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

Report 19.04.2022

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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 was completed in January 2022. The apprenticeship model consisted of primary care placements alongside training provided by Ginger Nut Training, an apprenticeship training provider. Day to day supervision was provided by Bexley Training Hub (BTH).

Following an identified digital skills gap BTH piloted the role of the DST within Primary Care Networks (PCNs) as a way of providing support to Bexley's GP practices as well as promoting the 'Digital First' agenda.

Methodology:

a) Focus groups with the digital apprentices during their first placement and at the end of their apprenticeship
b) Semi-structured interviews with the Ginger Nut Training tutor and BTH

Findings:

Throughout the apprenticeship programme the DST scheme performed well in regard to its' set-up, the training of the apprentices and the benefits they brought to the GP surgeries. Communication between the apprentices, the IT Primary Care department (CCG), the GP

Federation (BHNC), the training provider (Ginger Nut Training) and Bexley Training Hub although challenging at times, was good.

The GP surgeries have now recognised the value of a DST and all four apprentices have been offered full time employment as qualified Digital Support Technician Officers serving a network of GP practices (between 3 to 7 practices in one network). The full time position will be financed by the PCNs and employed by BHNC. The fully trained apprentices are employed as an Agenda for Change Band 5.

The apprentices have covered a wide range of activities and developed expert knowledge in a number of software packages. They grew in confidence and understanding and were able to integrate within a GP practice team well. They were particularly instrumental in upskilling and supporting staff to streamline work processes. By supporting the GP practice reporting process alongside BHNC, they facilitated funding streams for the PCNs.

The experience of the apprentices was wide and varied and overall very positive. In collaboration with BTH's apprenticeship co-ordinator and the apprenticeship tutor, their experiences were mapped to the national standards in order to provide evidence for the end point assessment. All DST apprentices chose to go with the 'digital application technician' route, which focused on the organisation and its internal users, rather than the 'digital service technician' route, which would have focused on the external customers.

Future planning for a DST scheme will need to consider better familiarisation of the primary care setting and could include:
- An overview of the set up(s) of GP practices, their integration within the Federation and the NHS as a whole
- An introduction to NHS terminology and acronyms
- An introduction to the most commonly used software in GP practices such as EMIS, Docman, AccuRX
- An early introduction to data privacy and handling of data in the NHS and subsequent updates as required (for apprentices and the tutor depending on this person's experience since they compile evidence for the end point assessor)
- A briefing for the named mentor at the placement practice, CCG IT and BHNC around the role of the digital apprentice, what value they can bring, what tasks they can cover and what they should or should not be tasked to do

Due to the current societal context (the apprenticeship scheme coincided with the Covid 19 pandemic and subsequent vaccine roll-out) it has been difficult to collect data as to what is required by practices to support the digital apprentices. However, testimonials from practices on the value of the apprentices were submitted as part of their end point assessment portfolio. It has proved difficult to collect data from practice managers and future initiatives should consider how to involve them in a more systematic way.

This final report should be considered in conjunction with the interim report, which further entails the results of the Training Needs Analysis (TNA) of primary care staff. The DSTs have added considerable value by providing support to current staff with regard to the effective use of important software packages and digital options.

Conclusion

The Digital Support Technician Apprenticeship scheme has contributed significantly to the delivery of primary care in Bexley. Supporting practices and staff using software applications and digital options has helped to embed a positive culture whereby the digital transformation agenda is recognised as an essential part of the sustainability of General Practice.

During the programme the apprentices had protected learning and management time and reported a positive learning experience.

The Digital Support Technician Apprenticeship scheme, when applying the digital applications technician's route, is very well-suited for GP practices who do not have the required skills to meet the digital transformation requirements of the NHS.

Currently, BTH is not considering another round of DST apprentices. However, the plan is for BTH to support the roll out of the programme across South East London.

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

Final Report 19th April 2022

Authors: Dr Marianne Markowski, Dr John Foster

Introduction

Bexley Training Hub commissioned Greenwich University Enterprises Limited (GUE Ltd.) to evaluate the Digital Support Technician Apprenticeship (DST) Scheme, which involved four apprentices (from August 2020 to February 2022). GUE's activities comprised the following activities:

- Negotiating ethical and research governance procedures
- Designing an inhouse training needs analysis regarding digital confidence of primary care staff with a short survey of primary care staff
- Running 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
- Conducting interviews with key stakeholders. These include the apprenticeship co-ordinator, the Bexley Training Hub Primary Care Tutor, and the apprenticeship personal tutor. The aim was to gather their views on the future implementation of the DST Scheme in the context of Primary Care

Our approach

The overall approach to the evaluation was based on action research where the steps of the planned implementation were reviewed, actions carried out, and reflections informed the next steps in the cycle.

In the first cycle (Nov 2020 – March 2021), a focus group with the four apprentices, interviews with the apprenticeship co-ordinator and the training tutor and Training Needs Analysis (TNA) survey with the GP practices in Bexley were carried out. The overall guiding questions for the interim evaluation were:

- What is working well?
- Where are the gaps or concerns?

The feedback from the first cycle was incorporated in the implementation of the apprenticeship scheme. The second and final cycle was concerned with the overall questions:

- What worked well and what could be improved?
- What are the key aspects of the set-up of this DST apprenticeship scheme in primary care in Bexley, so it can be implemented in other primary care network (or ICPs) in other parts of the country?

Structure of this report

- Context around the apprenticeship
- Empirical feedback activities & outcomes' summaries
- Recommendations for future DST schemes in Primary Care

The context for the apprenticeship scheme

BTH has recognised a gap of skills (and time) in GP practices, which meant some GP practices were falling behind the NHS digital transformation agenda and the Five Year Forward View (FYFV). BTH initiated the DST apprenticeship scheme with the view to increasing access to and utilisation of digital technologies commonly available for both practices and patients.

Bexley Health Neighbourhood Care CIC (BHNC) is the Bexley GP Federation, which hosts the Training Hub i.e. HR, salaries etc. The apprentices are employees of the Federation, but their apprenticeship levy is paid for by the UK government. Bexley CCG IT department supports in total 23 GP practices. For a more detailed description of the DST scheme, including the competencies see the interim report which can be found here Evaluation of the Digital Support Technician Apprenticeship Scheme | Documents | University of Greenwich.
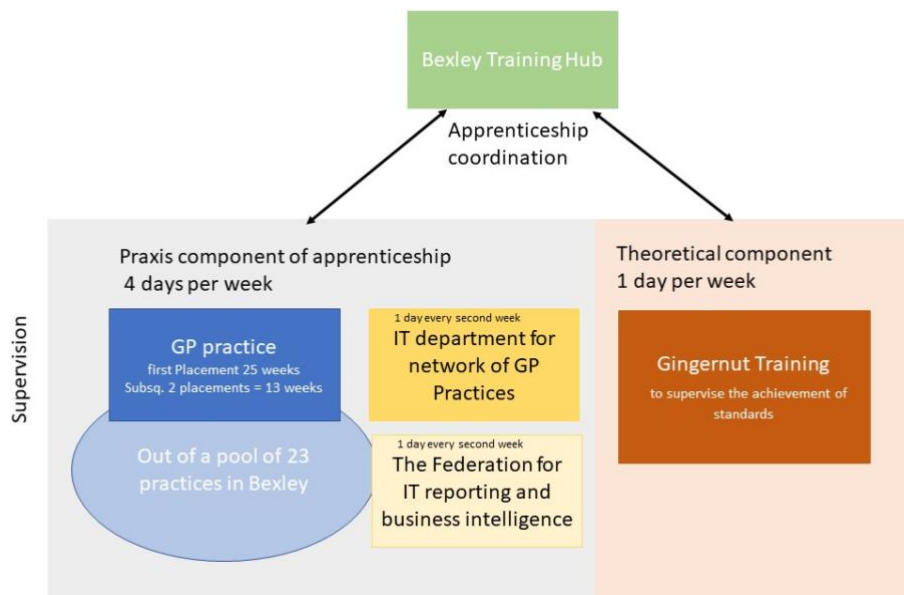
In summer 2020 BTH recruited four digital apprentices following the widening participation agenda. They chose four locally unemployed persons, who were all male, between the ages of 23 to 27 years and from a range of ethnicities. The requirement was to have GCSE level 3 maths and English to pass the level 3 apprenticeship programme. BTH chose the apprentices for whom they felt it would be a valued opportunity to rebuild their working career.

The original job description described the **main purposes 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.

However, the second bullet point became less relevant as during the course of the apprenticeship the apprentices decided to concentrate on the 'digital application technician' route, which meant they were working with internal staff. This was where they felt they made the greatest difference and where there was the greatest need within the GP practices.

Figure 1: Set up of the DST apprenticeship supervision & placements since January 2021

Bexley Training Hub

Apprenticeship coordination

Supervision

Praxis component of apprenticeship
4 days per week

Theoretical component
1 day per week

GP practice
first Placement 25 weeks
Subsq. 2 placements = 13 weeks

Out of a pool of 23 practices in Bexley

1 day every second week
IT department for network of GP Practices

1 day every second week
The Federation for IT reporting and business intelligence

Gingernut Training
to supervise the achievement of standards

The four apprentices worked for 3 days a week for 13 weeks at a GP surgery as their host location. One day a week they spent at home for learning where they covered the apprenticeship training modules, all online and had their tutor and BTH's management meetings. This was their protected learning time as well as the time where they could easily seek support from BTH regarding concerns in their apprenticeship. One day a week, alternating, they spent at the Federation to support with reporting or at the IT department to learn about the IT's remit.

Summary of the empirical data collected for the second cycle in the evaluation

We collected three rounds of empirical data by holding focus groups or semi-structured interviews.

- 3rd Dec 2021: Exit focus group with three apprentices (one could not participate due to health reasons)
- 6th Dec 2021: Exit interview with apprenticeship co-ordinator and BTH's manager
- 25th Jan 2022: Exit interview with personal tutor at Ginger Nut (the apprenticeship training provider)

All participants consented to being recorded. The recordings were transcribed, and data was analysed inductively and deductively using the approach of thematic analysis (Braun & Clarke 2009).

In addition, BTH collected employer testimonials from October 2021 – Dec 2021, of which some are included anonymised as examples.

Summary of exit focus group

We developed the following three themes from the exit focus group with the apprentices:

1. Types of learning during the apprenticeship
2. The specificities of working in Primary Care
3. Suggested improvements to the apprenticeship programme

1. Types of learning during the apprenticeship

The apprentices learned through a mixture of sources such as structured learning through courses or through individual tutorials, partly ad-hoc, but foremost they 'learned on the job'.

A1: *"I think most of what I learnt has been just working things out as I've gone along and by osmosis and in the meetings with, our weekly catch-up meetings, they're very useful as well, with [IT personnel] from the CCG, just to fill in any gaps that we might be unsure of during the week."*

The apprentices described that for 'learning on the job' they needed time, which was not occupied with admin work.

A1: *"I've been pretty lucky with the people I've worked with and they've understood that, and I've had time to work things out for myself, so not being overloaded with mundane admin stuff all the time is probably essential for this role if you're doing it anywhere else."*

They were able to transfer their learnings and experience from one place and apply it in other areas.

A2: *"Like some things I learnt in the CCG and some things I learnt during online Ginger Nut training. You know, because we do like placements here and then we go to the CCG on a day and then we have tutoring on another day. So, you know, you learn one thing from one area and then it becomes useful in another area, so that's definitely nice."*

One apprentice reported having some extra one-on-one session with the tutor from Ginger Nut to improve his excel skills.

A3: "I had a couple of one-on-one sessions with my tutor that were kind of like off the curriculum, Excel sessions. I used what he taught me in those sessions almost every day."

A large part of their role was about understanding where their role begun, and where the remit of the IT department ended. This understanding developed more with the second placement as the apprentices grew in confidence and they were able to manage staff's expectations in the GP surgeries about their work remit.

A3: "When I could explain to them that what my actual role there was, I got used better. So the first practice, they probably had a lot of conversations with [the apprenticeship co-ordinator] because they sort of knew roughly what they wanted to do with me. Then the second one, actually every practice, from that point, has asked me, So what do you do?"

The training offered by Ginger Nut, the apprenticeship provider, and by the IT department was seen as useful, but overall more useful as knowledge for when the situation arose. The IT issues given as tasks by practices or with reporting for the Federation was the training with day-to-day relevance.

A2: "IT [training] does help, but it helps when the situation comes, kind of, it doesn't really, that's not really a day-to-day thing like knowing EMIS or AccuRX or something, that's just more if you bump into an IT issue, and then most of the time they just call up the CCG [IT department]."

The apprentices developed during the apprenticeship their knowledge, confidence and described themselves as 'Jack of all trades' rather than having very specific knowledge.

A2: "Us as apprentices, we are like trying to be like the Jack of all trades, whilst like clinicians, they don't need to know certain things, they don't need to use certain tools, so they won't do it, it's not part of their job, so they don't need to."

The apprentices also re-accounted when they applied their knowledge to support staff to improve work processes within the GP surgery as well as with connecting organisations.

A4:"But I managed to work with one of the medical secretaries there and now that whole painstaking system is gone. She now feels way more comfortable and confident with it since I've worked with her on it. And now they just send it all digitally."

2. The specificities of working in Primary Care

GP surgeries are businesses, and they are all run and managed slightly differently, whilst they are embedded in the NHS Primary Care structure. At the beginning the apprentices had not only to learn about their work remit, the content of the training courses but also the digital software systems and work processes at the host practice. Yet, they lacked understanding for the larger context and had difficulty following the NHS acronyms and terminology.

A3: "I was getting put into projects for things and first of all you had to learn what the acronym stood for and then you had to learn what that even meant and why that was and what you really had to do, how you'd be involved in that kind of thing. Like GP contracts and stuff, like that was a big part of our role."

In addition to this, there is a large number of software packages for NHS systems, including third party software and plugins, which are being used in GP practices and their suppliers. The apprentices counted around 15 software programs, which they had to pick up and understand in order to support the staff.

The apprentices considered EMIS as the most important software to know as its used most widely and *"it's like a database mixed with a CRM".* They appreciated the training they had received for it, whilst other one-off training was not always seen as relevant.

A1: "W*e did have maybe a few more training things organised by [apprenticeship co-ordinator], like one-off training webinars and things. Some a complete waste of time and some of these may have been stuff that we would have got, anyway. one of the more useful training sessions we had was one, we had a day with an EMIS trainer, which was very useful."*

All the practices had their own IT set-up, and at times these systems were initiated by people who had little understanding at the time it was introduced or may have left since. This meant that the apprentices had to navigate the systems, not necessarily having the permissions to alter the set-up.

A1: *"Part of the problem is that there's so many systems and the people who are administering them in the practice don't even necessarily understand what permissions people need and how to give them to them, which is something we can help with in the end, once we've actually worked it all out ourselves and I have helped with."*

3. **Suggested improvements to the apprenticeship programme**

All three apprentices in commented that scheme would benefit from an in-depth explanation on how everything worked in primary care.

A3: *"I definitely needed a more in-depth overview of how everything worked in primary care. I think a lot of my energy and time went into figuring out what I was helping with before I could figure out how to help."*

The apprentices further suggested to ensure that training is provided for EMIS and to have a 'dummy' account i.e. in a simulated environment to practice the use with it.

A2: *"Maybe at the beginning have a dummy EMIS account with like all the features, all the accuRX and a dummy account for all of those third party programmes that work around EMIS, that they [future apprentices] can dabble in."*

In preparation for their work in GP surgeries it will also be helpful to ensure that the [future] apprentices have permissions and digital access to the software. Some of the apprentices still experience now the issue of not being able to access a part in their system.

The shortening of the placement from 6months at the first surgery to three months at the following surgery was welcomed and 6 months was not considered as needed for the first placement.

A2: *"the change from the six months to the three months is, was definitely a good thing. Because your experience at each practice is, like no practice is the same and every practice you go to, you learn different things in different ways"*

The apprentices welcomed the suggestion for BTH to engage with the practice manager of the placement beforehand to discuss what the apprentice could do. Based on the current experience by the apprentices, BTH could offer the hosting GP surgery a type of 'menu' of tasks, which they can expect the apprentice to do. This would ensure that apprentices are clearly integrated into the practice and not left in a room by themselves with admin or menial tasks.

The split between 3 days at the practice, one day as protected time for learning and management and one day with CCG IT department, alternated with a day at the Federation was seen as working well.

A3: "Every Wednesday we were at the IT department, and it got very repetitive and it wasn't really serving us in any way. So when we started working with the Federation which supports all the practices in Bexley, that's when it all picked up for me because then I was involved in it a lot more from that point onwards."

Summary of the exit interview with the apprenticeship co-ordinator and BTH's manager

We developed the following two main themes from the exit interview:

1. Factors for a successful apprenticeship experience for all involved
2. Suggested improvements for future DST apprenticeship schemes in ICPs

The first theme entails the following subthemes:
- Meeting a need in the PCN / ICS
- The importance of good communication and management
- Financing the apprenticeship and employment

1. Factors for a successful apprenticeship experience for all involved

Meeting a need in the PCN / ICS

The team at BTH initiated the DST apprenticeship scheme as they were aware that there of the IT skills gap in GP surgeries. The GP surgeries had the pressure to go digital, but not all staff did have the expertise, nor the time to learn, which meant they were not adopting technological advances easily, especially in respect to reporting.

BTH's Manager: "Practice Managers were repeatedly saying, "We haven't got the IT expertise in-house to do this reporting, that reporting. The pressures are too much around the speed of transition from you know, paper-based to digitally-based general practice." And they always seemed to be behind the curve so that was where the idea came from …."

In this respect the interviewees were very pleased with the results of introducing DST apprentices in the GP surgeries in Bexley. They reported how the apprentices had supported the GP practices in Investment and Impact fund (IIF) reporting, which meant it generated more income for the GP practices. The GP practices recognised this benefit and the value of the apprentices' work.

BTH's Manager: "Practices said: "We want them back, get them back to us" and some of the work that they should have done, they hadn't even initiated until the Digital Support Technician actually said to

them, "What are you doing about this bit of work?" And then it was, "Actually we haven't started it because we don't know how to start it."

The interviewees described the benefits of rotating the apprentices between the surgeries as this allowed the apprentices to build up a better picture of the IT systems set-up and management of the GP surgeries. With each rotation in their placements, the apprentices, grew in confidence and started to offering support to the practices based on their ideas on what is needed.

There was no attrition with the apprentices and only low sickness levels. The apprentices were well-integrated in the practices overall and maintained enthusiasm and motivation. The circumstances of the COVID pandemic further contributed to the acceleration into digital services nationally, which meant the need to invest in staff to support them with digital skills is now more clearly recognised.

BTH's Manager: "So as general practice is being catapulted further and further into the digital age and that has been accelerated by Covid there's no two ways about it. It's progressed that agenda quite rapidly. There is now, I think, a recognition that they need to invest in staff who can support them digitally."

All four apprentices were retained in the Bexley's ICP and are now full time employed, each of them looking after a network of GP practices. These apprentices were the first DST apprentices to qualify in the Primary Care context.

The importance of good communication and management

The interviewees described how they had built-in from the beginning for all apprenticeships, protected management time and learning time as it was important to keep regular check-ins with the apprentices to see if they are okay.

However, it was a challenge not to meet in person, due to the COVID pandemic and all four apprentices have not met each other in a group either. The apprenticeship coordinator described how it was *"easier for things to slide because we weren't face-to-face"* yet the barriers were overcome with online meetings and potentially simulation for virtual training session.

The communication and meetings were regularly held between the apprenticeship co-ordinator and apprentices (weekly group meeting and one-to-ones on request), between apprenticeship co-ordinator and personal tutor (bi-weekly in group sessions), and apprenticeship co-ordinator and the placement offering practice (before the placement and during the placement ad-hoc).

Apprenticeship coordinator: *"Considering they were going in without really knowing anyone, so my role in all of that was to email ahead to the practices who had previously agreed to have an apprentice and just give them a start and finish date so they knew, who was coming in but essentially it was down to the apprentice to turn up on the day and introduce himself and make himself available to whatever they felt they needed.*

The apprentices further had regular contact with data analysts at the CCG, who supported them when they spent their day with the CCG's IT department. The data analysts updated the apprentices when upgrades or changes to the IT systems happened and provided them with access to some online IT training.

The interviewees described how they felt that they had a good selection of apprentices and they had friendly meeting where they were *"bouncing off each other".* The BTH manager selected the apprentices under the widening participation agenda.

BTH manager: *"We didn't want people necessarily who already had a fantastic career and it would have just been another opportunity for them. We wanted somebody for whom this was going to be a valued opportunity."*

Apprentices were well integrated in the practices, certainly in the later placements as the apprenticeship co-ordinator described: *"feedback from [one GP] was that he was particularly impressed with the way they went from being a total stranger to the practice to being a valuable member of the team within 12 weeks and that in itself was a real skill and it showed a level of maturity."*

Yet the interviewees described how they picked up a level of frustration by the apprentices that many GPs did not have the time to engage fully with IT, nor have specific meetings around this.

BTH manager: *"I think one of the things that came across in their chats was if you were running a business you would absolutely know your IT systems and absolutely be engaged with it but GPs aren't*

Yet the apprentices were instrumental in supporting the practices in the adoption of software and to assist with the correct application of the products. This was especially important for communication software that addressed patients as well as for the reporting systems.

BTH manager: *"GPs, and Practice Managers too, to some extent, are just completely overwhelmed with the choice and then, the CCG might make that choice for them and then they have to very quickly learn how to use it. So even DRX or DXX I don't know there are so many of them. being able to send accurate, being able to send text messages to patients, 1,000 a time that please book your flu jab and things like that. Practices haven't been using it to its full capacity simply because they're afraid to use it. because if you think you could potentially be sending out a message to 1,000 of patients and the message isn't quite right or you know you've not done it properly or are too frightened to use it."*

Financing the apprenticeship and employment

The apprenticeship levy is financed by the government, and for paying the salary for a Level 3 apprentice there are different models. BTH solved it by utilising training underspends. GP practices could also finance the DST apprentice's salary by sharing the apprentice as a resource and to cover the salary collectively. Once the digital apprentice has been fully trained his / her role as a Technical support officer should pay for itself by filling in the IIF report, which needs to be generated accurately and on time.

BTH's manager: *"Essentially the apprenticeship funding comes through the levy, so the training itself is paid for out of the national apprenticeship levy. Paying their salary would depend on whether they're employed by a PCN, by a practice or for us [BTH]. We employed them utilising training underspend and a few other underspends. So I think there's a whole range in General Practice as to how they could be paid for during their training but once they are trained, they'll be generating their own salary through the IIF Funding because potentially that is going to be a main income source for General Practice and, if the data isn't captured accurately and timely and reported in a timely manner then it won't generate the income. So that's essentially what PCNs are going to be paying them from."*

The current apprentices will be employed by the Federation on Band 5 once they have qualified. This is seen as the best solution as it places them in the same starting position and they can be placed flexibly around the GP practices depending on support needs.

2. Suggested improvements for future DST apprenticeship schemes in ICS

The interviewees reflected on the most important aspect of the current DST scheme set-up and emphasised how the supportive set-up is really important for the DST scheme in primary care. They praised the tutor from Ginger Nut (the apprenticeship training provider) as collaborative and positive, whilst preparing the apprentices very well. The apprenticeship co-ordinator together with tutor and mentors formed the strong supportive basis for the apprentices to come into the different GP environments.

As it stands BTH has no plans to employ another set of DST apprentices, but will consider it for the future for the Integrated Care system (ICS) or Integrated Care Place (ICP). If there is another set of apprentices, BTH plans to have a better induction for the apprentices as well as for the tutor to provide knowledge around primary Care right at the beginning of the apprenticeship.
BTH's manager: *"I think Ginger Nut found it equally difficult to understand all the acronyms so that might be something we need to put in our induction programme."*

The apprenticeship coordinator plans for more lead time with practices to make sure they know what is expected and how they can integrate the apprentice most suitably.
The interviewees suggested to have a named mentor at the GP practice instead of the practice manager being the main contact person for the apprentice since practice managers did not always work that closely with the apprentices. The name mentor and the apprentice should fill in together a memorandum of understanding (MOU), which highlights the areas the apprentice is expected to learn and can contribute.

Apprenticeship co-ordinator: "*In other practices they [the apprentices] didn't have a designated mentor, so it was "go and sit with that person and she'll show you how to do this. Go and sit with that person and they'll show you how to do that. And until there was somebody else available to move them around to sometimes that was all they did, sit with that person and did that and that was when there were issues really, that there wasn't an overriding supervisor or mentor who was saying, "Right this is what you did today, what do you want to do tomorrow? How can we progress that skill into something else?""*

If BTH decides to employ more DST apprentices, they plan to equip the fully trained apprentices with mentoring and coaching skills so they can supervise the future apprentices.
BTH's manager: "T*he ideal solution would be that these guys would go on a mentoring/coaching course and then they would progress to be the coaches and mentors for the next cohort."*

Summary of the exit interviews with the personal tutor from the apprenticeship provider (Ginger nut) manager

We developed the following three main themes from the exit interview:

1. Regular engagement with employer and apprentices
2. Considerations for the DST apprenticeship assessment
3. Suggested improvements for future DST apprenticeship schemes in ICPs

1. Regular engagement with employer and apprentices

The personal tutor valued the regular engagement with the employer and the apprentices. The employer in this case were the apprenticeship co-ordinator and BTH's manager, not practice managers from individual GP surgeries. This supportive set-up (regular communication with the employer and with the apprentices) accommodated administrative tasks around the apprentices' practice placements such as gathering documents and filling in forms.

Tutor: *"The level of engagement was great from the apprentices, the communication was there, fantastic support from people like [the apprenticeship co-ordinator] within the business. That was a key aspect, having a really on board and engaged employer liaison, as it were, made, not in terms of the teaching and tuition, just the logistics and the admin side of going through an end-point assessment. There are lots of boxes to tick, lots of documents that the end-point assessment organisation will want, and having someone there who could just chase on the ground and give the apprentices that bit of extra support was invaluable with things like that."*

The good liaison with the employer was also instrumental for the tutor in order to learn about the primary care context for himself.

Tutor: *"Bexley Training Hub were invaluable in explaining that and talking through what it's like, because, for the the first month I didn't quite know what the structure was, I didn't know how primary care worked or how it was set up."*

The Tutor perceived moving between different surgeries as a bonus as the apprentices learned the different things in a variety of practice set-ups and could observe 'best practice' for themselves.

Tutor: *"Being able to compare different employers was beneficial because they can compare and contrast. So that's, you know, I can learn the best practise from that surgery, but I move to this surgery, oh, they're not doing that quite as well, but they're doing this better."*

In the tutor's view the DST apprenticeship scheme is a "perfect fit "for primary care as concerns support for using IT systems and not setting or building the systems as an IT infrastructure, network of technician apprentice would do.

The tutor praised the selection of apprentices as a good fit for working as DST apprentices in GP surgeries, at the same time he explained that the type of apprentice 'digital and IT' attracts seems to be very similar throughout the industries. He pointed out that it is more important to pay attention to the soft skills when recruiting the apprentices as it is easier for him to teach technical skills than soft skills.

Tutor: "For digital support it's much better to find someone who can, who has some soft skills in place, communication, ability to empathise and get on with other people, because the technical skills can all be taught."

2. Considerations for the DST apprenticeship assessment

The tutor met every month with the apprentices for their individual tutoring sessions online. Towards the end he increased the frequency of these session to ensure the apprentices feel prepared and were ready for their final assessments.

The tutor's personal pedagogy was to work with the specific skills and needs of the students and depending on their situation to offer ad-hoc support. The tutor, himself had a background of working in IT so was able to give specific advice depending of the type of problem.

Tutor: "My sort of pedagogy is very much a case of look to see what they need, for example, one of the apprentices was working with Excel in terms of pulling off reports and data analysis for the surgery, and it was either said, "Well, let's do something on that". So it was a kind of bespoke, ad hoc opportunity, "Okay, you're looking at that, I've got some time. Let's see if I can support you further with that". And I always say to all my apprentices, "If there isn't a need for that or there's something specific, that I've got the skillset to help you with, then I will gladly do that"."

The tutor pointed towards the need to finding the balance between teaching and learning a software as there is only a finite amount of time. MS Excel was the most important programme in the Microsoft office suite in primary care context and therefore it would be useful to teach the apprentices the package in more detail.

As these four apprentices were the first digital apprentices in the Primary Care context in the UK it was also for the tutor a first to work in this context. An end-point assessors has specific criteria in how they judge the competency of the apprentice and for the DST it falls into two halves of digital and support.

Tutor: "Firstly, it's an understanding of the digital tools and techniques that are available and are operated within the workplace, and then the other half of it is the support and adding value to the practices with that knowledge. The end-point assessors are very criteria driven and its about making sure that there's a clear link between the evidence they [the apprentices] produce, what they're going to say and those criteria points."

This is where the tutor expressed the greatest difference of the DST in the primary care context to other scheme in other industry context such as aerospace. The tutor and apprentices had to be especially careful to consider the privacy of data and confidentiality, which meant that when the apprentices gathered evidence for a criteria they could not simply share screens or use screenshots of systems where any confidential data was shown.

Tutor: "The main thing, is about privacy of data and confidentiality, especially, working with patients and the information that's there, and the apprentices being right out the coal face of dealing with that. So it's a case of making them aware and me being careful, too, about when they're showing evidence of, "This is what I can do in the workplace, this is how we support", no confidential patient data comes anywhere near sharing of screens or in the work they send in and things like that."

Although the large number of software packages in the context of Primary Care was raised by the apprentices, the tutor did not see this as an issue not anything specific to the DST scheme in primary Care as other industries such as aerospace also deal with a large number of software.

The tutor only met the apprentices individually and online, but he explained that going forward he would consider having group meetings or group sessions e.g. around excel. He did not implement group session in this instance as the apprentices were at different points in their learning journey so it did not seem to fit at the time. For the future he will also consider a mock interview, where he would play the role of assessor to ensure that their spoken language in the final assessment interview also reflects back the assessment criteria clearly.

Tutor: "That might be another thing to improve on my point, and with my colleagues as well, mock interviews, it's teaching them and training them to use the language from the criteria back into, into the process, so that it's very evident that they are meeting those (assessment) criteria."

The tutor indicated that all apprenticeships are regularly revised, and that the DST apprenticeship is seen as having too many criteria and that these are likely to be revised and streamlined in the near future.

3. Suggested improvements for future DST apprenticeship schemes in ICS

The tutor also emphasised the importance of a good link between the employer and himself as they provided him with the detailed knowledge around the primary care setting.
He also suggested an induction into the primary and NHS context.

He further suggested that it was important for the practice manager to understand the value of the DST apprentice as this understanding was noticeable in the experience of the placement by the apprentice. Those who understand the value engage the apprentice differently.

Tutor: *"The tips are, again this is just based on feedback from when I was talking to apprentices, is you need a practice manager who understands what the value of the apprenticeship is, because a good practice manager, who understands were more engaged than others."*

The tutor considered some improvements in his practice, and these were centred around organising the learning experience for the apprentices in groups so they can work more collaboratively and this feeds into the development of collaborative problem solving and soft skills.

Examples of Employer Testimonial for Portfolio Submission

The GP practice managers of the placement providing practices, twelve in total of 23 in Bexley, had to fill in a short form with four questions to provide a testimonial on the apprentices' professional behaviour to support the evidence they submitted for the End Point Assessment (EPA). The two examples below have been included as they are representative of the comments.

The feedback from these practice managers is positive. They indicate that the apprentices are able to work independently in a professional manner and show initiative to provide digital solutions in a primary care context. It is hoped in time that the DST can have a mentorship/coaching aspect and the comments about good communication skills and

resilience in a very challenging situation show that the current apprentices have developed soft and digital skills. The training and practice working settings have also helped them develop and enhance the skills required to prioritise the key tasks. In short the feedback indicates they have become valued parts of the primary care team.

Example A

Professional behaviours
B1: Works independently and takes responsibility, maintains productive and professional working environment with secure working practices.
How has your apprentice demonstrated competence in this area? (please give examples)

Apprentice Q is very professional and interacts well with our staff. He is willing to help when bombarded with various questions all at once. He is always polite and approachable.

B2: Uses own initiative when implementing digital technologies and when finding solutions.
How has your apprentice demonstrated competence in this area? (please give examples)

Once he understands the work required, he will think of ways to find a solution. He has thought of shorts cuts for us, when entering repetitive information, he has been of considerable help in exporting and importing searches, mainly covid related.

An example is over 400 flu jabs were initiated outside the surgery and he was able to batch import to check against our system to identify those patients that we had not yet been notified of having a vaccination. He did this very quickly where it would have taken us possibly a day to do!!

B3: Resilient and positive mental attitude when dealing with difficult situations.
How has your apprentice demonstrated competence in this area? (please give examples)

Apprentice Q has dealt well with the demands made by our practices, dealing with different personalities etc. and as I say has always been polite and helpful.

B4: Maintains thorough and organised approach to work when working with digital technologies and prioritising as appropriate.
How has your apprentice demonstrated competence in this area? (please give examples)

His work with [person from the Federation] with regard to the IIF, is structured and I think he manages this work very well as he is also managing other local practices too. He is happy to ask people and I believe he has a good working relationship with his IT apprenticeship colleagues, which is important.

Example B

Professional behaviours
B1: Works independently and takes responsibility, maintains productive and professional working environment with secure working practices.
How has your apprentice demonstrated competence in this area? (please give examples)

One of apprentice Z's key workflows, whilst working within BHNC, focused on ensuring the 4 Practices within the PCN apprentice Z was placed, met or worked towards meeting 20/21 and 21/22 Impact and Investment Fund (IIF) Targets.

For the initial part of this work, apprentice Z was asked to support individual Practices with the roll out of Ardens. This required independently working with various individuals within each Practice, demonstrating how

the system worked. Apprentice Z managed this task methodically and professionally and resulted in a smooth and successful roll-out.

B2: Uses own initiative when implementing digital technologies and when finding solutions.
How has your apprentice demonstrated competence in this area? (please give examples)

Again, as part of the IIF, apprentice Z was tasked to digest and interpret national guidance, ascertain the requirement to meet the IIF targets and not only find and present a solution using Practice systems, but develop a "how to" guide, to share with the other Digital Apprentices. The work apprentice Z produced was excellent.

B3: Resilient and positive mental attitude when dealing with difficult situations.
How has your apprentice demonstrated competence in this area? (please give examples)

Whilst I have worked with apprentice Z for some time, due to Covid, we have not had the opportunity of meeting face to face and all contact has been via TeamNet. This can be difficult, but has not affected the work apprentice Z has presented or he's engagement or communication. He has a can do/will do attitude, is always positive and helpful, confident and articulate.

B4: Maintains thorough and organised approach to work when working with digital technologies and prioritising as appropriate.
How has your apprentice demonstrated competence in this area? (please give examples)

Following the departure of our Head of Business Intelligence, apprentice Z supported me in preparation of monthly reporting on BHNC Services. This included working with new systems, taking part in training sessions, following SOPs, extracting and analysing data and populating documents with results. Apprentice Z took part in this work in a professional manner and always produced excellent reports in a timely manner.
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Recommendations for future DST schemes in primary care

As there is a trend for more practices to form larger networks and groups, with the view of preparing for Integrated Care Places (ICP) since this is the future of ICS, the vast majority of GP practices will be connected to a network, which is headed up by one organisation such as the Federation. In Bexley the Federation is the Bexley Health Neighbourhood Care CIC (BHNC). All GP practices in Bexley are part of the Federation and they share resources such as the IT department with IT infrastructure support.

In this set-up (groups of practices, organised and supported by the Federation) it would be beneficial to introduce an DST apprenticeship programme given that there is a dedicated person who can co-ordinate the DST apprenticeship programme and ensures the effective integration of the apprentices in the practices. Figure 2 depicts a possible generic set-up of the DST scheme in a ICS / ICP.

Figure 2: Possible generic set-up of the DST scheme in Primary care

The apprenticeship co-ordinator needs to maintain good communication with the GP surgeries to prepare them as effective placement providers, as well as with the IT department, the Federation and with the personal tutor and the apprentices themselves to pick up any gaps in the learning needs.

The apprentice is likely to learn most by rotating between practices, to understand the different set-ups and to develop their support skills (soft and technical skills) with different members of staff. The first placement can be a bit longer to provide the apprentice with more time to settle in, but an average of 3 months per placement was seen as working well in this evaluation.

The apprenticeship can take up to 18 months, and the first two months are key for the apprentice to settle in. If the apprentice decides against the apprenticeship after 2 months, the provider will have to cover the levy for the apprenticeship training.

In this respect we strongly recommend reviewing the information and training provided in the settling in period (up to 8 weeks) to the following parties involved, possibly as shown in figure 3.

Fig 3: Induction & training needs for setting up a DST scheme

Apprenticeship Coordinator to organise training and information on, especially in the settling in period:				
For the apprentices	**For the Apprenticeship training provider**	**For the assigned mentor at GP practice**	**For the mentor at the ICP's IT department**	**For the mentor at the Federation**
• Understanding the Primary context, GP surgeries and the NHS context • Introduction to specific and most frequently used software (Emis / Docman / Accurx) • Introduction to MS office suite	• Understanding the Primary context, GP surgeries and the NHS context • Alert to specific and most frequently used software (Emis / Docman / Accurx)	• The role of a digital support technician apprentice, where they can help and support and what they can not do (e.g. IT infrastructure)	• The role of a digital support technician apprentice in the GP practice and how it links with the IT department	• The role of a digital support technician apprentice in the GP practice and how it links with activities of the Federation

There is an intention to expand the DST programme across South East London (SEL) following the success of this pilot. However, this evaluation has highlighted the value of good practice manager understanding and engagement if the apprenticeship model is to be fully realised. The evaluation took place in the middle of the Covid pandemic and clearly the practices had different priorities. The interest shown in the DST by practice managers was variable, and directly linked to the learner experience. Where the practice manager had a clear understanding of the apprenticeship model as well as the value and potential of the DST, the learning experience was of a better quality. The Practice Manager forum could have been better utilised as a communication route, rather than information being sent via e-mail.

Apprenticeships are relatively new in Primary Care, the course curricula and learning outcomes need to adhere to strict time lines in order to meet the requirements of the end point assessment. All meetings were virtual during the 15 month programme creating barriers to meaningful relationships. Indeed the four apprentices did not meet each other in a face to face meeting for the first 12 months.

The DST scheme was able to support the development and enhancement of IT skills, however the intention is that apprentices would have a greater coaching/mentorship role to support less confident practice staff and future apprentices. If this is was the case the curriculum would have to include the development of coaching/mentoring skills.

As this report has shown, once the GP practice understands the value of the DST apprentice, the apprentice will be able to integrate into the practice easily and support staff with digital tasks and skills which many currently do not have time for to learn.

Apprenticeships are an exciting opportunity for primary care to become actively involved in the widening participation agenda. Recruiting from their local community via the apprenticeship scheme supports PCNs in being attractive places to work and lear. All four apprentices completed programme. They were all offered long term employment across a PCN.

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