Healthcare support worker: an effective assistance for key workers in an Early Intervention in Psychosis service

# Summary and Key Learning

The early intervention in psychosis (EIP) service CONNECT recruited a healthcare support worker (HCSW) to support activities as per an agreed care plan. This role freed up key worker time whilst maintaining person centered care. The main benefits of recruiting a HCSW are:

* Ensuring physical health monitoring is conducted frequently.
* Providing face-to-face support for service users, as written within the care plan, whilst freeing up key worker time.

"It is an absolute asset being able to provide support for things that key workers realistically wouldn't have time for."

Team lead, CONNECT

# Situation

In October 2023 CONNECT, based in Dundee, employed a HCSW. The team needed a colleague who could provide a broad spectrum of therapeutic and wellbeing/lifestyle support. Key workers were having to prioritise certain interventions over others and identified that they would value support with delivering social and physical health interventions, which are crucial in psychosis treatment. The average life expectancy for people with psychosis is 15-20 years shorter compared to their peers; this is largely due to the metabolic effects of anti-psychosis medication, which cause weight gain.

# Approach

The HCSW role responsibilities include: meeting with service users; accompanying them to GP and other appointments (such as with housing associations); supporting interventions documented in the care plan (for example social integration, self-care, medication prompts); support with completing benefits application; physical health monitoring; supporting the team’s peer support worker with weekly social groups.

Physical health monitoring is an important component to EIP services, however having support to conduct the necessary tests allows team members with additional specialties to devote their time elsewhere. CONNECT’s HSCW supports the team with taking bloods and performing electrocardiogram (ECG) tests. The HCSW’s training included completing LearnPro modules, shadowing fellow HCSWs at Tayside Community Mental Health Teams (CMHTs), training in venepuncture, as well as support from an associate practice educator within the professional and practice development facilitation team in Tayside.

# Results

CONNECT are very positive about the impact of having a HCSW on the team. The benefits reported by the team include:

* Having a second opinion and an additional source of information on service users, helping the team to better understand their history and needs and allowing multiple pieces of work or information gathering to be done simultaneously.
* Valuable input into safety planning with service users whose condition has deteriorated, by allowing for additional service user contact while allowing key workers to keep up with their case load.
* The ability to adapt the pace of the recovery journey to the service user’s needs and adapt more proactively to the service user’s situation.
* The HCSW has been able to commit to improving relations with third sector organisations, something key workers in the EIP team hadn’t the capacity to do.

“Having [a HCSW] involved with patients early in their journey has given further understanding of patients.. [They] are also able to reiterate information and help with psychosocial recovery of patients. [HCSW support] has also been extremely valuable to increase patient contact [while] allowing key workers to continue seeing everyone on their caseload.”

Key worker, CONNECT

There are also cost-saving benefits to the EIP team’s use of a HCSW. A cost-benefit analysis has shown that the HCSW typically provides at 14.25 hours of face-to-face time with service users, this equates to a minimum cost saving of £4,691 per annum. These cost-savings are likely to increase over time, as they increasingly allow key workers to focus on clinical work.

# Next steps

The HCSW currently undertaking training with NHS Education for Scotland (NES) to become an assistant practitioner. The assistant practitioner role will allow them to take on clinical work, further freeing up key worker time.

The HCSW’s role in monitoring physical health may be further developed now an occupational therapist has started within the team. The team’s HCSW is training to plan and deliver physical health clinics following the EIP integrated care pathway (ICP).

If you have any questions about this case study, please contact the HIS programme team at his.mhportfolio@nhs.scot or the CONNECT EIP team at tay.dundeeeipservice@nhs.scot