

## Consultant psychiatrist job description and person specification

Post and specialty:	<p><b>0.5 WTE Staff Grade doctor in Early Intervention and 05 WTE in Older Adults team West Cheshire</b></p> <p>This is a replacement post.</p> <p>The post holder will be a core member of the Early Intervention team in Ellesmere Port and the Older Adult Team in West Cheshire.</p>
Base:	<p>Upton Lea, Countess of Chester Health Park</p> <p>Liverpool Road, Chester</p> <p>CH2 1BQ</p>
Contract:	Number of programmed activities: 10 PA's
Accountable professionally to:	Dr Alam (Medical Director) and Director of Medical Workforce
Accountable operationally to:	Place Based Clinical Director, West
Key working relationships and lines of responsibility:	<p>Place based Clinical Director &amp; Line manager: Dr Raghu Saligrama</p> <p>Strategic Clinical Director : Dr Peter Wilson</p> <p>Responsible Officer : Dr Faouzi Alam</p> <p>Head of Clinical Services: Richard Kubilius</p> <p>Director of Operations : Suzanne Edwards</p> <p>Medical Directors : Dr F Alam &amp; Dr A Sivananthan</p> <p>Chief Executive : Tim Welch</p> <p>Chair : Isla Wilson</p>

## Introduction

Cheshire and Wirral Partnership NHS Foundation Trust provides specialist Child and Adolescent, Adult and Older Persons Mental Health, Learning Disability and Drug and Alcohol services to a population of approximately 1 million people. The Trust was established on April 1st 2002 and has established a robust partnership network across our geographical area to ensure that service users and carers, social services, Primary Care Trusts, NHS Foundation Trusts and other external agencies are central to our work. CWP has around 15,000 foundation trust members and employs more than 3,400 staff across 70 sites, many of which house more than one speciality. In addition, we have a network of supported houses as well as GP surgeries and health centres from where clinics are run.

The Trust also provides specialist services in Liverpool, Sefton, Bolton, Warrington, Halton and Trafford.

What's great about CWP?

- We provide integrated care in the community and within inpatient settings based on best practice and outcomes.
- We are a recovery focused organisation.
- Services are developed and led by clinical staff.
- We are keen to work in partnership with patients, staff and other organisations to deliver the highest quality care to our service users and carers.
- We strive for clinical excellence by ensuring there is a framework to deliver quality improvements, the safety of patients and quality outcomes for service users.

### 1. Trust details

Our Clinical services are arranged in four care groups

- Neighbourhood Based Care
- Specialist Mental Health
- Children, Young People & Families
- Transforming care for people with Learning disability and Neurodevelopmental disorders

Provided across three localities: East and West Cheshire and Wirral

Each care group has a Strategic Clinical Director and Associate Director of Operation and Head of operations. The locality based services are governed by Integration Place Based Clinical Directors and Head of Clinical Services. Certain trust based services (Eating Disorder Services, Acute Care, Rehabilitation/Forensic/Liaison Services) have trust wide Specialty Clinical Director. There are separate Speciality Clinical Directors for each locality for CAMHS.

CWP has an income in excess of £140 million; we have 3,000 staff and 300 in-patient beds. Our Trust Board meetings are held on alternate months at locations across Cheshire and Wirral.

## 2. Service details

The West Locality serves a population of approximately 360,000. It includes patients registered with GPs of Western Cheshire. In-patient beds are provided from Bowmere Hospital, Countess of Chester Health Park.

The post holder will be based at the CMHT base in Upton Lea Resource Centre, Bowmere Hospital, Chester. The Bowmere site was opened in 2005. It includes in-patient and out-patient facilities covering the full range of mental health services including Community Mental Health Teams and out-patient clinics. Physical health community services, Learning Disability in-patient unit, Tier 4 CAMHS units and Trust headquarters are also based on the site.

West Cheshire Consultant group include:

- Consultant posts in acute care (in patient/CRHT)
- Consultant post in Older Adult acute inpatient care
- Consultant posts in CMHT Adult psychiatry
- Community Consultant posts Old Age psychiatry
- Consultant for Eating Disorders
- Consultant for PICU
- Consultant Rehabilitation
- Consultant Early Intervention
- Consultant in Old Age Liaison services
- Consultant in Adult Liaison services and Single Point of Access
- Consultants in Perinatal Psychiatry (hosted in West but trust wide)
- Consultant in Learning Disabilities
- Consultants in CAMHS tier 3 and tier 4 services.

There are 8 places for Specialty Trainees and currently 2 funded places for Senior Trainees.

The trust encourages clinical networks which are trust wide to share best practice and shared learning. The post holder will have the opportunity to join a peer group which has consultants from other localities within the trust.

The post holder will also have a base at the Cherrybank Resource Centre, in Ellesmere Port which is part of a new neighbourhood campus comprising of outpatient clinics, secondary mental health services such as the Adult mental health team, the Early Intervention team and Perinatal team. Coronation Road site, next door, recently opened in 2018 and houses our integrated physical health teams, our primary mental health services and social services. The Ellesmere Port campus also has CAMHS services and LD clinics. Our education building Sycamore House is convenient to Cheshire Oaks which is 2 miles away. Ellesmere port is a short 5 mile distance from our Bowmere site which was opened in 2005. It includes in-patient and out-patient facilities covering the full range of mental health services including Community Mental Health Teams and out-patient clinics. Physical health community services, Learning Disability in-patient unit, Tier 4 CAMHS units, Occupational health, Education, on site Gym and Trust headquarters are also based on the site.

The post holder will have the opportunity to join a peer group which has SAS from other localities within the trust.

### LOCAL POPULATION

Western Cheshire has a population of around 360,000 people. Western Cheshire is boundaried by Wales, Shropshire and Eastern Cheshire. The main city is Chester, but there are areas which are

rural in character. In general, the area has an older age profile compared nationally. The population has a higher proportion of people aged 45+. Nearly 18% of the population are over 65 years compared to 16% nationally. Rural locality has an older population profile compared to the other two localities. Over half (54%) of patients registered with GPs in Rural locality are aged 45 or older. This compares to 43% in Chester locality, 47% in Ellesmere Port & Neston and 42% of patients registered in England as a whole.

Ellesmere Port locality has 60,400 residents, accounting for nearly a fifth of Cheshire West and Chester's total population. 51% of Ellesmere Port locality residents are female and 49% are male, a similar breakdown to the borough.

The younger age groups between the ages of 0-44 for males and 0-14 and 25-39 for females are under represented in West Cheshire CCG compared to the England proportions. Males aged 0-44 in West Cheshire CCG account for 26.5% the registered population compared to 29.2% nationally. These variations when compared with the national age profile reflect the older and ageing population in Cheshire that has been highlighted by the usual resident population reported in the Census 2011.

A large proportion of West Cheshire CCG residents and patients live in relatively less deprived areas. Almost double (36%) the proportion of residents live in areas considered amongst the 20% least deprived in England (Q5). All localities have a high proportion of patients living in areas considered amongst the least deprived in England. There are however areas that experience high levels of deprivation and there is variation between localities and practices. Just less than one third (28%) of West Cheshire CCG patients live in areas ranked in the 40% most deprived in England.

Ellesmere Port & Neston locality has the highest proportion of patients living in more deprived areas. The proportion living in National quintiles (Q1 and Q2) describe those areas that are in the 40% most deprived in England is 41%, similar to England (40%). Cheshire Rural locality has only 4% of registered resident patients living in the 40% most deprived areas of England. In terms of numbers, over 68,000 CCG patients live in more deprived areas (Q1 and Q2) and over half (52%) of these are registered with an Ellesmere Port & Neston GP.

The Census 2011 question on general health classifies all residents in England and Wales based on their general health. The health classification used is based on the 5 option tick boxes: Very good health, good health, fair health, bad health, very bad health. There are 6 lower super output areas in West Cheshire CCG where over 10.4% of residents class their general health as 'bad' or 'very bad'. One of these is located in Ellesmere Port & Neston locality, 4 are located in Chester City locality and 1 is located in Cheshire Rural locality.

The locality area is served by one Clinical Commissioning Group and Social Services are provided by Cheshire West and Chester Council.

There are 30 registered care homes. There are some spot purchased CHC block beds for older people. However CHC beds can be provided in the home of the family's choice where appropriate.

The council runs day centres for older people in the area with additional day care provided by Age UK. Family Based care and Shared Lives are available alternatives to day centres.

## THE POST

The post holder will join an integrated service based at Cherrybank Resource Centre and Upton Lea. In addition to the Staff grade doctor post, the team consists of a Consultant, CPNs, OTs, SWs, admin staff, Psychology and a Team Manager. There is also an Advanced Nurse Practitioner (non medical prescriber) who works across the AMH teams, potential for core trainee depending on the post holder's educational supervisor status and allocation based on trainee need.

The services takes referrals from GP surgeries within West Cheshire after Single Point of Access screening and assessment. The single point of access is the route into the service and all clients are assessed against eligibility criteria within the operational policy for CMHTs, based on need. The CMHT also has access to a fully staffed CRHT with dedicated medical input who take responsibility for gate keeping in-patient beds in the Trust and managing home treatment of patients with functional disorders in collaboration with the designated care coordinator from the CMHT.

In-patient beds are provided at Bowmere Hospital, Chester. The building was opened in 2005 and is a purpose built in-patient unit with access to extensive grounds which includes a gym for staff and patients. There are a total of 42 Adult & Older Adult functional beds and 11 organic beds. Liaison to the General Hospital is provided by an integrated Mental Health Liaison Team. There is 0.5 WTE Liaison Consultant.

### **3. Local working arrangements**

#### **Cherrybank:**

The Ellesmere Port and Neston team will work with the Ellesmere Port and Neston locality which is predominantly urban with a small footprint. 14 GP surgeries serve a mixed demographic. As a locality, Ellesmere Port has relatively higher levels of deprivation seen within West Cheshire CCG. The post holder will be responsible for providing medical input to the CMHT. The Consultant will provide clinical supervision. The post holder is not expected to act as care coordinator for patients subject to CPA care. The post holder will carry no responsibilities for inpatients. There is expected cross cover between locality colleagues within the team to support leave.

The team receive an average of 18 referrals per month and 13 discharges. All referrals are discussed at the weekly multi-disciplinary team meeting and allocated to the most appropriate colleague for initial assessment. Subsequently they are then placed under CPA or standard care following further MDT discussion. The pathway encourages nurse led initial assessments and consultation. It is expected that all team members (apart from the support workers) carry roughly equivalent numbers of cases as care co-ordinators. The medical staff are expected to hold standard care cases, but will also be available at short notice to provide consultation and advice to other team members supporting complex and risky cases.

The caseload as of May 2019 consisted of CPA 214 and Non-CPA 316

The consultant will be expected to provide direct clinical supervision to the Advanced Nurse Practitioner and junior medical staff including the staff grade. Core or senior trainees are allocated to the trust and into the team depending on the educational supervisor status of the appointed

consultant and the training needs of the trainee. All consultants are encouraged to seek approval as an educational supervisor.

The team is also supported by a Home Treatment Team which deals with all crisis referrals. Consultant input to Home Treatment Team is provided by Acute Care Consultant. A&E assessments are carried out by Liaison Psychiatry team based at Countess of Chester Hospital.

#### **Upton Lea:**

The post holder will join an integrated service based at Upton Lea Resource Centre. In addition to the staff grade post, the team consists of CPNs, OTs, SWs, admin staff, Psychology and a Team Manager. There is also an Advanced Nurse Practitioner (non medical prescriber) for Memory Services and 2 WTE trainees, 1 higher trainee and 1 core depending on allocation based on trainee need. The post holder is encouraged to obtain educational supervisor status with the intention of trainee allocation being rotated between the posts. There is access to Physiotherapy and SALT within the Care Communities. The Alzheimer's Society has a presence within the Memory Clinic

#### **4. Continuing professional development (CPD)**

- Expectation to remain in good standing for CPD with the Royal College of Psychiatrists.
- Local arrangements for peer review group.
- There are several peer groups meeting in the Trust and externally. The postholder will be expected to join and contribute to one.
- The trust offers a structured programme of support and development for newly appointed medical staff, led by The Director of Medical Workforce (Dr Rachel McLoughlin.) It starts at induction to orientate the doctor to their new role, colleagues and medical manager, to the trust in general and to establish from the outset opportunities and expectations. The trust is keen for staff to consider career progression, research and various other opportunities within the trust.

#### **5. Clinical leadership and medical management**

- Participation in business planning for the locality and, as appropriate, contribution to the broader strategic and planning work of the trust.
- Leading the improvement of the quality of care within the team and contribute to improving quality across the system.

#### **6. Appraisal and job planning**

- All doctors in the Trust are expected to engage with annual appraisal.
- The Director of Medical Workforce and Medical Appraisal and Revalidation Manager provide training to all doctors to clarify the opportunities and expectations from appraisal and to demonstrate the electronic platform used to support medical appraisal and job planning.
- Job planning takes place annually with the doctor's medical manager.
- The Trust's Responsible Officer commits to make Recommendations on revalidation to the GMC in timely fashion
- The postholder will be required to attend the Trust's induction programme in addition to the arrangements discussed above.

#### **7. Teaching and training**

- Medical students from Liverpool Medical School are placed in the trust and the expectation is that all doctors will support them in learning and having a positive placement. The Medical Education Team collate feedback from students directly to doctors for individually delivered teaching sessions.
- Dr. L Pauley is the post graduate college tutor and Dr. G Swift is Director of Medical Education.
- All doctors are encouraged to gain feedback from multi-professional teaching and training they have delivered and to include it in their annual appraisal portfolios.
- Trust-wide teaching occurs each Wednesday afternoon in Chester. All grades of doctors are encouraged to attend and participate. Additionally a Grand Round is arranged quarterly, providing both the opportunity for doctors to share knowledge with colleagues and to themselves gain learning and skills.
- Providing educational supervision of trainees and other disciplines. The Medical Education Team organise at least one CPD event annually for Educational and Clinical Supervisors and other events are available at neighbouring trusts.
- Taking part in continuing medical education within supported study leave.

## **8. Research**

- Professor Taj Nathan is the Director of Research and is commencing an extensive programme trustwide to extend research opportunities so that all medical staff can become involved and access appropriate support.
- The trust has a peripatetic Librarian and her team will access documents/books on request for all staff. In addition the postholder can use the library facilities at Countess of Chester Hospital.
- The post-holder is expected to undertake research and to document involvement as part of the medical appraisal process.
- The trust provides free access to the Royal College of Psychiatrists CPD online.

## **9. Mental Health Act and Responsible Clinician approval**

- The post holder would be expected to be approved as or be willing to undertake training to obtain Section 12(2) MHA and will be expected to ensure Approval remains up to date.

## **10. Secretarial support and office facilities**

- The post holder will have access to a dedicated medical secretary.
- The post holder will have access to a PC with internet access and appropriate office/clinical space for duties.
- The post holder will receive a trust mobile smartphone inclusive of dictation app.

## **11. Clinical duties of post holder**

- Assessing, diagnosing, reviewing and formulating treatment and risk management plans for people referred to the Ellesmere port and Neston CMHT.
- Mental Health Act implementation.
- Care plan and treatment formulation, guidance on evidence-based treatment and effectiveness.
- Provide case discussion opportunity to all team members but also provide supervision to the Advance Nurse Practitioner, memory nurses and trainees if applicable.
- Clinical leadership of team.

- Input into weekly team meetings, and monthly team business meetings.
- Multi-disciplinary, multi-agency and partnership working with (non-exhaustive list):
  - Crisis Resolution/Home Treatment Service
  - Adult Community Mental Health Services
  - Integrated Physical health care teams.
  - Care home GP Leads.
  - Primary Care Services
  - Psychological Therapy Services
- Work collaboratively with other services/agencies.
- Clinical duties will be prioritised in line with Trust policies to ensure safe and effective practice to those with the greatest need. The work programme will be balanced to ensure that the post holder is supported. Prioritisation will be used to maintain acceptable workload if demand exceeds capacity.

## **12. Training duties**

- Participation in undergraduate and postgraduate clinical teaching.
- Participation in the training of other disciplines.
- Taking part in continuing medical education within statutory limits.

## **13. Clinical governance and quality improvement**

- Contribution to clinical governance and reflection at appraisal.
- Participation in clinical audit and quality improvement activities with documented reflections on the same in the appraisal portfolio.
- Participation in service/team evaluation and the planning of future service developments. The post holder is encouraged to use NHS QI methods and can access training regarding this.

## **14. General duties**

- To manage, appraise and give professional supervision to junior medical staff as agreed between in accordance with the Trust's personnel policies and procedures. This may include assessing competences under the Modernising Medical Careers framework.
- To undertake the administrative duties associated with the care of patients.
- To record clinical activity accurately and comprehensively, and submit this promptly to the Information Department.
- To participate in service and business planning activity for the locality and, as appropriate, for the whole mental health service.
- To participate in annual appraisal.
- To attend and participate in the academic programme of the Trust, including lectures and seminars as part of the internal CPD programme.
- To maintain professional registration with the General Medical Council, Mental Health Act Section 12(2) approval, and to abide by professional codes of conduct.
- To participate annually in a job plan review with the clinical manager, which will include consultation with a relevant manager in order to ensure that the post is developed to take into account changes in service configuration and delivery associated with modernisation.
- To work with local managers and professional colleagues in ensuring the efficient running of services, and share with consultant colleagues in the medical contribution to management.

- To comply with the Trust's agreed policies, procedures, standing orders and financial instructions, and to take an active role in the financial management of the service and support the medical director and other managers in preparing plans for services.

### **15. External duties, roles and responsibilities**

The Trust actively supports the involvement of the staff body in regional and national groups subject to discussion and approval with Clinical Director.

### **16. Other duties**

From time to time it may be necessary for the post holder to carry out such other duties as may be assigned, with agreement, by the Trust. It is expected that the post holder will not unreasonably withhold agreement to any reasonable proposed changes that the Trust might make.

### **17. Work programme**

It is envisaged that the post holder will work 10 programmed activities over 5 days. The post holder will be expected to undertake 10 PA per week divided into 9 Direct Clinical Care (DCC) and 1 Supporting Professional Activities (SPA). The timetable is indicative only. A formal job plan will be agreed between the post holder and clinical manager three months after commencing the post and at least annually thereafter.

The timing and nature of these commitments will be confirmed following discussion with the post holder and with due regard to allocation of other facilities. Travel time will be taken into account as part of the job plan.

### **18. On-call and cover arrangements**

- There is no expectation for the post holder to be involved in an on call rota
- The post holder will arrange cover for leave with colleagues and provide mutual cover.
- The post holder is NOT expected to undertake day time bleep cover for trainees but may be occasionally called upon to do so when new trainees are joining the trust.

### **19. Contract agreement**

The post will be covered by the terms and conditions of service for Hospital Medical and Dental staff (England and Wales) as amended from time to time. Contracts have been agreed with the BMA local negotiators, but individuals may wish to discuss this further before acceptance

### **20. Leave**

Annual leave eligibility for Specialty doctors is 5 weeks per annum, increasing to 6 weeks for Specialty doctor with over 2 years in this post or previous post.

Sick leave, professional/special leave and compassionate leave will be in accordance with approved trust procedures.

### **21. Equality and Diversity**

To value diversity and promote equality of opportunity ensuring that individuals are treated fairly and respected for their contribution in terms of experience, knowledge and skills.

## 22. Wellbeing

The post holder will have access to the Occupational Health (OH) Department, (full address, telephone and email). The OH team has access to a physiotherapist and psychologist, and the post holder may self refer or be referred through their manager.

The post holder will have access to the 24 hour employee assistance service, which provides free counselling, including face-to-face, and well as legal and financial support, online CBT and wellbeing resources. Information about Occupational Health and employee assistance will be disseminated regularly when in post to ensure the post holder has timely access to the details if help seeking is necessary.

The wellbeing of the post holder will be supported after serious incidents that involve patients in their care (e.g. homicide or suicide) is paramount, and a dedicated senior clinician will provide support and advice as needed after the incident.

If there are changes to the pre-agreed workload (e.g. unexpected cover of a different unit/service outside the casual cross-cover arrangement) a timely meeting with the line manager before cover starts will enable discussion of the feasibility of the change within the constraints of needing to manage a safe workload. Additional support will be sourced if required. A timely job plan adjustment will be arranged if a new working arrangement is to proceed

The Trust has several initiatives to support wellbeing that the post holder is encouraged to participate in. These currently include flexible working, flexible retirement, lease vehicle scheme, cycle scheme, retail and restaurant discounts, wellbeing events, mindfulness course and wellbeing walks. The post holder will form part of a consultant peer group who meet regularly.

## 23. Visiting arrangements

Please contact Dr Anna Watkin ([a.watkin@nhs.net](mailto:a.watkin@nhs.net)) or telephone 01244 397434

## 24. Suggested draft timetable:

All new patients in the out-patient clinic are allocated one hour for an appointment. Follow-up appointments last 30 minutes. There is a separate clinic for urgent cases. At the end of each clinic there is additional time to allow liaison with other professionals and the completion of administrative tasks not finalised during the allocated time for each patient. The expected maximum number of cases seen at an outpatient clinic is therefore 3 new patients or 6 follow ups (or equivalent permutations) There is flexibility around how the sessions could be worked to support applicants who, for instance, may have family commitments.

Day	Time	Location	Work	Category	No. of PAs
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<b>Monday</b>	AM	Cherrybank	Outpatient Clinic	DCC	1
	PM	Cherrybank	Outpatient Clinic	DCC	1
<b>Tuesday</b>	AM	Cherrybank	Admin	DCC	1
	PM	Cherrybank	Outpatient Clinic	DCC	1
<b>Wednesday</b>	AM	Upton Lea	Outpatient Clinic	DCC	1
	PM	Bowmere	Mapmed Postgraduate Teaching / PDP	SPA	1
<b>Thursday</b>	AM	Upton Lea	MDTM / Admin	DCC	1
	PM	Community	Community Clinic	DCC	1
<b>Friday</b>	AM	Upton Lea	Outpatient Clinic	DCC	1
	PM	Upton Lea	Mental Health Act / Mental Capacity Act work / Admin	DCC	1
<b>Total PAs</b>	Direct clinical care				9
	Supporting professional activities				1

## Appendix 1: Sample person specification/selection criteria for consultant

**Abbreviations for when assessed:** Scr: Screening prior to short-listing

SL: Short-listing from application form

AAC: Advisory Appointments Committee

Ref: References

Pres: Presentation to AAC panel

As an Equal Opportunities employer, the Trust welcomes applications from candidates with lived experience of mental health issues.

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
QUALIFICATIONS	MB BS or equivalent medical qualification.	Scr	Qualification or higher degree in medical education, clinical research or management.	SL
			MRCPsych	Scr
			Additional clinical qualifications.	SL
ELIGIBILITY	Fully registered with the GMC with a licence to practise at the time of appointment.  Approved under S12 OR able to achieve with 3 months of appointment	Scr  Scr	In good standing with GMC with respect to warning and conditions on practice	Scr
TRANSPORT	Holds and will use valid UK driving licence OR provides evidence of proposed alternative.	Scr		

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
CLINICAL SKILLS, KNOWLEDGE & EXPERIENCE	Excellent knowledge in specialty	SL, AAC, Ref	Wide range of specialist and sub-specialist experience relevant to post within NHS or comparable service	SL, AAC
	Excellent clinical skills using bio-psycho-social perspective and wide medical knowledge	SL, AAC, Ref		
	Excellent oral and written communication skills in English	SL, AAC, Ref		
	Able to manage clinical complexity and uncertainty	AAC		
	Makes decisions based on evidence and experience including the contribution of others	AAC		
	Able to meet duties under MHA and MCA	AAC		
ACADEMIC SKILLS & LIFELONG LEARNING	Able to deliver undergraduate or postgraduate teaching and training	SL, Pres, AAC	Able to plan and deliver undergraduate and postgraduate teaching and training relevant to this post	SL, AAC
	Ability to work in and lead team	SL, AAC	Reflected on purpose of CPD undertaken	SL, AAC
	Demonstrate commitment to shared leadership & collaborative working to deliver improvement.	SL, AAC		
	Participated in continuous professional development	SL, AAC	Experienced in clinical research and / or service evaluation.	SL, AAC
	Participated in research or service evaluation.	SL, AAC		
	Able to use and appraise clinical evidence.	SL, AAC, Pres		
	Has actively participated in clinical audit and quality improvement programmes	SL, AAC, Pres	Has led clinical audits leading to service change or improved outcomes to patients	SL, AAC