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| Senior Mental Health Practitioner |
| AP0819 |
| Applicant Information |
|  |
| August 2019 |

**Introduction**

To provide the best possible healthcare for the people we serve, it is essential that GP Federations attract and retain staff who are appropriately qualified, professional in the service they deliver, happy and productive in their work and committed to lifelong learning and developing in their role.

This information pack is designed to provide you with a brief overview of the role of GP Federations, the terms and conditions of employment within GP Federations and information which should assist you in the completion of your application form.

Thank you for your interest in applying for a position within GP Federations and we look forward to receiving your application.

**Northern Ireland GP Federations**

**Introduction**

Evidence from both the Royal College of GPs and the King’s Fund points to the fact that it is vital that GP Federations, are uniquely placed at the centre of the primary care arena, and that they can pave the way for greatly improving quality standards and accessibility to care.

GP Federations not only provide better outcomes for patients but will also result in significant and sustainable efficiencies for the service.

As well as this priority objective, Federations will act as a catalyst for better outcomes in the other major strategic objectives of our service namely; GMS PLUS / SHIFT LEFT / TYC / Donaldson / GP recruitment / Federation alignment to trusts and other key stakeholders / out of hours / 7 day working / potential gains / improved efficiency / better patient outcomes / sustainability / reform.

**In Northern Ireland the creation of the Federation model has been both led and funded by GPs themselves.**

**Key Components of the Northern Ireland GP Federation Model**

An average size of a GP Federation is circa 100,000 patients with 20 practices.

Their boundaries are in line with the current boundaries for Integrated Care Partnerships.

Each Federation has been established as a Community Interest Company Limited by Guarantee in the not for profit sector.

Currently there are 17 Federations incorporated covering 1.8 million of a patient population.

Northern Ireland is the only part of the United Kingdom that has a unified model of Federations governed by a unified Members Agreement covering its entire population.

Governance arrangements are as outlined in Fig 1.

**Figure 1**



Within this organisational model the GP practice is sovereign with the number of “Member Directors” being one per practice. Member Directors have formed a Members’ Committee in which the major governance authority of the organisation in vested.

The Members’ Committee have the authority to appoint “Directors” in line with the rules of the Members Agreement. It is these Directors that form the “Board of Directors” who are charged within the delegated authority of the members to take responsibility for the managing of their own Federation.

**The Federations**

The Federations exist in the following locations:

* Belfast: North, South, East, West.
* South East: North Down, Down, Lisburn, Ards
* Western: Derry, South West
* Southern: Armagh & Dungannon, Craigavon, Newry & District
* Northern: Causeway, East Antrim, Mid Ulster, Antrim/Ballymena

**The Federation Support Units (FSUs)**

The Southern GP Federations have established and incorporated their FSU. Each FSU is a community interest company and has the following organisational attributes:

CIC Company in the Not for Profit Sector.

The company is “owned” on a share basis by each of its constituent Federation membership (companies); this eliminates the necessity for individual named members.

Any surplus created by the FSU will be reinvested in the shareholders Federations for the good of the community they serve locally or by agreement can be used for wider projects of greater scope.

The creation of the company is governed by a shareholder’s agreement giving “exclusive rights” to the shareholders.

The shareholders agreement has enough flexibility to allow if required for an extension of membership.

The FSU will have a recognised management structure employed by the FSU.

The FSU has been designed to provide Federation members with excellent, affordable support initially in the provision arena.

Some examples of FSU functions include central management expertise and specialists, planning, accounting, contracting, communication (both internal and external) and human resources. It is envisaged that the FSU will outsource as many of these services as possible.

The core purpose therefore of the FSU is to ensure that clinicians are

***“Free to focus on ensuring they provide the best clinical outcomes for their patients while improving the quality of care patients receive”***

**Recruitment Process**

**PLEASE NOTE:** All formal communication in regard to the application and recruitment process will be made via email, so please ensure to supply a current email address which is checked regularly (including spam folder).

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| Process | Dates |
| Open applications | **16th August** |
| Close applications | **9:00 23rd September** |
| Anticipated date for interviews | **W/C 7th October** |
| Following the interview:  You will be notified that: (1) you have been successful at interview and will be made a job offer OR (2) you have been successful at interview and are on the waiting list pending an offer being made OR (3) you have been unsuccessful at interview;  References will be sought for all successful candidates. Please note this occurs in advance of a job offer being made. Referees will be given one week to respond. References not received within this time will delay your final outcome notification being sent. | |
| Please note: it will not be possible for candidates to take up a post until all criteria specified within the Personnel Specification have been met | |

**Pre-employment Checks**

The following pre-employment checks will be carried out prior to appointing someone to a post:

**References**

All appointments are subject to two satisfactory references being received. Please be specific when providing addresses/contact details for your referees. One of your references must have knowledge of your present work/or most recent employment and be in a supervisory/managerial capacity. Please note that we always seek a reference from your last employer, where applicable.

**Professional Registration/Qualification Checks/Verification of Identity**

The Recruitment Team will carry out checks to confirm professional registration and any qualifications which are listed as essential in the Personnel Specification. You will also be required to produce original documents to verify your identity, one of which must be photographic identification.

Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this within a reasonable time period **(10 working days from conditional offer of appointment**) the offer may be withdrawn.

If successful, staff will be required to produce documentary evidence that they are legally entitled to live and work in the UK e.g. Passport/travel documents. Failure to do so will result in non-appointment.

**Pre-Employment Health Assessment**

Successful candidates will be required to undertake a pre-employment health assessment, which in the first instance will take the form of a questionnaire.

**Access NI Checks**

As part of the Recruitment and Selection process it may be necessary to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

**Tips for completing / submitting your application form**

All sections of the application form must be completed in full. Please note shortlisting will be carried out on the basis of the criteria set out in the Personnel Specification, using solely the information you provide on the application form. Therefore, you must ensure that your application form clearly indicates how you meet the criteria stated in the Personnel Specification, as failure to do so may result in you not being shortlisted.

For example, be specific about dates of employment; qualification subjects and levels (including any sub-parts); and number, expiry date and nature of professional registration (including part/branch of the register as appropriate).

Repeat information (if applicable) across questions – do not presume that if you have mentioned something in one question it crosses across all questions. Each criterion is marked separately.

Please note that essential and where relevant, desirable criteria may be used at shortlisting. Applicants should therefore make it clear on their application form whether or not they meet the desirable criteria, as per the Personnel Specification. Failure to do so may result in you not being shortlisted.

**Candidates with a Disability**

GP Federations are committed to ensuring that applicants with a disability have equality of opportunity and are considered solely on their merits. Therefore, if you require any assistance/reasonable adjustments during the recruitment process, please give details on your application form in the relevant section. If you would like to speak to someone about reasonable adjustments, please contact [Alison.Foster@southernfsu.co.uk](mailto:Alison.Foster@southernfsu.co.uk)

**Return of application forms**

Application forms can be completed and **returned via email only** to [Info@southernfsu.co.uk](mailto:Info@southernfsu.co.uk)

Application forms must be submitted by the stated closing date and time.

**Late applications will not be accepted**

**Please note**:

It is your responsibility to check that your application has been submitted successfully. The GP Federation is not responsible for any technical problems you may experience and is not obliged to accept a late application from you in these circumstances.

Additional information may not be included on your application after the closing date/time.

**Waiting List**

Following interviews, a waiting list may be compiled for future same or similar vacancies arising. The waiting list will normally be held for 12 months.

**Appendix A: GP Federation Terms and Conditions**

GP Federations offer a competitive remuneration package and terms and conditions of employment. Our employment practices and policies adhere to all relevant employment legislation and we are committed to promoting diversity and equality of opportunity in *employment for our staff.*

**Place of Employment**

The posts will be based within the Newry & District GP Federations.

**Working Hours / Pattern**

Working pattern (distribution of working hours across the working week) will be determined by the GP Federation and must meet the business need of the GP Federation.

**Continuous Service**

Previous employment with any other employer is relevant only for pension purposes.

**Salary**

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| **Primary Care Mental Health Manager** | **Salary** |
| The Federation would recommend that this role is considered equivalent of Band 7 | £32,893 - £42,616 |
| Any further pay progression will be dependent on meeting additional agreed skills as required by Federation | |

**Annual Holidays**

The holiday year runs from 1st April to 31st March. If you are in the service of the Federation on 1st April in any year, entitlement to annual leave with pay in that leave year will be 27 days in addition to statutory and bank holidays as specified below (annual leave will be allocated on a pro rata basis for part time staff).

**Statutory Holidays**

You will receive the following Statutory (Public) Holidays with pay. Part time staff will receive a pro rata proportion of the bank holiday entitlement regardless of the days on which they are required to work. When the public holiday falls on a Saturday or Sunday; the 'substitute day' is normally the following Monday.

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| New Year’s Day | Last Monday in May (Spring Bank Holiday) |
| St Patrick’s Day | 12th July |
| Easter Monday | Last Monday in August (Summer Bank Holiday) |
| Easter Tuesday | Christmas Day |
| 1st Monday in May (early May bank Holiday) | Boxing Day |

**Pension -**This post will be pensionable from the date of commencement of employment.

**Mileage Claims -**Costs associated with necessary business travel will be reimbursed. Members of staff will be reimbursed for miles travelled in the performance of their duties which are in excess of the home to agreed work base return journey.



# JOB DESCRIPTION

**JOB TITLE:** Senior Mental Health Practitioner – Multidisciplinary Team Primary Care (GP Practice)

**REPORTS TO:** Primary Care Mental Health Manager

**ACCOUNTABLE TO:** Federation Chair

**PROFESSIONALLY**

**RESPONSIBLE TO:** Identified professional supervisor (Social work, Nursing, Occupational Therapy, and Psychology)

**INITIAL BASE**

**LOCATION:** Designated GP Practice(s) in Newry & District Federation area

**GP Federations**

In 2015/16, GP practices formed not-for-profit companies known as GP Federations. These Federations cover populations of 100,000 people with membership drawn from all of the GP practices in that area. The Health and Social Care Board (HSCB) currently contracts with GP practices which can then subcontracted to another provider. With the establishment of Federations, GP practices now, as a group, sub-contract to their local Federation. It is the GP Federation who will be the employer of the Senior Mental Health Practitioners in Primary Care.

**Multidisciplinary Team (MDT)**

In October 2016, “Health and Wellbeing 2026: Delivering Together” a 10-year plan for transforming health and social care in Northern Ireland was launched by the Department of Health (DOH). This plan was the response to a report produced by an Expert Panel led by Professor Bengoa tasked with considering the best configuration of Health and Social Care Services in Northern Ireland. A key element of this plan is the development of multidisciplinary teams (MDTs) of professionals working alongside GPs as first responders in general practice. Following a period of engagement with the Health and Social Care (HSC) system and service users the Department of Health (DOH) proposed that the HSCB commission multidisciplinary teams (MDTs) in General Practice in 2018/19.

These MDTs are intended to deliver the vision set out in “Delivering Together” with an increased emphasis on a holistic model of health and wellbeing which includes physical, mental and social wellbeing with a greater focus on prevention and early intervention. The teams will be community facing and will use community development approaches.

The main role and function of these new multidisciplinary teams (MDTs) is to provide a first contact and brief intervention service to patients presenting in General Practice. Each multidisciplinary team will be made up of GPs, nursing staff, practice based social workers, senior mental health practitioners, pharmacists and physiotherapists.

The Senior Mental Health Practitioner can be from one of four professional backgrounds Social Work, Nursing, Occupational Therapy or Psychology. The Senior Mental Health Practitioner will be an integral part of the MDT working alongside other professionals in a seamless and coordinated way effectively meeting the holistic needs of the GP patient and their families.

**Job Purpose**

The post holder is responsible for ensuring the delivery of safe and effective care to the whole practice population. S/he will be highly specialist resource providing clinical expertise in care, advice and support within General Practice. S/he will lead and/or work within the multi-disciplinary team in order to ensure a seamless, coordinated approach to person-centred care, across the clinical pathway, and provide timely onward referral to other professionals and agencies as appropriate. Clinically the focus of the role is the delivery of evidence-based practice for patients/families, providing an initial assessment to patients of any age, presenting with undifferentiated undiagnosed mental health problems providing initial management including brief interventions or prescribing, where appropriate, and reviewing patients at the request of the GP S/he will work collaboratively with the whole general practice team to lead and/or participate in the provision of expert advice in developing, implementing and monitoring policies, procedures and protocols which meet national, regional and local requirements.

The fundamental role for mental health care practitioner within a GP Practice is to ensure that individual needs are met in a timely, appropriate and accessible manner. GPs estimate that mental ill-health accounts for a significant percentage of their daily workload in general practice, either as the sole problem or a major part of the presenting problem. GPs also indicate that patients who present with mental health problems tend to consult more frequently and have longer consultations than those without mental illness, and therefore place a high workload demand on general practice.

The role and function of the Senior Mental Health Practitioner is to work as a core member of the new MDTs alongside the GP in his/ her practice providing a first contact mental health service to patients across the lifespan who present in General Practice with a mental health issue.

The Senior Mental Health Practitioner will undertake consultations with patients registered with the practice presenting with a range of needs and based on a standardised assessment pathway will provide an initial formulation of need, provide clinical advice, watchful waiting, prescribe if appropriate, provide initial short-term treatment and/or signpost to other services. The post holders will work primarily with people who are not eligible for or availing of other services from the Health and Social Care Trust either primary or secondary care services. It is envisaged that while the Senior Mental Health Practitioner may assess patients with the full range of mental health issues, they will only provide short term interventions with patients at step one or with patients on the perimeter of step two (see appendix 1 stepped mental health model) The Senior Mental Health Practitioner will have a critical role in signposting and / or referring patients and will have a critical interface role with Trust primary mental health care teams, primary care mental health and wellbeing hubs, recovery colleges, and the community mental health teams for older people. The Senior Mental Health Practitioner will refer patients with higher level complex mental health conditions directly to more appropriate Health and Social Care Trust services.

The Senior Mental Health Practitioner will have specific areas of specialist or expert practice and will mentor and develop other members of staff and contribute to the training and professional development agenda according to their particular area of expertise.

The post holder will also know and understand Health and Social CareTrust services and will provide advice and guidance to other multi-disciplinary team members on Trust pathways and Trust thresholds for intervention. The post holder will be expected to provide cover for colleagues within the Primary Care MDT and deputise for the Team Leader / Manager as required and work evenings as required.

### Main Responsibilities

The post holder will:

Deliver first contact care to both pre-booked and patients presenting with undifferentiated, undiagnosed mental health problems in General Practice.

Lead in providing a person-centred holistic approach to assess both the physical, psychological and social needs of the patient/client, families and carers.

Make professionally autonomous decisions for which s/he is accountable and provide safe, evidence based, cost effective, individualised patient care.

Provide individual, time-limited, mental health assessments, provide brief interventions and prescribe for patients as necessary.

Assess and manage when required risk of self-harm or harm to others.

Accept referrals from GPs, undertake comprehensive mental health assessment of individuals' and identify and manage potential risks.

Act as a specialist expert resource within the general practice team in planning and communicating complex programmes of care to all disciplines and in partnership patients/clients, families and their carers, to support timely access to relevant care.

Support service users to identify, shape and manage their own health and well-being needs using recognised recovery models.

Lead on the establishment of procedures to support the physical health monitoring of services users, in accordance with NICE Guidelines.

Monitor, and where appropriate, carry out physical health monitoring assessments with patients identified, in accordance with NICE Guidelines.

Agree a plan in conjunction with the service user (and significant others) and signpost or refer to the local recovery college, mental health hub or other organisations providing Step 2 services such as “Psychological Talking Therapies”, or signpost/ refer to step 1 service in the locality.

Co-ordinate and act as liaison between Professionals/Agencies ensuring the patient receives continuity of service.

Work collaboratively with Trust Mental Health teams and the Community and Voluntary sector to ensure effective management of the patient and carers needs.

Plan and implement skilled, evidence-based brief interventions in conjunction with the Service User and significant others as part of the overall package of care.

Provide accurate written and electronic records, reports, statistical data and other associated documentation in accordance with GMS requirements and standards set by professional regulators.

To ensure that all significant events are recorded, reported, reviewed and action taken within the context of the culture of continuous improvement.

Adhere to the provisions contained in the Mental Health (N.I.) Order 1986, other relevant legislation including The Children (NI) Order 1995, and to MDT policies and procedures.

Ensure that practice does not duplicate the work of Trust based primary mental health care teams adhering to clear protocols and referral pathways.

To be actively involved in group modular programs and to demonstrate specialist group work skills to assist in appropriately engaging clients during group sessions.

**Education and Development**

The post holder will:

Lead and/or support in the development, delivery and evaluation of education and learning activities specific to the area of expertise, both internal and external to the federation, as required.

Lead and/or support the development, delivery and evaluation of patient education, working in collaboration with the multidisciplinary team and colleagues as appropriate.

To liaise with the Service User, Peer and Carer Advocates and contribute towards User and Carer participation in the delivery of services.

To provide consultation, advice and guidance to others in respect of the practitioner’s professional role.

To take an active role in the MDT's academic programme and participate in mandatory training and evaluation.

To represent the MDT as required, participating in meetings, attending courses and conferences.

Contribute to the creation of a learning environment within the MDT providing consultation and advice to colleagues within the wider GP service.

Work in collaboration with Education Providers as appropriate.

**Research and Evidence-Based Practice**

The post holder will:

Promote a learning environment for patients and other health professionals and facilitate a research culture to support continuous improvement activities.

Facilitate the use of evidence-based practice, audit and peer review to enhance patient/client care and/or the service and disseminate relevant findings.

Collate and record quantitative and qualitative data to demonstrate evidence of outcomes and quality and produces relevant reports.

To evaluate the effectiveness of interventions and contribute to MDT review.

Undertake regular audits and evaluations to determine compliance with practice standards.

To adhere to agreed protocols pertaining to Governance including implementation of standards, risk management strategies and audit processes.

**Leadership and Management**

The post holder will:

Work as an effective and responsible team member, supporting others and exploring the mechanisms to deliver transformation.

Lead in the analysis of areas of need, working collaboratively to identify gaps in service provision, providing leadership in the co-design and development of new initiatives and management of services that take account of the needs of patients/clients, their families and carers.

Participate in regular supervision and support and provide professional expert advice to other staff within Primary Care MDT.

Participate in the recruitment and selection of staff.

Lead multidisciplinary/multiagency practice development and service improvement projects.

Engage Service Users and Carers and involve them in the planning and delivery of services.

**Professional Responsibilities (Social Work, Nursing, Occupational Therapy or Psychology)**

To be professionally and legally responsible and accountable for all aspects of professional practice including the management of patients in their care.

To maintain professional registration.

To ensure personal accountability in accordance with their own professional Code of Practice.

To attend the relevant professional forums as part of Continuous Professional Development.

To support and supervise students on placement if appropriate.

To participate in identifying and addressing own development needs through the Supervision Process.

To work within Health Board and Primary Care clinical protocols, procedures and guidelines and Professional Standards set by the HCPC/ NMC /NISSC other professional bodies.

To have an excellent working knowledge of national and local standards and monitor own and other’s quality of practice as appropriate.

Provide a high standard of care using safe effective, evidence-based interventions in accordance with current research and professional standards.

To identify and manage clinical risk within own caseload. To be aware of the boundaries of own practice and to manage the associated risk effectively.

**General Responsibilities**

Employees of the GP Federations and FSU will be required to promote and support the mission and vision of the service for which they are responsible and:

At all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner.

Demonstrate their commitment by the efficient completion of all tasks allocated to them. Comply with the No Smoking Policy.

Carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations.

Adhere to equal opportunities policy throughout the course of their employment, as in Section 75 of the Northern Ireland Act 1998.

Ensure the on-going confidence of the public in service provision.

Support the GP Federations and FSU in complying with its obligations under Human Rights legislation.

Comply with the GP Federation and FSU and relevant professional codes of conduct.

**Equality**

The GP Federation is an Equal Opportunities employer and welcomes applications from all sectors of the community irrespective of their religious belief, political opinion, race, gender, marital status, dependants, age, sexual orientation or disability.

All staff are required to comply with our Equal Opportunities Policy and each employee must make him/herself aware of their obligations. Managers/Supervisors have a responsibility to ensure compliance with this requirement and promote equality of opportunity.

**Records Management**

All employees of the GP Federation are legally responsible for all records held, created or used as part of their business within the Federation including patient/client, corporate and administrative records whether paper based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000, the Environmental Information Regulations 2004 and the Data Protection Act 1998. Employees are required to be conversant with the Federation’s policy and procedures on records management and to seek advice if in doubt.

**Environmental Cleaning**

The GP Federation recognises the key principle that cleanliness Matters. It is everyone’s responsibility, not just the cleaners to ensure a hygienically clean environment. Whilst there are staff employed by the Federation who are responsible for cleaning services, all staff employed by the Federation have a responsibility to ensure a clean, comfortable and safe environment for patients, clients, residents, visitors, staff and members of the general public.

**Infection Prevention & Control**

All Staff should co-operatefully with regard to Federation policies and procedures relating to infection prevention and control.

Staff, in delivery of all care must:

Wash their hands thoroughly between each patient contact.

Be compliant with Standard Infection Control Precautions, Hand Hygiene and decontamination and other relevant infection prevention and control measures.

Be aware of the Federation’s Infection Control guidance and the Northern Ireland Regional Infection Control Manual and ensure they obtain mandatory Infection prevention control training or other specific infection control related training as required.

**User involvement**

Staff members are expected to involve patients, clients and their families in developing, planning and delivering our services in a meaningful and effective way

**Location**

Co-location of the members of the MDT within general practice is highly desirable, however, not always practical. Where the estate does not facilitate co-location creative use of alternative accommodation within the federation area may be required. The mental health senior practitioner will as far as practicable be based in a GP Practice however they may be expected to provide services across more than one GP Practice.

***This job description is subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the post holder works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.***

**Please note that the GP Federations and FSU operate a “No Smoking” Policy and all employees MUST comply with this.**

**We are an Equal Opportunities Employer.**

# PERSONNEL SPECIFICATION

**Senior Mental Health Practitioner – Multidisciplinary Team Primary Care**

**(GP Practice)**

A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is therefore essential that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified.

**Essential Criteria**

Registered Mental Health Nurse, live on NMC register, or, Professional Social Work qualification and registration with the Northern Ireland Social Care Council (NISCC), or, Registered Occupational Therapist, or, practitioner psychologist registered with The Health and Care Professions Council (HCPC).

Three years post qualifying experience in one of the above disciplines at Band 6 or equivalent, of which two years should be in an adult mental health setting.

The successful candidate must hold a full current driving license (valid in the UK) and have access to a car at the closing date or have \*\* access to a form of transport which will permit the applicant to carry out the duties of the post in full.

*(\*\* this relates only to any person who has declared that they have a disability, which debars them from driving).*

Demonstrate relevant knowledge and experience of working in adult services including knowledge of relevant legislation, best practice guidelines as well as an understanding of the role of all statutory agencies, and community services.

***The following are essential criteria which will be measured during the interview stage.***

***KNOWLEDGE & SKILLS***

Have relevant knowledge of developments in mental health care, including legislation, policies, procedures and current issues.

Demonstrate a commitment to delivering the optimum standard of patient centred/ client centred care

Demonstrate an understanding of clinical governance including risk management

Have an excellent understanding of a range of appropriate therapeutic interventions and evidence of application of same

Have a commitment to on-going personal and professional development

Effective Planning & Organisational skills with an ability to prioritise own workload.

Desirable Criteria

Experience of working in a primary care/ community care setting

Experience of community development approaches to addressing the needs of service users with mental health difficulties

**Applicants please note:**

Whilst elements of the essential criteria of the Personnel Specification will form the basis for shortlisting, these may become more stringent by introduction of desirable criteria (if stated).

The appointment is subject to proof of the attainment of any qualifications deemed essential to the post and used as a basis for shortlisting. Failure to provide evidence of the required qualifications prior to taking up the post will result in the offer of employment being withdrawn.

Appointments may be subject to assessment by an Occupational Health Service.

**Please note that the GP Federations and FSU operate a “No Smoking” Policy and all employees MUST comply with this**

**We are an Equal Opportunities Employer.**

Appendix 1.

Stepped Care Model

Stepped Care is a system of delivering and monitoring treatments, so that the most effective yet least resource intensive, treatment is delivered to patients first; only ‘stepping up’ to intensive/specialist services as clinically required.

“Having the right service in the right place, at the right time delivered by the right person.”

