ENHANCED SERVICES

NW LONDON TRAINING HUB
Education ◈ Training ◈ Workforce

Training requirements

September 2025

Version control

Changes	Date changed	Amended by
Document created	September 2024	SA, KD
Updated training requirements	September 2025	SA, KD

Contents

Introduction

The North West London Training Hub has developed this document as part of the Enhanced Services Programme.

Its purpose is to provide clarity and guidance on the training requirements within each Enhanced Services specification. By setting out clear expectations, the document aims to support practices and Primary Care Networks in meeting contractual obligations, ensuring staff are appropriately trained, and ultimately improving the quality and consistency of care delivered across North West London.

As part of this guidance, we also highlight **useful training resources** that can support staff in meeting these requirements. For example:

- The **Cultural Competence e-learning module** provides valuable learning to help staff deliver more inclusive and person-centred care.
- The **Health Inequalities programme** offers training to aid in recognising, understanding and reducing health disparities in our communities.

Who We Are

We are the go-to place for information, support, and opportunities relating to the primary care workforce, education, and development across North West London.

Our mission is to attract, develop, support, and retain health and social care professionals, building a strong and sustainable workforce for the future.

What We Do

- Workforce planning & training needs analysis
  Supporting practices and systems to align education and training with patient population needs.
- Educational programmes at scale
  Developing and delivering training to grow a highly skilled primary care workforce.
- Supporting new primary care roles
  Helping embed staff recruited through the Additional Roles Reimbursement Scheme (ARRS).
- Continuing professional development (CPD)
  Providing opportunities for ongoing learning at every career stage.
- Career support & retention
  Offering portfolio options, career guidance, and retention programmes.
- Recruitment & training of educators
  Building a strong network of trainers, mentors, and supervisors.

- Mentoring and preceptorships
  Supporting professional growth, confidence, and career satisfaction.
- Practice & PCN support
  Helping practices and Primary Care Networks to become effective learning environments for trainees and students.

AMBULATORY BLOOD PRESSURE MONITORING (ABPM)

- **NICE November2023**
  https://www.nice.org.uk/guidance/ng136
- **ABPM Update - Recording**
  https://nwltraininghub.co.uk/recording-enhanced-service-training-abpm-training-session/
- **Welch Allyn ABPM 7100 User Guide**
  https://www.bing.com/videos/riverview/relatedvideo?q=ABPM+training&mid=DED07D6350EFA425650FDED07D6350EFA425650F&FORM=VIRE
- **ELFH Hypertension Module**
  https://portal.e-lfh.org.uk/Component/Details/842572

Further Details

Brief Description

This service is about fitting an Ambulatory Blood Pressure Machine and then interpreting the results.

Who Does it?

The fitting of the machine is ideally carried out by GPAs and HCAs. Registered clinicians with the relevant training can interpret the ABPM result and can initiate hypertension treatment.

BASIC / INITIAL TRAININIG

GP	Nurse	HCSW
Underpinning Knowledge of NICE Hypertension Guidelines.	Hypertension online module or another cardiovascular course	Local training and then competency assessed in practice.

UPDATE TRAINING

GP	Nurse	HCSW
Update needed when Guidelines updated	**3y** Hypertension update.	**3y** Refresh of Blood pressure and ABPM skills.

ANTICOAGULATION: LEVEL 1 & 2

Anticoagulation Competency documer

- **Applicable Standards /References**
  https://portal.e-lfh.org.uk/Component/Details/700535
- **NICE guidance on management 30 June 2021**
  https://www.nice.org.uk/guidance/ng196
- **Guidance on oral anticoagulation with warfarin. 4th edition. British Journal of Haematology 2011 (Updated 16 September 2020)**
  https://b-s-h.org.uk/guidelines/guidelines/oral-anticoagulation-with-warfarin-4th-edition/
- **Safe Anticoagulation Training**
  https://portal.e-lfh.org.uk/Component/Details/506729
- **Anticoagulation Update**
  https://nwltrainginghub.co.uk/recording-enhanced-service-training-anticoagulation-update-session/
- **BMJ Training Modules**
  Introductory Module
  https://learning.bmj.com/learning/module-intro/anticoagulants-maintaining-.html?locale=en_GB&moduleId=5004429
- **Advanced Module**
  Anticoagulation in primary care Online course | BMJ Learning

Further Details

Brief Description

Level 1

Monitor INR levels in patients already initiated on Warfarin treatment.

Level 2

Initiate patients on Warfarin treatment who fulfil the clinical criteria and stabilise their INR levels.

Who does it?

HCSW's and GPA's can undertake INR testing with the appropriate practice policy in place to ensure adequate support in real time from a Registered Clinician. Safety netting and escalation procedures must also be understood thoroughly before HCSW's can undertake INR monitoring.

Additional Training Requirements

- The named service lead should be a GP. Where the service delivery point is a nurse led practice, there should be a named registered nurse service lead.
- Service leads and all registered healthcare professionals delivering the service must have completed appropriate training, which covers all the relevant NPSA competence.

- All staff using the equipment purchased by the service provider must have received training in its use, including INR star training.
- A general practice nurse or practice-based pharmacist trained in anticoagulation management, may manage the clinic with support from the lead GP.
- HCSWs supporting the delivery of the service must have completed appropriate training for the role which meets the NPSA competencies, e.g. the *Oral Anticoagulation Management for Health Care Assistants and Assistant Practitioners* or equivalent.
- Appropriately trained HCSWs may support the delivery of the service by performing INR checks using point of care testing (POCT) and enter results into INR star. However, they must not make clinical decisions on dosing. There must be robust protocols and processes in place for referral to a registered healthcare professional or service lead. Service providers must ensure HCSWs are not working outside the scope of the HCSW role and that their role is appropriately supervised by a registered healthcare professional.
- HCSWs must have 6 to 12 months experience or working at Apprenticeship Standard Level 3 'Senior Healthcare Support Worker'

BASIC / INITIAL TRAININIG- Level 1		
GP	**Nurse**	**HCSW**
• Underpinning knowledge of Anticoagulation Therapy, latest Haematology Guidelines, Latest AF guidelines, NPSA recommendations. • Attendance at NWL Training Sessions to ensure awareness of local protocols and referral pathways.	**Level 1** • Underpinning knowledge of Anticoagulation Therapy and NPSA recommendations. • Attendance at NWL Foundation Training session	• Attendance at NWL Foundation Training session followed by competency assessed in practice. • Attendance at NWL Training Sessions to ensure awareness of local protocols and referral pathways.
UPDATE TRAINING Level 1		
GP	**Nurse**	**HCSW**
2y Local Anticoagulation Update/ online module (e.g. ELFH)	**2y** Local Anticoagulation Update/ online module (e.g. ELFH)	**1y** Local Anticoagulation Update/ online module (e.g. ELFH)
BASIC / INITIAL TRAININIG- Level 2		
Both BMJ online Modules	• Both BMJ online Modules **Level 2** • Underpinning knowledge of Anticoagulation Therapy, latest Haematology Guidelines, Latest AF guidelines, NPSA recommendations. • Attendance at NWL Foundation Training session	N/A

	• Attendance at NWL Training Sessions to ensure awareness of local protocols and referral pathways.	
UPDATE TRAINING Level 2		
2y Safe Anticoagulation Training x2	**2y** Safe Anticoagulation Training X2	**N/A**

WOUND CARE

- **Wound Care Education for the Health and Care Workforce**
  https://portal.e-lfh.org.uk/Component/Details/682499
- **ANTT**
  https://www.antt.org/antt-procedure-guidelines.html

Further Details

Brief Description

To provide wound care with advice and support to patients with an active wound.

Who does it?

Nurses and HCSW's with appropriate training.

Additional Training Requirements

- All staff carrying out wound dressings should be trained and updated in aseptic technique (ANTT)
- Wound care is a core foundation skill of Registered nurses which includes ANTT. Additional advanced training and update training will be needed on top of this. HCSW's will need Foundation Training.
- Staff should maintain compliancy with the NWL Primary Care Wound Care Formulary.
- HCSWs must have 6 to 12 months experience or working at Apprenticeship Standard Level 3 'Senior Healthcare Support Worker'
- Wound care management may be delegated to an appropriately trained HCSW, who has been assessed as competent by a registered healthcare professional. Robust policies and processes must be in place for when escalation to or assessment by a GP or registered nurse is required.

BASIC / INITIAL TRAININIG

GP	Nurse	HCSW
N/A	Pre-registration nurse training plus additional local training relevant to primary care and to include relevant Dressing formularies and referral pathways.	• Local Foundation training followed by competency assessed in practice. • Local training to include relevant Dressing formularies and referral pathways.

UPDATE TRAINING

GP	Nurse	HCSW
N/A	2y • Local Update with TVN Team preferably but if not available, can do an online update module such as: • Wound Care Education for the Health and Care Workforce • https://portal.e-lfh.org.uk/Component/Details/682499	• 2y • Local Update with TVN Team preferably but if not available, can do an online update module such as: • Wound Care Education for the Health and Care Workforce • https://portal.e-lfh.org.uk/Component/Details/682499

DIABETES LEVEL 1

Diabetes Framework for PC.docx

- PrePITstop: 3-day diabetes foundation course - Pitstop Diabetes
- **Cambridge Diabetes Education Programme**
  http://www.cdep.org.uk/
- **Skills for Health 2010: Assess the healthcare needs of individuals with diabetes and agree care plans**
  https://tools.skillsforhealth.org.uk/competence/show/html/id/554/

Further Details

Brief description

Management of patients with Diabetes. Ensuring a comprehensive annual review is undertaken and appropriate treatment is offered in line with National Guidelines.

Who does this?

Oversight of the full annual diabetic review should be done by a Registered Clinician – GPN, GP, Pharmacist. Elements of a review can be undertaken by a HCSW or GPA but not the whole review.

Additional Training Requirements

- The named service lead should be a GP who has overall responsibility for ensuring the service is delivered in accordance with the specification.
- **For registered nurses only:** nurses must meet the relevant minimum competencies for "competent nurse", as recommended by the Training Research and Education for Nurses in Diabetes (TREND), and working towards "experienced or proficient nurse"
- Nurses and Enhanced Primary Care Clinicians must have a minimum of 6–12 months experience in diabetes care. This includes those practice nurses for whom diabetes care is a small part of their total case load
- Nurses must have access to diabetes-specific continuing professional development courses and training (dependent on their level of involvement and interest in diabetes care).
- HCSWs supporting the delivery of this service must have completed health check training and demonstrated the relevant competencies.
- The composition of primary care teams has evolved and includes roles such as pharmacists, physician associates, dieticians and perhaps psychologists. It is hoped that the competencies described in the competency document (below) will ensure consistency and quality of message from all healthcare professionals within the primary care team, thereby providing the person with diabetes with sufficient support to enable them to effectively manage their diabetes

BASIC / INITIAL TRAININIG

GP	Nurse	HCSW
• Underpinning knowledge of National Diabetes Guidelines. • Attendance at NWL Training Sessions to ensure awareness of local	• Diploma / CPD course • Eg Pitstop Foundation Programme • Underpinning knowledge of National Diabetes Guidelines. • Attendance at NWL Training Sessions to ensure awareness of	• Local training for specific components (foot care, BP & Wt) • Attendance at NWL Training Sessions to ensure awareness of local

protocols and referral pathways.	local protocols and referral pathways.	protocols and referral pathways.
UPDATE TRAINING		
GP	**Nurse**	**HCSW**
3y • Local update training	**3y** • Local update training	**3y** • Local update training

DIABETES LEVEL 2

diabetes lv 2 framework.docx

- **Warwick Diabetes Course**
  Improving Diabetes Care (IDC)
- **Cambridge Diabetes Education Programme**
  http://www.cdep.org.uk/
- **Pitstop Advanced Injectables Course**
  PITstop (Programme for Injectable Therapies): 2.5-day course - Pitstop Diabetes
- **TREND UK 2018 An integrated career and competency framework for pharmacists in diabetes**
  https://diabetes-resources-production.s3.eu-west-1.amazonaws.com/resources-s3/2018-05/Diabetes%20ICCF%20May%2018.pdf
- **Other related and relevant competencies :**
  Skills for Health 2010: Assess and advice individuals with suspected diabetes
  https://tools.skillsforhealth.org.uk/competence/show/html/id/550/

Further Details

Brief Description

This service enables PCNs to assess patients who may be suitable for starting insulin for worsening diabetic control.

Who does this?

Prescribing clinicians with the advanced training completed can see patients in this service.

Additional Training Requirements

- The named service lead should be a GP who has overall responsibility for ensuring the service is delivered in accordance with the specification.
- The service provider must ensure all registered health professionals delivering the service hold an recognised qualification in insulin initiation or have attended an insulin initiation programme in line with NICE guidance (e.g. MERIT, IMIT2D, Warwick 'insulin for life', PITStop, TOPICAL 2)
- **For GPs only:** where this is not the case; demonstration of competency can be given with recent evidence of at least one of the following:
  - 12 months' continuous involvement in a consultant supervised diabetes clinic
  - Experience in insulin initiation with audit of practice data to demonstrate safety and effectiveness of previous injectable therapy initiation or optimisation
  - An appropriate level of supervised injectable initiation of patients
- Registered healthcare professionals currently undergoing training on injectable initiation can be engaged in delivering the service, under supervision.

For registered nurses only: nurses must meet the minimum competencies for "competent nurse", as recommended by the Training Research and Education for Nurses in Diabetes (TREND), and working towards "experienced or proficient nurse".

https://diabetes-resources-production.s3.eu-west-1.amazonaws.com/resources-s3/2018-05/Diabetes%20ICCF%20May%2018.pdf

- Nurses must hold a recognised post-registration qualification in Diabetes Care at minimum of academic level 5 (Diploma level).
- Nurses must have a minimum of 2 years' experience in their area of practice.

• Nurses must have accessed further training around management, leadership and teaching skills. • **For registered nurses with dietetics competencies**: minimum competencies for Diabetes Specialist Dietician as indicated in *An Integrated Career and Competency Framework for Dieticians and Frontline Staff* produced by the Diabetes UK Professional Education Working Group (2011).		
BASIC / INITIAL TRAININIG		
GP	**Nurse**	**HCSW**
Advanced Injectables training such as Pitstop, Warwick or Cambridge programmes	Warwick or equivalent Advanced Injectables training such as Pitstop, Warwick or Cambridge programmes	**N/A**
UPDATE TRAINING		
GP	**Nurse**	**HCSW**
3y local specialist training and NWL Updates on local guidelines and referral pathways	**3y** local specialist training and NWL Updates on local guidelines and referral pathways	**N/A**

ECG

Applicable Standards
http://learning.bmj.com/learning/module-intro/normal-ecg-trace.html?locale=en_GB&moduleId=10045256

NHSE elfh Hub

Further Details

Brief Description

This services enables practices to undertake ECG's and interpret the result.

Who does this?

Nurses, HCSW's and GPA's are able to undertake an ECG recording.

G''s are able to interpret and report on the ECG.

Additional Training Requirements

- Registered nurses and HCSWs performing ECG should have attended an ECG recording course.
- HCSWs must have 6 to 12 months experience or working at Apprenticeship Standard Level 2
- ECG interpretation must be carried out by a registered healthcare professional with the appropriate knowledge, skills and competencies to do so. They should have attended an ECG interpretation training programme Where confidence or competency gaps have been identified, the individual is responsible for accessing appropriate supervision or further training and updates.
- It is essential that competence in the recording of the ECG be maintained, and this should be demonstrated by periodic review and audit of ability to interpret ECGs accurately.

BASIC / INITIAL TRAININIG

GP	Nurse	HCSW
Interpretation • ECG course & assessment of competency	Performing • Local training & assessment of competency Interpretation • ECG course & assessment of competency	Performing • Local training & assessment of competency

UPDATE TRAINING

GP	Nurse	HCSW
Interpretation • Audit 10% of ECG's annually • Bi- annually update	Performance N/A Interpretation Audit 10% of ECG's annually	Performance N/A

DIABETES – HIGH RISK		
• **MECC ELFH Module** https://portal.e-lfh.org.uk/Component/Details/789568 • **Health Check ELFH Module** https://portal.e-lfh.org.uk/Component/Details/596370		
Further Details		
Brief Description To identify those patients who are at increased risk of developing diabetes (at risk level of HbA1C) and to provide health and lifestyle advice on how to improve this risk. **Who does this?** Nurses, HCSW's and GPA's **Additional Training Requirements** All staff should have done MECC training and additional Cardiovascular Risk management training		
BASIC / INITIAL TRAININIG		
GP	**Nurse**	**HCSW**
N/A	MECC training	MECC and Health check training
UPDATE TRAINING		
GP	**Nurse**	**HCSW**
N/A	**N/A**	**3y** Local

Mental Health

- **Applicable Standards/References**
- **NICE Clinical Guidance (CG136). Published date: December 2011**
- Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services
  https://www.nice.org.uk/guidance/cg136
- **Training and Competency framework – a Foundation for Primary Care**
- **MECC**
  https://portal.e-lfh.org.uk/Component/Details/432821
- **MH Awareness Programme**
  https://www.e-lfh.org.uk/programmes/mental-health-awareness-programme/
- **RCGP Core skills for GPs**
  Mental health in primary care

Further Details

Brief Description

This service ensures that patients with Common Complex Mental Health problems and Serious and Enduring Mental Illness receive parity of care. It ensures that their physical and social needs are met and preventative care is implemented proactively.

Who does this?

This is a GP delivered service, however Allied Health Professionals with appropriate mental health knowledge, skills, competence and qualifications, can provide one follow-up appointment. The allied health professional is accountable for ensuring they only perform roles that fall inside their scope of professional practice and entry on the register.

Additional Training Requirements

- The annual mental health review and Recovery and Staying Well plan must be completed by the GP; however allied health professional, Physician Associates and Primary Care Paramedics can review progress against it and make adjustments if appropriate, under the supervision of the GP.
- Community Pharmacists can assist with Medication Review.

BASIC / INITIAL TRAININIG

GP	Nurse	HCSW
Local MH Training relevant to primary care	Local Training relevant to primary care	Local MH awareness / MECC

UPDATE TRAINING

GP	Nurse	HCSW
3y Local	**3y** Local	**3y** Local including MH awareness

NEAR PATIENT MONITORING

Further Details

Brief Description

This service enables practices to undertake shared care with hospitals for patients on medications that are prescribed and monitored by the hospital specialists. For example, immunosuppressant drugs that need regular bloods to be undertaken.

Who does this?

The named service lead should be a GP who has overall responsibility for ensuring the service is delivered in accordance with the specification.

A HCSW / phlebotomist will take blood samples. Clinicians with adequate training (eg ACP) can also over see patients who are on these medications.

Additional Training Requirements

- The named service lead should be a GP who has overall responsibility for ensuring the service is delivered in accordance with the specification.
- The GP should adhere to the Shared-Care Arrangements outlined in the Near Patient Monitoring specification
- Non-Medical Independent Prescribers supporting the delivering of this service should only do so if they are working within their scope of professional and prescribing practice, trained and competent to do so, up to date with the latest relevant clinical guidance and shared care prescribing guidelines and are attending annual prescribing updates.

BASIC / INITIAL TRAININIG		
GP	**Nurse**	**HCSW**
Local – drug awareness	Local – drug awareness and administration – only relevant to prescribers within their scope of practice	Phlebotomy training
UPDATE TRAINING		
GP	**Nurse**	**HCSW**
3y	**3y**	**N/A**

Phlebotomy

Applicable Standards

- WHO (2010) Guidelines on drawing blood: Best practices in phlebotomy
- Royal College Nursing (RCN), (2012) Essential practice for infection prevention and control. Guidance for nursing staff available at: https://www.who.int/publications/i/item/9789241599221
- Skills for Health (2012) CHS132.2012 Obtain venous blood samples https://tools.skillsforhealth.org.uk/competence/show/html/id/3383/
- National Clinical Guidance Centre(2017)
- Infection: prevention and control of healthcare-associated infection in primary and community care https://www.nice.org.uk/guidance/cg139

Further Details

Brief Description

This service enables practices to provide phlebotomy to patients.

Who Does this?

HCSW's and Phlebotomists.

Additional Training Requirements

Competence in phlebotomy should lead to safety of patients, adequacy of the laboratory specimens and safety of health workers and the community.

- Provider staff will be required to demonstrate their professional eligibility, competence, and continuing professional development in order to remain up-to-date and deliver an effective service which is culturally relevant
- All staff must be up to date with statutory and mandatory training as per The UK Core Skills Framework (CSTF) for staff working healthcare settings to a minimum of the required level for their post as detailed in the employer's guide
- There must be an identified lead clinician, in each participating practice. This lead will assume responsibility for maintaining up to date practice protocols and staff competence
- Prior to training, all staff must complete the aseptic technique e-learning package and successfully complete the aseptic technique e-assessment available from https://www.antt.org/
- Service providers must ensure non-medical staff delivering the service have completed training that meets the competencies set out below.
- Staff new to the role should undergo a period of supervised clinical practice (approximately 30 draws dependent on capability) prior to performing phlebotomy unsupervised.
- Staff who are already experienced in performing phlebotomy may continue to perform phlebotomy under this contract if they can demonstrate the competencies and have been assessed as competent.

BASIC / INITIAL TRAININIG

GP	Nurse	HCSW
N/A	N/A	Local training and competency assessed

UPDATE TRAINING

GP	Nurse	HCSW
N/A	N/A	NA

Paediatric Phlebotomy

Further Details

Brief Description

This service enables practices to provide phlebotomy to paediatric patients.

Who Does this?

Nurses, HCSW's and Phlebotomists.

Additional Training Requirements

- See information under the adult phlebotomy service for guidance on undertaking phlebotomy.
- To undertake paediatric phlebotomy, additional training is required.
- Handling Paediatric Cases - Specialized training on dealing with paediatric patients during phlebotomy procedures, including communication techniques and managing patient anxiety. Techniques for calming anxious children - Effective communication with young patients and their families - Child-friendly environment and approach

BASIC / INITIAL TRAININIG

GP	Nurse	HCSW
N/A	• Specialized training on dealing with paediatric patients during phlebotomy procedures. • Plus, in practice competency sign-off.	• Specialized training on dealing with paediatric patients during phlebotomy procedures. • Plus, in practice competency sign-off.

UPDATE TRAINING

GP	Nurse	HCSW
	Refreshed annually or as per local CPD requirements.	Refreshed annually or as per local CPD requirements.

RING PESSARY

Genital Examination in women RCN
https://www.rcn.org.uk/Professional-Development/publications/rcn-genital-examination-in-women-uk-pub-011-162

Further Details

Brief Description

This service enables a practice to provide ring pessary fitting to those patients needing this for prolapse.

Who does this?

Any clinician fitting ring pessaries needs to be experienced in bimanual examination and able to assess and fit the correct pessary. This would include GPs, nurses and ACPs.

Additional Training Requirements

- There should be at least two members of staff on the premises when this procedure is performed, which should be conducted in line with GMC recommendations for chaperones
- The RCN (2016) state a competent practitioner should be able to demonstrate a good level of knowledge, skills and attitude in all aspects of Part 1 and, if appropriate, Part 2.
- For Part 1, it is recommended that practitioners observe five examinations and perform a minimum of ten examinations on asymptomatic women and a minimum of ten on women with symptoms or signs, in conscious women, and under supervision, before competence can be agreed by the assessor.
- For Part 2, it is recommended that practitioners observe five examinations, and perform a minimum of ten bimanual examinations, in conscious women, and under supervision, before competence can be agreed by the assessor.
- A refresher of skills and knowledge should be carried out every three to five years, especially if the practitioner has not been using the skill in regular practice.

BASIC / INITIAL TRAININIG

GP	Nurse	HCSW
Bimanual exam & Ring pessary course	• Ring pessary course & assessment of bimanual exam	• N/A

UPDATE TRAINING

GP	Nurse	HCSW
3yr Local	3yr Local	N/A

SPIROMETRY

ARTP Spirometry Standards

Further Details

Brief Description

This service is provided in approved respiratory diagnostic hubs in each Borough and enables the service provide to do spirometry and FeNO in patients needing a respiratory diagnosis (eg Asthma or COPD).

Who does this?

An experienced HCSW can perform spirometry but not interpret. Any other registered clinician can perform and interpret spirometry.

- All staff new to performing spirometry must attend theory training, then practice doing spirometry on themselves, their colleagues and then patients. Once practically competent, they would then undertake the ARTP portfolio.
- HCSWs must have 12 months experience or working at Apprenticeship Standard Level 3 'Senior Healthcare Support Worker'
- Staff experienced and previously trained in performing spirometry may carry out spirometry under this contract without attending the ARTP recognised training, if they are able to demonstrate achievement of the spirometry competency requirements outlined below, prior to achieving the ARTP Foundation Certificate. Staff experienced in performing spirometry who feel that they need
- All staff carrying out spirometry must have achieved the ARTP Foundation Certificate within 18 months of providing the service. Staff experienced in performing spirometry can apply for accreditation via the ARTP *Experienced Practitioner Scheme*
  - Reaccreditation (every 3 years) for those on ARTP register.
  - From 1 April 2017, all appropriately trained and/or certified practitioners will be placed on a national register, which will be maintained by the ARTP.

BASIC / INITIAL TRAININIG

GP	Nurse	HCSW
ARTP Certificate for Interpretation	• Performing & Interpretation Theory course • ARTP Full Certificate	• Performing only Theory course • ARTP Foundation Certificate

UPDATE TRAINING

GP	Nurse	HCSW
3y ARTP Re-accreditation	3y ARTP Re-accreditation	3y ARTP Re-accreditation

Hypertension – Improve controlled Blood Pressure

Pharmacy Resources

https://cpe.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/hypertension-case-finding-service-faqs/

Hypertension in adults: diagnosis and management NICE
https://www.nice.org.uk/guidance/ng136

Further Details

Brief Description

Identify and optimise blood pressure treatment in at risk groups. Improve the number of patients who have had a BP reading in the last 12 months.

Who does this?

Everyone! This is an opportunity to check everyone's BP when they come in to the practice.

Additional Training Requirements

- CVD Risk Stratification -Utilization of resources from UCL Partners (UCLP) for identifying high-risk patients and stratifying their care. Healthcare Professionals (GPs, nurses, pharmacists, healthcare assistants) Annual refresher course and updates on latest research.
- Lifestyle and Medication Management --Training on offering lifestyle advice and managing antihypertensive and statin treatments. Healthcare Professionals (GPs, nurses, pharmacists, healthcare assistants) Diet, exercise, stress management, alcohol consumption, smoking cessation, antihypertensive drugs, statin treatment. Attendance confirmation and submission of training completion certificates. Bi-annual updates and periodic competency assessments.
- Cultural Competency -Addressing the unique challenges faced by Black and Black British populations, providing culturally sensitive advice and resources. Healthcare Professionals (GPs, nurses, pharmacists, healthcare assistants) Effective communication with diverse populations, understanding cultural contexts, providing tailored advice. Annual cultural competency training and review.

BASIC / INITIAL TRAININIG

GP	Nurse	HCSW
• Training on offering lifestyle advice and managing medication. • Utilization of resources from UCL Partners (UCLP) for identifying high-risk patients and stratifying their care • Cultural Competencies	• Training on offering lifestyle advice and managing medication. • .Utilization of resources from UCL Partners (UCLP) for identifying high-risk patients and stratifying their care	• Training on offering lifestyle • Utilization of resources from UCL Partners (UCLP) for identifying high-risk patients and stratifying their care • Cultural Competencies • Regular review of guidelines

• Regular review of guidelines	• Cultural Competencies • Regular review of guidelines	
UPDATE TRAINING		
GP	**Nurse**	**HCSW**
• CVD Risk Stratification -Annual refresher course and updates on latest research. • Quarterly / Regular Workshops/ webinars on guidelines & best practice • Cultural Competency – annual cultural competency training • Lifestyle and Medication Management -- Bi-annual updates and periodic competency assessments.	• CVD Risk Stratification - Annual refresher course and updates on latest research. • Quarterly / Regular Workshops/ webinars on guidelines & best practice • Cultural Competency – annual cultural competency training • Lifestyle and Medication Management -- Bi-annual updates and periodic competency assessments.	• CVD Risk Stratification - Annual refresher course and updates on latest research. • Quarterly / Regular Workshops/ webinars on guidelines & best practice • Cultural Competency – annual cultural competency training • Lifestyle management Bi-annual updates and periodic competency assessments.

Coil Fitting for Non-Contraception Purposes

Further Details

Brief Description

Intra-uterine hormonal coils are fitted for several reasons: contraception, heavy menstrual bleeding (fibroids, etc) and progesterone opposition for HRT purposes. This service provides access to coil fitting for all reasons other than for contraception.

Who does this?

GP's and Nurses who have undertaken both the FSRH Diploma and the FSRH training / letter of competence to become a coil fitter.

Additional Training Requirements

- Healthcare Professionals (GPs & nurses) must have an up-to-date Faculty of Sexual and Reproductive Healthcare (FSRH) letter of competence in IUD/S insertion and removal Certification every 5 years.
- Clinicians must hold a current FSRH Associate Membership
- Annual IUD/S Fitting Minimum: Clinicians should fit a minimum of 12 intrauterine devices per year.
- Workshops/Webinars Regular sessions focusing on the latest guidelines and best practices in IUD/S insertion and removal.
- Clinicians must be up-to-date in Infection Control Training policies compliant with national guidelines.

BASIC / INITIAL TRAININIG

GP	Nurse	HCSW
Either pass OTA Exam or do the DSFRH Diploma and then • Undertake • IUD/S Insertion and Removal Clinicians Certification of Competency • FSRH Associate Membership • Annual IUD/S Fitting Minimum of 12 intrauterine devices per year.	Either pass OTA Exam or do the DSFRH Diploma and then • Undertake • IUD/S Insertion and Removal Clinicians Certification of Competency • FSRH Associate Membership - • Annual IUD/S Fitting Minimum of 12 intrauterine devices per year	• N/A

UPDATE TRAINING

GP	Nurse	HCSW
• IUD/S Insertion and Removal Clinicians	• IUD/S Insertion and Removal Clinicians	N/A

Certification every 5 years. • FSRH Associate Membership - Annual membership renewal. • Annual IUD/S Fitting Minimum of 12 intrauterine devices per year. • Regular webinars/ workshop on new guidelines	Certification every 5 years. • FSRH Associate Membership - Annual membership renewal. • Annual IUD/S Fitting Minimum12 intrauterine devices per year. • Regular webinars/ workshop on new guidelines	

Asylum Seekers
Safeguarding Adults lv 2 https://www.nwllearning.nhs.uk/course/view.php?id=65 **Safeguarding children lv** https://www.nwllearning.nhs.uk/course/view.php?id=53 **Safeguarding children lv 3** https://portal.e-lfh.org.uk/Component/Details/391100
Further Details
Brief description PCNs who are located within close vicinity to a hotel housing Asylum Seekers will be given a list of patients who will need to access routine GP care. This needs to be proactive and clinics preferably held in the Hotels. **Who does this?** GPs and Nurses can undertake full health assessments as well as undertake relevant vaccinations and other health screening. **Additional Training Requirements** Practice staff must demonstrate understanding and sensitivity towards asylum seekers. Relevant staff must meet the required children and adult safeguarding training levels. Participation in appropriate training to improve knowledge and understanding of the needs of asylum seekers, refugees, and the homeless. • Training in managing asylum seeker patient care, including understanding and using relevant toolkits and guidelines.

BASIC / INITIAL TRAININIG		
GP	**Nurse**	**HCSW**
If relevant Children and adult safeguarding And any relevant training provided locally	If relevant Children and adult safeguarding And any relevant training provided locally	If relevant Children and adult safeguarding And any relevant training provided locally
UPDATE TRAINING		
GP	**Nurse**	**HCSW**
Regular updates as per legal and policy changes And any relevant training provided locally	Regular updates as per legal and policy changes And any relevant training provided locally	Regular updates as per legal and policy changes And any relevant training provided locally

Safeguarding

Safeguarding Adults lv 2 https://www.nwllearning.nhs.uk/course/view.php?id=65

Safeguarding children lv 2 https://www.nwllearning.nhs.uk/course/view.php?id=53

Safeguarding children lv 3 https://portal.e-lfh.org.uk/Component/Details/391100

Further Details

Brief description

This service aims to:

- Raising awareness of statutory and legal requirements of Child and Adult Safeguarding legislations
- Supporting PCNs and practices to meet the standards set out in the Specification.
- Provide level of assurance in respect of arrangements for safeguarding children, young people and children looked after, and adults with care and support needs in primary care general practice.
- Supporting practices to provide high quality reports to Local Authority partners for information related to safeguarding issues linked to patients registered with the Practice.

Who does this?

Practices must have an identified Named lead and Deputy safeguarding lead for adults and children.

Leads should be GPs or other clinicians trained to level 3.

Additional Training Requirements

- Clinicians involved in safeguarding must be trained to level 3.
- Training on providing high-quality reports for Child Protection Case Conferences and Adult Safeguarding Enquiries will be provided.
- Clinicians must be up to date with mandatory training, including basic life support and anaphylaxis training.
- Workshops focusing on learning from case reviews to aid training and development.

BASIC / INITIAL TRAININIG

GP	Nurse	HCSW
Clinicians involved in safeguarding must be trained to level 3.	Clinicians involved in safeguarding must be trained to level 3.	• Level 2 safeguarding • 3 yearly updates

UPDATE TRAINING

GP	Nurse	HCSW
• Training to be updated every 3 years. • Biennial updates- every 2 years	• Training to be updated every 3 years. • Biennial updates- every 2 years	• Level 2 Safeguarding • 3 yearly updates

Atrial Fibrillation

Clinica Guidelines

Atrial fibrillation | Health topics A to Z | CKS | NICE

Please see the Anticoagulation service for further details on provision and training needed for oral anticoagulation.

Further Details

Brief Description

This service enables practices to opportunistically screen for AF using a hand held device and if diagnosed with AF, provides guidance for further management / patient care.

Who does this?

All clinicians in the practice can carry out opportunistic screening. GPs and other clinical prescribers can provide ongoing management of patients with AF.

Additional Training Requirement

- Training on the use of handheld devices for opportunistic AF screening in primary care settings.
- Training on confirming AF diagnosis and implementing appropriate follow-up care.
- Training on initiating and managing anticoagulation therapy for newly diagnosed AF patients.
- Training on using CHA2DS2-VASc and HAS-BLED tools for assessing stroke and bleeding risk in AF patients.
- Training on developing and maintaining personalized management plans for AF patients.
- Training on educating patients about AF, treatment options, and lifestyle modifications.
- Training on using digital systems for data entry, patient management, and reporting in the context of AF services.
- Training on identifying and managing AF in harder-to-reach patients, such as those in care homes or with mental health conditions.

BASIC / INITIAL TRAININIG

GP	Nurse	HCSW
• AF Screening -. - Usage of handheld devices. Manual pulse checking. Follow-up ECG procedures • Diagnosis and Follow-up - - ECG interpretation Confirming AF diagnosis - Follow-up care protocols • Anticoagulation Therapy - Anticoagulant options Initiation protocols	• AF Screening -. - Usage of handheld devices. Manual pulse checking. Follow-up ECG procedures • Diagnosis and Follow-up - - ECG interpretation Confirming AF diagnosis - Follow-up care protocols • Anticoagulation Therapy - Anticoagulant	• AF Screening – Training-Usage of handheld devices. Manual pulse checking. Follow-up ECG procedures. • Anticoagulation Therapy – monitoring INR if needed if patient is on warfarin. Otherwise no need for involvement in DOAC management.

Monitoring and managing side effects	options Initiation protocols Monitoring and managing side effects	
UPDATE TRAINING		
GP	**Nurse**	**HCSW**
• Regular updates on follow-up care protocols; ongoing competency assessments in AF diagnosis and management. • Annual updates on anticoagulation therapy practices;	• Regular updates on follow-up care protocols; ongoing competency assessments in AF diagnosis and management. • Annual updates on anticoagulation therapy practices;	• Regular updates on follow-up care protocols; ongoing competency assessments in ongoing care of patients with AF.

CKD		
NICE CKD management **https://www.nice.org.uk/guidance/ng203** **NICE CKD Prevention** **https://stpsupport.nice.org.uk/cvd-prevention-ckd/index.html**		
Further Details		
Brief Description The service aims to • Test and diagnose for CKD and assign appropriate codes • Offer CKD management in accordance with NICE consistent NWL CKD guidance • Perform an annual CKD review for patients on the CKD register **Who does this?** All staff can help to identify patients who need testing, Nurses, Pharmacists and GPs can diagnose and manage patients with CKD. HCSWs can do bloods and BP checks. **Additional Training Requirements** • Training on diagnosing CKD, interpreting test results, and assigning appropriate codes. • Training on CKD management in accordance with NWL CKD guidance and NICE standards. • Training on conducting comprehensive annual CKD reviews, including required tests and assessments. • Training on effectively communicating CKD diagnosis, its consequences, and available resources to patients. • Training on the use of digital systems for data entry, patient management, and reporting in the context of CKD services.		
BASIC / INITIAL TRAININIG		
GP	**Nurse**	**HCSW**
• Certification of awareness training in CKD guidelines. - - CKD definitions and stages Cardiovascular and renal health implications Importance of early diagnosis • CKD Diagnosis and Coding- Diagnostic criteria for CKD - Interpreting eGFR and uACR results - Correct coding practice	• Certification of awareness training in CKD guidelines. - -CKD definitions and stages Cardiovascular and renal health implications Importance of early diagnosis • CKD Diagnosis and Coding - - Diagnostic criteria for CKD - Interpreting eGFR and uACR	• Certification of awareness training in CKD guidelines. - - CKD definitions and stages Cardiovascular and renal health implications Importance of early diagnosis. Venenpuncture and BP measurement

• CKD Management • CKD Review	results - Correct coding practice • CKD Management • CKD Review	
UPDATE TRAINING		
GP	**Nurse**	**HCSW**
• Regular updates as per national/local guidelines; ongoing professional development in CKD management.	• Regular updates as per national/local guidelines; ongoing professional development in CKD management. • - Annual refreshers and updates on best practices in CKD diagnosis and coding.	• Regular updates as per national/local guidelines; ongoing professional development in CKD management.

Latent TB

NICE Tuberculosis Guidelines

https://www.nice.org.uk/guidance/ng33

Further Details

Brief Description

This service aims to identify any patients who may have latent TB.

Who does this?

Receptionist and administration staff will be the group of staff who will initially identify patients through questions completed on new patient registration forms. Clinicians will then perform venepuncture and refer to TB services as needed.

Additional Training Requirements

- All clinical staff delivering the Latent TB Testing Service must be aware of and adhere to the national LTBI testing and treatment programme guidelines.
- Staff involved in delivering the service should complete training based on NICE Guidelines for TB screening and clinical assessment.
- Training on the use of digital systems and technology to support TB detection, monitoring, and management, including risk scoring and proactive recall systems.

BASIC / INITIAL TRAININIG

GP	Nurse	HCSW
• Staff involved in delivering the service should complete training based on NICE Guidelines for TB screening and clinical assessment.	• Staff involved in delivering the service should complete training based on NICE Guidelines for TB screening and clinical assessment.	• Staff involved in delivering the service should complete training based on NICE Guidelines for TB screening and clinical assessment.

UPDATE TRAINING

GP	Nurse	HCSW
• Refreshers as per NICE guidelines; ongoing updates in TB care and management& Best practice	• Refreshers as per NICE guidelines; ongoing updates in TB care and management& Best practice	• Refreshers as per NICE guidelines; ongoing updates in TB care and management& Best practice

Respiratory
Children and Young People with Asthma programme https://www.e-lfh.org.uk/programmes/children-and-young-peoples-asthma/ **asthma adults** https://portal.e-lfh.org.uk/Component/Details/429758 **asthma toolkit** https://www.england.nhs.uk/rightcare/toolkits/asthma-toolkit/ **COPD Pathway** https://www.england.nhs.uk/rightcare/toolkits/chronic-obstructive-pulmonary-disease-copd-pathway/ **NICE COPD** https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/ **NICE Asthma Guidelines 2024** Overview | Asthma: diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN) | Guidance | NICE
Further Details
Brief Description The service aims to: • Upskill primary care in the basics of asthma and COPD management and to emphasise the importance of inhaler technique in self-management. • Proactively manage 'rising risk' COPD patients in order to decrease exacerbation and reduce admissions. • Reduce the prescription of short-acting beta 2 agonists (SABA) and their associated overuse, and to increase the use of MART and AIR inhaled therapy regimes (where clinically appropriate), leading to better asthma outcomes. **Who does this?** Clinicians with experience and knowledge of assessing and managing patients with a respiratory condition. GPs and ACPs can assess and diagnose patients, whilst Nurses and Pharmacists can do annual reviews. HCSWs can teach patients how t use inhalers and to do peak flow if they have had the relevant training and competency sign-off. **Additional Training Requirements** • One member from each practice is to attend the face to face training session on Inhaler technique. • Training on diagnosis, treatment, and management of asthma and COPD according to current guidelines. • Techniques and best practices for providing pulmonary rehabilitation to patients with chronic respiratory diseases.

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- Training on providing effective smoking cessation support to patients with respiratory conditions.
- Addressing the unique challenges faced by diverse populations in managing respiratory conditions, providing culturally sensitive advice and resources.
- Regular sessions focusing on the latest guidelines and best practices in respiratory disease management.

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<tr><td colspan="3">BASIC / INITIAL TRAININIG</td></tr>
<tr><td>GP</td><td>Nurse</td><td>HCSW</td></tr>
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- Tier 3 CYP ELFH Module
- Additional training relevant to primary care

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- Tier 3 CYP ELFH Module
- Asthma Diploma / CPD module
- COPD CPD Module (eg Rotherham Respiratory or Education for health)

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- Staff involved in delivering the service should be competent in inhaler technique assessing and teaching and identifying red flags and when to escalate for patients with respiratory disease.

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<tr><td colspan="3">UPDATE TRAINING</td></tr>
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- 2y update on CYP management and adult management OR when new guidelines are released

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- 2y update on CYP management and adult management OR when new guidelines are released

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- 2y update on relevant aspects of care (inhaler technique, red flags, etc)

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