

# Partnership approach to support apprenticeships across boundaries

A collaborative approach to utilizing Levy funding has been in progress in Hampshire, across NHS organizations, including acute hospitals and primary care. This collaboration partnership realized that they could utilize unspent levy by supporting apprentices in Primary Care and ensure bespoke health-specific learning by delivering the apprenticeships within the NHS. The key partners are:

- Portsmouth Hospitals NHS Foundation Trust – providing levy transfer funding
- 14 General Practices, with identified apprentices in Team Leader / Supervisor (level 3), Business Administrator (level 3), and Healthcare support worker (levels 2 & 3)
- Hampshire Hospitals NHS Foundation Trust – who have ROAPT Main Route training provider status.
- Health Education England Primary Care Training hubs– providing support

## 1. Where did the group originate from?

A conversation between Annette Farrell, the Learning Environment Lead for Wessex Primary Care Training Hubs HEE and Jude Davison, the Head of Education for Hampshire Hospitals Foundation Trust at a Wessex system-wide meeting.

During this conversation it became apparent that demand exists in Primary Care but there is almost no suitable apprenticeship training provision for healthcare assistants and team leaders in the Hampshire area for General Practice. Whilst several training providers exist in the area, none were able to make the necessary adjustments to their programme delivery to accommodate the smaller numbers and specific needs of GP Practices.

From this, the opportunity to use the apprenticeship levy transfer to support GP Practices, and train other NHS staff along with Hampshire Hospital's own staff emerged and the group originated from there.

## 2. Who is involved?

Three key stakeholders have been directly involved:

- Jude Davison, Head of Education & the Apprenticeship Team at Hampshire Hospitals NHS Foundation Trust
- Annette Farrell, Primary Care Learning Environment Lead for Portsmouth & IOW, Health Education England.
- Lynn Hansell, Portsmouth Hospitals NHS Foundation Trust.

Annette and Jude worked together initially to raise awareness of the Apprenticeship levy opportunities, and to convert interest in Primary Care apprenticeships into commitments. Annette was able to secure 14 GP Practices who were interested in developing their staff, and Jude set about securing a funding partner, even though Hampshire Hospitals as a levy paying NHS Trust had available funding. This was a necessary step to satisfy the ESFA funding rules, which state that a training provider cannot fund a levy transfer that they wish to deliver themselves.

Further support came from the National HEE Talent for Care team, and the ESFA National Account Manager, who were both able to support the process.

### **3. What is it like to be involved in a system-wide approach?**

Jude said that it feels healthy, and good to be working collaboratively across NHS partners, and the right thing to do when resources are so stretched for everyone. It is the natural thing to do to close the loop, and it is something positive for everyone involved.



*“We all have something to throw into the pie” - Jude Davison.*

This idea solves the problem of small numbers and specific training needs for general practice, as it utilizes the training that is already in place and helps to ensure that unused levy funding stays in the NHS. As Wessex workforce, this approach works and there are very few negatives as all sectors can learn from one another.

### **4. Why collaborate across the system to train apprentices from General Practice?**

As a Main Route ROAPT training provider, Hampshire Hospitals deliver these apprenticeship standards to their own staff, so it was a natural progression to open the training to apprentices from general practice at the same time. As the ideas developed, everyone in the collaboration agreed that there are added benefits apprentices from other settings joining the Acute learning cohorts, which promotes joint learning and greatly benefits the learners. The cross pollination from the different

settings will allow the apprentices to understand the patient journey more fully and allow the workforce to move across settings more easily as their career develops.

Financially it also makes sense. GP Practices do not pay the levy, and have little available spare funding for training, even under the co-investment model – yet the learning needs identified in General Practice require investment, and the Levy Transfer facility allows this gap to be filled.

Approaches were made to several large levy paying employers, who were not willing to support levy transfers at that time. Lynn Hansell from Portsmouth Hospital stepped in and has agreed to fund approximately £70,000 worth of apprenticeship training for GP Practice staff across the Wessex area.

Hampshire Hospitals have embraced the new additions to their learning cohorts and have appointed a trainer / assessor with a Primary Care Nursing background to work with the GP Practices to ensure that the programme delivery is fit for purpose for general practice staff. This will support the difference in skill set between acute and primary care workers, supporting quality and breadth of the learning experience.

## **5. How did you work out the number of general practice apprentices needed in the system?**

Once the decision to proceed was taken, Hampshire Hospitals were able to produce some promotional information and fliers to outline the apprenticeships that could be available, and Annette was able to collate expressions of interest. At this point, with funding also being secured from Portsmouth Hospital, the recruitment process began.

## **6. What are your next priorities?**

This is a new undertaking for every partner in the collaboration, and for Hampshire Hospitals as an Apprenticeship Training Provider. The General Practice apprentices are the first external learners to be trained by the Trust, so ongoing evaluation will determine how successful this approach is as a pilot. Unforeseen challenges have already emerged and been overcome, and more are expected to emerge along the way!

The main priority for this programme is the Primary Care learners successfully completing their apprenticeships. The pilot will be reviewed and tweaked during the programme, with key learning from the experience implemented for the next time.

## **7. What help was available to you? And what was most useful and why?**

“It’s the sum of all the parts, none of this could have been done individually!”.

Every stakeholder in the partnership has brought something to the table, and everything has come together through the support and co-operation of the other partners.

The partnership drafted in support from the Health Education England national Talent for Care team, to offer advice and assistance to help GP practices with the ESFA’s Apprenticeship Account set up. Resources have been built up, which can be shared more widely, and pulling everything together has been instrumental in getting the pilot up and working.



*Donna Coombes, Clinical Skills Lead at Hampshire Hospitals with Joanna Carthy, an award-winning apprentice from Hampshire Hospital's Shawford Ward. Donna heads up the HCWSW apprenticeship programmes and will be overseeing the delivery to GP practices.*

## **8. Did you have any issues or do anything that didn't work – is there anything others can learn from you about what not to do?**

Many of the issues that we have needed to overcome have been external to the partnership. As far as we are aware, no one else in the NHS has transferred Levy to another NHS organization to support Primary Care staff who are employed in NHS General Practices!

No one really knew how to set this collaborative partnership up, so there has been a big learning curve for everyone. It was impossible to know who was going to manage the logistics of finding funding partners and helping GP Practices set up their Apprenticeship Accounts. A workshop for GP Practice Managers was set up, which was not well attended, but this still proved to be very useful for the partners in terms of talking through some of the challenges.

General Practice budgets are stretched, which impacts on training. Funding constraints were compounded the lack of ESFA co-investment funding contracts held by training providers in Wessex to deliver apprenticeships to non-levy paying employers, the small numbers of potential apprentices from each employer and the very specific learning needs for general practice clinical staff.

One of the biggest challenges was finding the £70,000 held by local levy paying employers that could be transferred to support Primary Care learners. Approaches were made to local NHS and Local Authority large levy paying employers before Lynn stepped forward and offered funding from Portsmouth Hospitals. These organizations had up to £1m of uncommitted levy funding at risk of expiring; but were unwilling or unable to remove enough red tape to commit the funding required to support learners in other parts of the local health and social care economy.

Despite what appeared to be impossible, the partnership has proved that a systemic approach for all learners within the NHS family is possible. The partnership has learnt that there needs to be a

willingness to take part, and a long-term strategy is needed across a number of partners to ensure that the approach is sustainable.



**Annette Farrell.**

*“It is fantastic to see the triangulation between two acute trust and primary care. Fundamentally it is about improving healthcare skills, knowledge and competencies for safe quality delivery of NHS services to patients, through education and experience gained in apprenticeships” – Annette Farrell.*

## **9. What is next for the group?**

Starting the learners on the training programme is the next task, which is hugely exciting for everyone, and watching to see how this works in practice. All partners are anticipating being able to quantify the effort to get the programme started and look at the benefits of the approach to the learners and the organisations. In 12-18 months time, evaluation of the data and a full review will be undertaken to ensure that the approach has worked and what difference has been made?

There is a potential for more collaborations to take place in the future.

## **10. What has been the biggest benefit in taking part in this approach?**

The biggest benefits have been the opportunity to Upskilling workforce in Wessex – making training available where it wasn’t previously and making the best use of the resources available to us. We have been able to make the apprenticeship levy and the ESFA funding rules work for us by being innovative and using what we do have to our advantage. In future, the learning journey of our apprentices will enhance the patient experience, as each learner will have a much better understanding of the whole patient journey. Over time this will translate into better patient care.