the training needs analysis for administrative staff are shown in Figure 3a. The administrative staff were confident when managing replies and working with texts and photos but had lower levels of confidence with AccuRx related template design.

Figure 3a): Confidence of Administrative Staff to conduct AccuRx- Related Tasks:
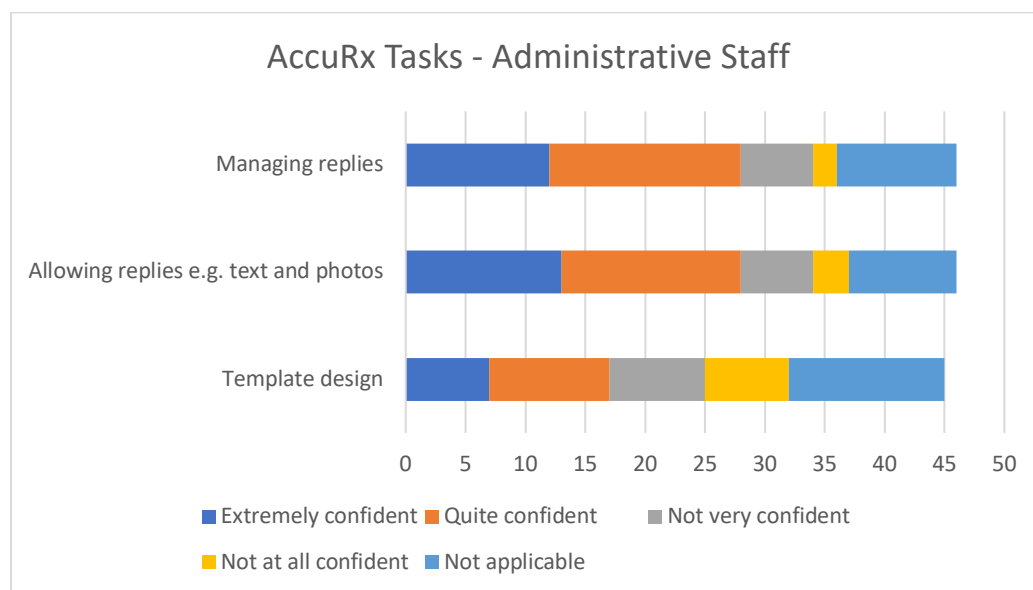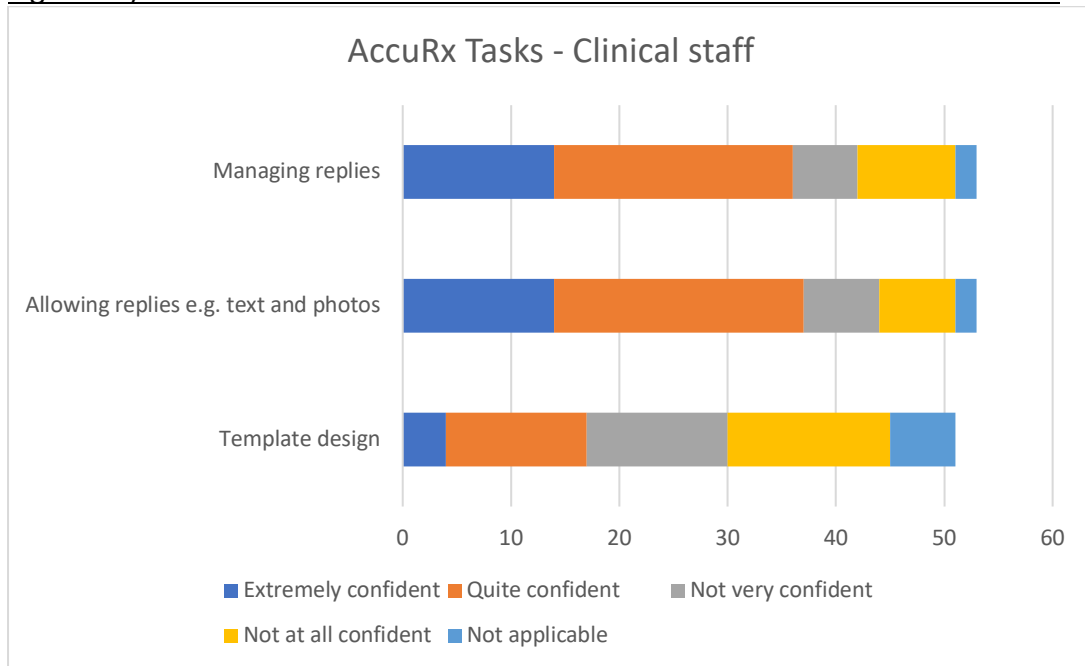

Figure 3b shows the equivalent results for clinical staff. The trends were the similar to those for the administrator group, with the clinical staff showing less confidence overall in all activities.

Figure 3b): Confidence of Administrative Staff to conduct AccuRx- Related Tasks:

AccuRx Tasks - Clinical staff
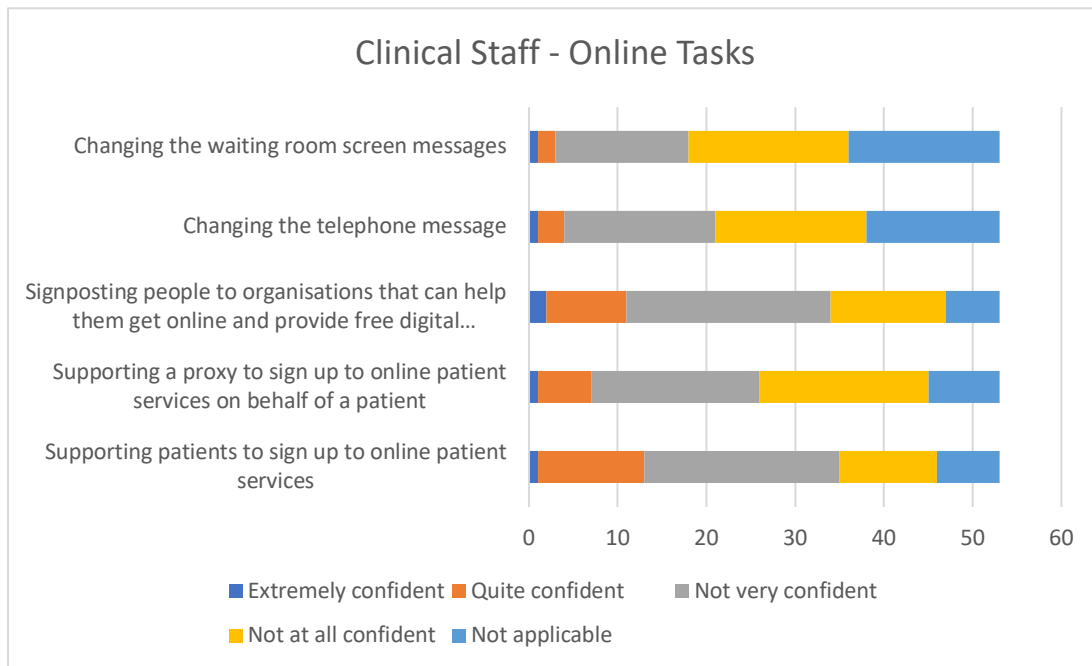
Other online related Tasks - Confidence

For administrative staff there was a high degree of confidence concerning supporting patients or their proxy to sign up to online services. They were less confident about sign posting patients to get online support from other organisations, changing telephone messages or on-screen waiting room messages. (Figure 4a)

Figure 4a): Confidence of Administrative Staff - Other online tasks
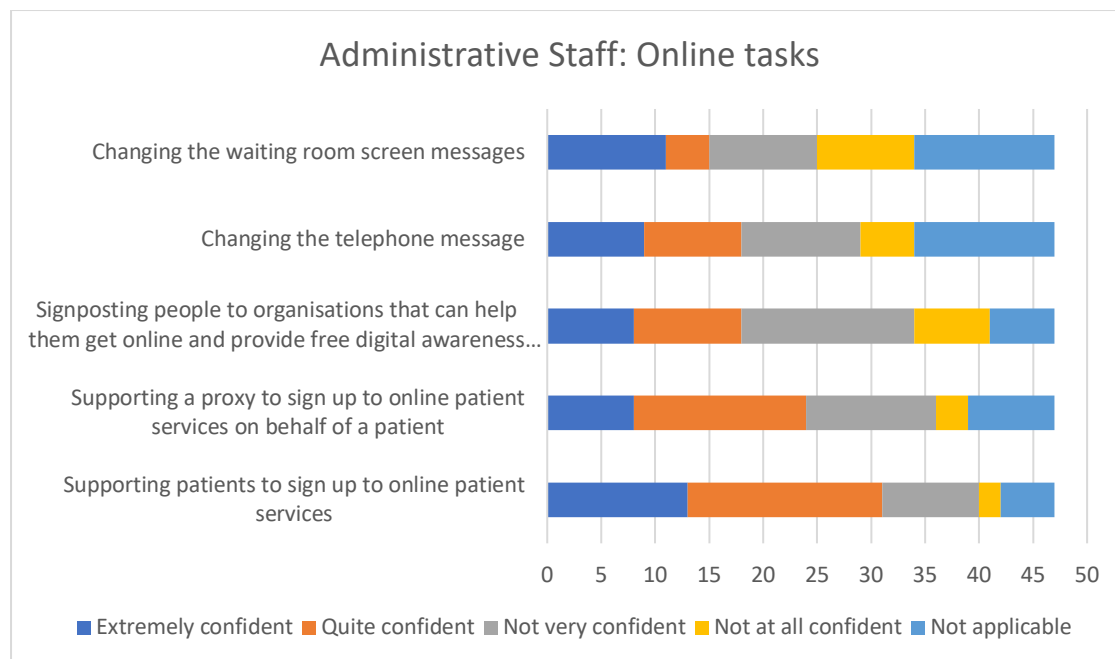
The results for clinical staff are shown in Figure 4b. The confidence levels for clinical staff in this sphere throughout is low and only changing waiting room screens and telephone messages are seen as part of their role.

Figure 4b): Confidence of Clinical Staff - Other online tasks

Clinical Staff - Online Tasks

- Changing the waiting room screen messages
- Changing the telephone message
- Signposting people to organisations that can help them get online and provide free digital…
- Supporting a proxy to sign up to online patient services on behalf of a patient
- Supporting patients to sign up to online patient services

■ Extremely confident ■ Quite confident ■ Not very confident
■ Not at all confident ■ Not applicable

Other Tasks- Familiarity

The results for administrative staff are shown in figure 5a. They were very familiar with Docman and DXS. There was a lack of familiarity with the local care record and a number of the respondents felt it was not applicable to their role. Local care records and co-ordinate my care are both integral part of Connect Care, which is a digital system that pulls information from all patients contact areas in to the EMIS system.

There was a lack of familiarity with using two screens with a PC but it was generally not felt to be part of the role. Finally, there was a lack of familiarity with the DVH pathology system. However, this may be a function of the question as this relates to Darenth Valley only rather than pathology services in general not related to Darenth Valley and used by Bexley patients.

Figure 5a): Familiarity of Administrative Staff with designated tasks
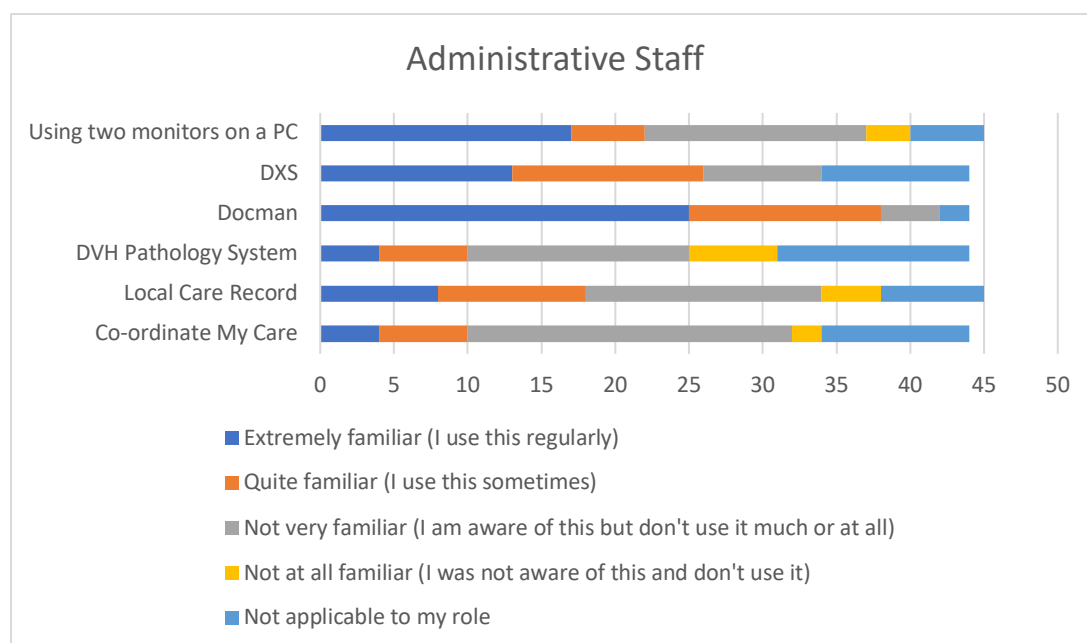
The results are for the clinical staff are shown in Figure 5b. Clinical staff have high degree of familiarity (and presumably confidence) with the DXS and Docman systems. Similar comments apply here in relating to the Darenth Valley Pathology system. There was also a low level of familiarity with the "local care records" and "co-ordinate my care". Neither clinical nor administrative staff felt that it was part of their role.

Figure 5b): Familiarity of Clinical Staff with designated tasks:
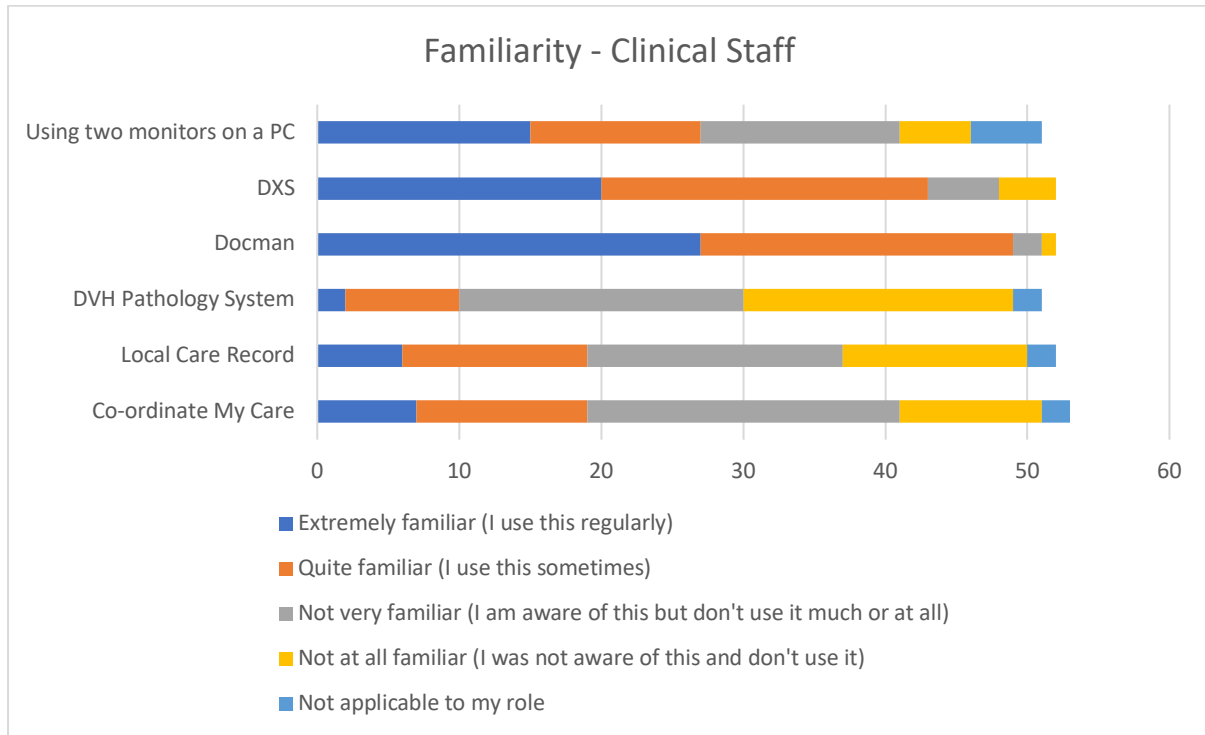
It needs to be noted that the DVH pathology system is regional and only the GP practices Belvedere Medical Centre, Bexley Medical Group, Bulbanks Med Ctr, Crayford Town Surgery, Lakeside Medical Practice, Northumberland Heath Medical Centre, Riverside Surgery, Slade Green Medical Centre are expected to use it.

Summary of the main findings

The possible gaps for training needs:

- Both the administrative and clinical staff had low level of confidence when using the EMIS system
- Both administrative and clinical staff were not confident when sign posting patients to online support or changing telephone or waiting room screen messages
- There was a high level of confidence from both administrative and clinical staff when using AccuRx, but not in template design
- Neither clinical or administrative staff were familiar with Local Care Records/Co-Ordinate my Care But equally neither perceived it as part of their role.
- There was a lack of familiarity with DVH Pathology on part of both clinical and administrative staff and again neither felt it was part of their role. This would be more relevant to GP practice in North Bexley, where there is a geographic need to know about DVH.
- Clinical Staff had a low level of confidence with printing related tasks (such as changing a toner) but the level of confidence in administrative staff was high Neither administrative or clinical staff were particularly confident about installing a printer.
- The level of confidence of using AccuRx was high in comparison to using EMIS, but this may be related to the time the software has already been in use in the GP practice.