

**Locum Specialty Doctor Psychiatrist**  
**Aspen team, City and North East AMHT**  
**Oxford Health NHS Foundation Trust**  
**Job Description and Person Specification**

**POST**

- 1. Employing Trust** Oxford Health NHS Foundation Trust
- 2. Job Title** Locum Specialty doctor psychiatrist in Adult Psychiatry (Community)
- 3. Specialty** General Adult Psychiatry (Community)
- 4. Type of Post** 0.6 WTE, Fixed term 6 months with a view to extend by another 6 months
- 5. Rationale for Development** To cover a temporary vacancy. The post is available immediately.
- 6. Salary Range** National Terms and Conditions, as amended by local agreement.
- 7. Programmed Activities** 6 Programmed Activities with DCC: SPA ratio is 5:1.
- 8. Employing Trust** Oxford Health NHS Foundation Trust
- 9. Reporting to** The post holder will be professionally accountable to the Medical Director, Dr Karl Marlowe, Deputy Medical Director, Kezia Lange and Associate Medical Director, Dr Vivek Khosla, for such matters as professional conduct and revalidation. The post holder will be clinically accountable operationally to the Interim Clinical Director, Dr Lola Martos. Supervising Consultants will be: Dr Stephen Merson and Dr Tarek Zghoul.
- 10. Base** The post is based at City and North East AMHT, which is based at The Neill Unit, Warneford Hospital, Oxford, OX3 7JX. They will have access to office space, tablet, phone, computer, and internet access.
- 11. Secretarial Support** The post holder will have access to secretarial support shared between Consultants to meet the needs of the post, manage diaries, and provide support with making appointments and typing.
- 12. Terms and Conditions** The post is governed by Medical and Dental Terms and Conditions of Service, as amended by local agreement.

### 13. INTRODUCTION

This is an exciting opportunity to join an established Community Mental Health Team serving adults of working age in the City and North East AMHT, based at Warneford Hospital. The Adult Mental Health Community Team (AMHT) covers a large geographical area including the City of Oxford and Bicester.

### 14. INTRODUCTION TO THE TRUST

Oxford Health NHS Foundation Trust (OHFT) was established in April 2006 through the integration of the Oxfordshire and Buckinghamshire Mental Health NHS Trusts and licensed by Monitor as a Foundation Trust from the 1 April 2011. More recently the Trust has merged with Community Health Oxfordshire and integrated services in Wiltshire, Swindon, and North Somerset. Website details are: <https://www.oxfordhealth.nhs.uk>.

The total population served by OHFT in Oxfordshire is about 630,000. Oxfordshire is regarded as prosperous with relatively low socio-economic deprivation and associated morbidity indices. However, there are significant pockets of deprivation and associated psychiatric morbidity in the urban centres of Banbury, Bicester, Didcot, and Oxford in Oxfordshire. In each of these urban centres are populations characterised by relative socio-economic deprivation and higher psychiatric morbidity. These include significant numbers of refugees in some settings.

OHFT provides a **comprehensive range of mental health services and community health services** to Oxfordshire, mental health services and some community services to Buckinghamshire, and a number of specialised services (e.g., Forensic, Eating Disorders and CAHMS) to adjacent counties and beyond. The Trust also provides CAMHS and Eating Disorder services to Swindon, Wiltshire, Bath, and Northeast Somerset (BaNES, collectively 'BSW') and NHS Dental Services in Oxfordshire.

The Trust's services are organised and managed on the basis of **four clinical directorates**: two all-age Mental Health Directorates (Buckinghamshire and Oxfordshire/BSW), a Community Services Directorate, and a Specialised Services Directorate (including forensic mental health, dentistry, learning disability and pharmacy). All clinical services are developed in line with national policy guidance. The service models adopted by the Trust support a strong focus on flexible community provision by comprehensive multi-disciplinary services backed up by inpatient facilities.

The Trust headquarters is at Littlemore Hospital, Oxford. The Board of Directors includes the Chair, seven Non-Executive Directors, the Chief Executive and eight Executive Directors, who make decisions about the operational management of the Trust and set the overall strategic direction of the Trust within the context of NHS priorities. The Chief Executive is Grant Macdonald, Chairman is David Walker, Medical Director is Dr Karl Marlowe, Chief Nurse is Britta Klink. Further details can be found at <https://www.oxfordhealth.nhs.uk/about-us/governance/>.

#### **Oxfordshire Population and Demographics**

The population of Oxfordshire is relatively prosperous, with low levels of unemployment and socio-economic deprivation. Morbidity indices in general are low, although there are significant areas of increased morbidity and deprivation across the county.

There were 698,604 people registered with Oxfordshire GPs in 2013. This has increased by 4% since 2010. The number of people registered with GPs has increased by 15% in the South East Locality over the same period. The Joint needs assessment report for 2014 informs that over the next 15 years, Oxfordshire's total population is forecast to grow by 93,000 (14%), from 655,000 residents in 2011, to 748,000 in 2026. According to the 2015 Index of Multiple Deprivations, Oxfordshire ranks as the 11th least deprived upper tier local authority in the country. However, 15 Oxfordshire neighbourhoods (Lower Super Output Areas – LSOAs) rank among the 20% most deprived in England. These areas experience significantly poorer outcomes in terms of health, education, income and employment, and include a number of areas of South East Oxford, Abingdon, and Banbury.

**Ethnicity:** The ethnic composition of Oxfordshire has changed since the 2001 Census. All of the county's black or minority ethnic communities have grown, and now account for 9.2% of the population, just under double the 2001 figure of 4.9% (Census 2011 table: KS201EW). There has been a growth in people from White backgrounds other than British or Irish, who now account for 6.3% of the population (up from 4% in 2001). Much of this increase is explained by a movement of people from the countries which joined the EU in 2004 and 2007. In 2011, 13,000 residents in Oxfordshire were born in these countries, with more than half born in Poland (7,500 people, 2,700 resident in Oxford and 2,300 in Banbury). People from White Gypsy or Irish Traveller backgrounds make up 0.1% of the county, and this is the same proportion across all the districts aside from West Oxfordshire, where 0.2% of the population classify themselves as such. 4.8% of the population are from Asian backgrounds, twice the 2001 figure of 2.4%. People from Asian communities form the largest minority ethnic group in the county, and most come from Indian or Pakistani backgrounds (2.45%). The proportion from all Black backgrounds has more than doubled, from 0.8% to 1.75% of the county's population. People from mixed ethnic backgrounds account for 2% of the population (up from 1.2% in 2001). West Oxfordshire is the only district where there has been a reduction in the proportion of people from BME communities since the 2001 census.

**Religion:** 60% of the county's population are Christian, whilst 28% do not have any religion. The county's Muslims make up 2.4% of the populace. The proportion of Hindus in Oxfordshire in 2011 was 0.6%. The size of the county's Jewish population is 0.3%. The growth and size of county's Buddhist population (0.5%) is in line with the regional and national figures.

**Armed Forces Personnel:** At the time of the 2011 census Oxfordshire was home to 5470 armed forces personnel, of whom 33% lived in communal establishments. The remaining 67% live in households. 31% of armed forces personnel in the county live in Vale of White Horse, with a further 30% in West Oxfordshire.

**Employment:** In June 2013, there were 427,800 people aged between 16-64 (this is classed as the working aged population) in Oxfordshire. There are a total of 342,600 working aged people in employment, which equates to 77.1%. This compares with 74.7% for the South East and 71.1% for Great Britain. In June 2013 the unemployment rate was 6.3% which equates to 23,000 people, compared with 6.2% for the South East and 7.8% for Great Britain. In August 2013 1.3% of working aged people in Oxfordshire people claimed Job Seekers Allowance (JSA), compared with 2.1% for the South East and 3.3% for Great Britain. Oxford City had a higher rate than the county at 1.9% of the population but remained below the regional average.

## **15. ADULT MENTAL HEALTH SERVICES**

### **A. Adults of Working Age (AWA) Inpatient Services- Oxfordshire:**

Acute Inpatient pathway in Oxfordshire includes 4 acute wards and 3 Health Based Places of Safety (HBPOS). All inpatient wards are AIMS accredited. They are:

- Warneford Hospital, Headington, Oxford: Vaughan Thomas (Male), Allen (Female) and Wintle (Female).
- Littlemore Mental Health Centre, Littlemore Oxford: Phoenix Ward (Male), Ashurst Psychiatric Intensive Care Unit (Male).
- Health Based Place of Safety (HBPOS) - one each on Ashurst ward, Phoenix ward and Vaughan Thomas Ward.

### **B. AWA Community Mental Health Services- Oxfordshire**

#### **a. Adult Mental Health Teams (AMHTs)**

There are 3 AMHTs across Oxfordshire. They are North and West (bases in Banbury and Witney), Oxford City and North East (bases in Oxford City and Bicester), and South (bases in Abingdon, Didcot, Wantage and Wallingford in Oxfordshire), with satellite clinics based throughout the county in market towns.

AMHTs in the North and West, and the South provide care 7 days per week, 7am to 9pm but the City is Monday to Friday 9am to 5 pm due to additional care available from a Crisis team. Consultants work part time across the week, covering 9 to 5 Monday to Friday and provide senior leadership to the team alongside the Operational Manager and non-medical Clinical Lead of each team. Staff within the AMHTs work around Consultants and catchment areas that correspond as much as possible to specific geographical areas and GP surgeries. This enables maximum familiarity with these patients and better links with the corresponding GPs in their Primary Care Networks (PCN).

The AMHT's work closely with primary care, from where they receive most of their referrals. Our new Primary Care Hubs receive most routine referrals and AMHTs triage the remainder of referral and allocate patients for assessments, following which, patients may be taken on by members of the AMHT for acute or longer-term treatment or signposted to other services or agencies as appropriate.

To enhance the current community Mental Health pathway our service has developed Primary Care Mental Health Teams (PCMHTs) in the last 18 months in line with the Community Mental Health Framework and Long Term Plan for MH. The aim is for care to be closer to home. This Framework locates community mental health services in the centre of the community, as the central pillar of mental health care, allowing all other services in the mental health care system to function more effectively', it also challenges MH providers to make it easier for the public to access MH advice and support. Alongside this the Health on the High Street agenda which puts health service provision on the high street in vacant properties to increase accessibility of these services.

Alongside the PCMHT the offer includes a single point of access to other services which are important to maintain mental health – housing, benefits, drug & Alcohol services, CAB, health and wellbeing services – so these services could run clinics from the Hubs making these a one stop shop. The PCMHTs are based within the Keystone Hubs and will have space to provide 1:1 and group interventions, as well as having capacity to support any self-referrals walking into the Hubs. Our aim for the Hubs is that they become a welcoming and non-stigmatised venue on the high street, used by the public, community groups and those in need of MH support.

There is a dedicated night team who work from 9pm to 8am with reduced staffing numbers. This is provided by up to 5 staff based in Oxford City, who work closely with staff on the inpatient wards, out of hours GPs and colleagues from the emergency services to support patients. All telephone contacts with the service out of the normal working hours are received by the Out of Hours Co-ordination Centre, which facilitates swift access to the appropriate area or signposting for the caller as indicated.

#### **b. Community based Specialist Teams:**

- i. **Psychological Therapies Services are integrated with AMHTs and** provide a range of individual and group therapy interventions for patients who require longer and specialist types of psychological therapy. This service is integrated with community AMHT services.
- ii. **Crisis home treatment team** which currently covers the Oxford City and North East Team patients with plans to cover Oxfordshire county in the future.
- iii. A county wide **Complex Needs service, (CNS)** which is a daytime partial therapeutic Community Psychological Therapy Service, for people with severe Personality Disorder and complex emotional needs.
- iv. **Emergency Department Psychiatric Service (EDPS):** Liaison services covering the emergency department of the John Radcliffe Hospital, Oxford and Horton General Hospital, Banbury.
- v. **Eating Disorder service (EDS)**, which offers intensive support in the community for individuals with eating disorders. Inpatient services for the whole Trust are based at Cotswold House in Oxford.
- vi. **Early Intervention in Psychosis (EIS)** service which offers intensive support to patients presenting for the first time with psychosis. These patients are managed for up to 3 years within this service. It is a service that provides early detection, assessment, and intervention for 14–60-year-olds who are experiencing a first episode of psychosis.

- vii. **Oxford Community Psychological Medicine Service (OCPMS):** offers assessment, treatment and expert advice to colleagues and patients suffering from medically unexplained symptoms and those who suffer a physical illness with concomitant psychological problems.
- viii. There is an **Interventional Psychiatry Clinic** which has a **ketamine clinic**, **rTMS** and an **ECT suite** based at the Warneford Hospital.

## 16. INTRODUCTION TO THE POST

This is an exciting opportunity to join an established Community Psychiatric Team serving adults of working age in Oxford City and Bicester.

The City and North East AMHT is based at Warneford Hospital. It is a multi-disciplinary team of medical staff, nurses, occupational therapists, social workers, psychologists, support workers, peer support workers and partnership worker such as an embedded MIND worker and employment support worker. The team has an allocated research assistant to enable recruitment to research studies.

The City and NE Oxfordshire AMHT covers a diverse mixed urban and rural population of over 100,000. The service operates as three sub teams Aspen, Willow and Oak who are aligned to locality GP neighbourhood clusters. This post is located in Aspen Team, which serves the GP neighbourhood clusters of Bicester, Kidlington Woodstock, Islip as well as North East Oxford. Aspen Team is a busy team receiving around 60 referrals a month. The team supports around 100 patients within the assessment phase of their care and treatment, and around 350 patients receiving longer term care and treatment. There is a satellite base in Bicester and there may be occasional need to attend this base.

The City & NE Oxfordshire AMHT has the following Consultants:

Team Name	Consultant Name & PA's
Aspen team	Dr Stephen Merson 10 PAs Dr Tarek Zghoul 10 PAs
Willow team	Dr Digby Quested 5 PAs Dr Saik de la Motte 10 PAs Dr Sophie Behrman 6 Pas
Oak team	Dr Arabella Norman-Nott 10 Pas 8 Pas currently covered by locum

Each Consultant has linked GP practices.

## 17. Team structure of Aspen Team

Role	Whole Time Equivalent (WTE)
Consultant Psychiatrists	2 WTE
Locum SAS Doctor (this post)	0.6 WTE
B7 Senior Clinicians	3 WTE
Band 7 Deputy Team Manager	1 WTE
Band 6 RMN's and OT's	3 WTE
B6 MH Social worker	3 WTE
Psychologists (with access to psychodynamic, CBT, CAT and other modality treatments)	2.6 WTE
Support Time and Recovery Worker	3 WTE
<b>Peer Support Worker</b>	0.4 WTE PSW
<b>Nursing Associate Trainees</b>	<b>2 WTE</b>
Band 4 Administrator (Attached to Medical Staff)	3 WTE (1x B4 med sec, 2 x general admins)

The team is also supported by Embedded Workers from Mind, Response & Connections & Reablement OT Team.

## 18. DETAILS OF BASE AND ADMIN SUPPORT

The post is based at The Neill Unit, Warneford Hospital, Oxford. The post holder will have access to administrative support in the team to meet the needs of the post for example manage diaries, arrange CPAs, liaison and typing.

## 19. RESPONSIBILITIES OF THE POST

With the supervision and support of the consultant, the post holder will be responsible for:

- The Specialty Doctor Psychiatrist will be based City AMHT, undertaking assessments, providing treatment and working with patients and their families. The specialty doctor is expected to work closely with other members of the team and to provide a range of assessment and treatment services. The role will be focussed on supporting the existing medical team in completing initial assessments and assessment follow up care and treatment for patients being referred into the team.
- The specialty doctor will provide assessment and liaison with the referrer, including consulting to the referrer as required, management and treatment of patients under the supervision of a consultant. This includes: psychiatric evaluations and mental state examinations and prescription of appropriate treatments in line with NICE guidance. Work is undertaken with the multidisciplinary team and includes both routine, urgent and emergency referrals. Providing timely written correspondence to relevant professionals documenting assessments, ongoing management, progress, and discharge letters using Trust IT and clinical records system – training will be provided where needed.
- Active commitment to delivering the Trust’s clinical governance agenda. The AMHT has its own governance agenda including audit, quality, patient experience, learning from incidents, patient safety initiatives and interrogation of data.
- Contribution to developing and delivering improved clinical services as outlined in the National Service Framework for Mental Health and the Long term plan.
- The post holders will be expected to contribute to the collection of data as required by the Trust and other relevant agencies. This includes the timely recording of clinical activity data, and participation in clinical audit - with appropriate administrative support.
- The post holders will be expected to participate in and attend local teaching and training for specialty doctors and the wider medical community.
- There are reciprocal arrangements for cross-cover between specialty doctor and consultant psychiatrists to provide advice and support to the multidisciplinary teams when medical colleagues are on leave.
- The post holder will be expected to help triage referrals and attend MHA assessments and therefore S12 approval (or the ability to apply for it) is important.
- Referrals and caseloads vary depending upon the intensity of the work.

There will be the opportunity to develop a special interest, depending upon the experience and interest of the specialty doctor. Weekly Provisional Timetable (Example – to be negotiated)

	Morning (09.00 - 1.00)	Afternoon (1.00 - 5.00)	DCC	SPA
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Monday	Warneford Hospital new assessment clinic (3 hours)	Triage meeting (1 hour) Review clinic (2 hours)	2	0
Tuesday	SPA	Clinical admin (1.5 hours) and supervision (1 hour) and Assessment Feedback Meeting (1 hour)	1	1
Wednesday				
Thursday				
Friday	Warneford Hospital new assessment clinic (3 hours)clinic	Warneford Hospital new assessment clinic (1.5 hours): review clinic and clinical admin (2 hours)	2	0
Total PA's:			5	1

Clinical work comprises direct patient contact, administration, consultation and liaison.

## 20. Teaching and Research

The post holder will be actively encouraged to take part in research. There are a variety of exciting projects already underway in the local services and new ideas are also always welcome.

Teaching of undergraduate and postgraduate students and colleagues is actively encouraged and supported.

The Director of Medical Education is Dr Alastair Reid

## 21. Quality Improvement and Clinical Governance

The appointee will participate in quality improvement projects as part of their own learning and in conjunction with other members of the team. Opportunities for this can be discussed in supervision and with other members of the Trust, depending upon the post holder's areas of interest. They will also participate in clinical effectiveness, audit, risk management and quality improvement initiatives and meetings as required by the Trust, ICB, and external accrediting bodies.

## 22. Personal and Professional Development

The post holder will be expected to keep himself/herself fully up to date with their relevant area of practice and be in good standing for CPD. Professional or study leave will be granted at the discretion of the Trust, in line with the prevailing Terms and Conditions of Service, to support appropriate study, postgraduate training activities, relevant CME courses and other appropriate personal development needs. The study leave allocation is 10 days per annum. The Trust currently makes a financial contribution in support of these activities up to an agreed limit. The study leave funding is £2400 over a three-year period.

- The post holder will be linked to an appropriate peer group.
- For suitable candidates the trust has a CESR program in place.
- There is Speciality Doctor Lead in the Trust who can be contacted for advice if required.

## 23. Leave Arrangements

The post holder is entitled to 28 days of annual leave including extra statutory days for the first 2 years of their service and 33 days thereafter, rising to 35 days after 7 years. Annual leave, study and special leave will be

covered within the team. Leave will be agreed and discussed with supervising Consultant prior to approval to ensure medical cover is provided at all times.

#### **24. On Call**

There is no day time on call rota but doctors in the team offer consultation to other team members who are part of the duty rota as necessary.

#### **25. Access to information technology**

The post holder will be provided with a laptop computer with intra and internet access. In conjunction with the Trust library the post holder will have access to online journals via ATHENS/OVID and NHS library services. An iPhone is provided for work use if required.

#### **26. Access to library facilities**

The library at Warneford hospital offers excellent book loan and literature search services. There is access to electronic data bases through links with the NHS electronic library and University of Oxford.

#### **27. Appraisal and Job planning**

There is an annual appraisal and a job plan review. A new on-line appraisal and medical job planning platform is currently being rolled out across the trust.

A job plan will be drawn up by the supervising consultant and the specialty doctor at the beginning of the post and will take into account the post holder's areas of special interest, training needs and research interests. Any changes in the role or responsibilities of this post would be carefully planned and discussed in job planning.

#### **28. Section 12 approval:**

The specialty doctor will be expected achieve S 12 (2) approval and then to maintain section 12(2) approval under the Mental Health Act.

#### **29. Conditions**

The post is subject to national terms and conditions of service, as modified by local agreement. The post holder is responsible to the supervising consultant and accountable to Clinical Director and Medical Director.

The post holder must be registered and remain in good standing with the Royal College of Psychiatrists for CPD.

#### **30. Wellbeing**

Wellbeing: Details about occupational health services are disseminated at induction, regularly when in post and updated on the trust intranet. The trust has good occupational health services, based at the Littlemore Hospital, with the option of confidential self-referral (face to face or telephone) as needed. Occupational health can be contacted via phone: 01865 902 504 or email: occupational.health@oxfordhealth.nhs.uk

There are free physical health check clinics and referral as appropriate for physio or counselling.

The trust has local organisational systems in place to support doctors' wellbeing following serious incidents that involve their patients. For example, there is a regular Balint group for doctors to think about patient suicide. Many teams have monthly team reflection groups with external facilitators and practice regular mindfulness.

The Trust has a dedicated Post Incident Psychological support (PIPS) team that offers both team-based and 1:1 support following incidents or ongoing reflective practice sessions.

The trust is committed to supporting doctors to ensure their workload is manageable. Job planning takes place annually in line with BMA policy and we are rolling out a new e job planning system to help manage workloads. Oxford Health has a duty of care to its employees and takes this seriously. The trust has a lead for equality and diversity, fair treatment at work facilitators and staff equality networks. There is a Health and Well Being hub as well as the occupational health department. The Health and Well Being hub promotes physical wellbeing (providing for example supported exercise guidance and advice), emotional well-being (for example an independent and confidential 24hour Employee Assistance Programme and a Stress Steering Group) and organisational well-being (monthly newsletter and staff benefits).

### **31. EQUAL OPPORTUNITIES**

Oxford Health NHS Foundation Trust is committed to the promotion of Equality of Opportunity and by its Equal Opportunities policies aims to ensure that no applicant or employee receives less favourable treatment on the grounds of gender, race, marital status, disability or any other unjustifiable criteria throughout the recruitment process and in training and promotion. Embedding inclusive practice into our recruitment and selection policies and procedures is a key organisational priority towards achieving a diverse workforce that is best placed to meet the needs of the communities we serve.

### **32. ENQUIRIES AND INFORMAL VISITS**

Appropriately qualified applicants interested in this post are encouraged to contact:

Dr Vivek Khosla, Associate Medical Director / Consultant Psychiatrist Tel: 07887791621 or 01865 904191 option 3 Email: Vivek.Khosla@oxfordhealth.nhs.uk

### **33. APPROVAL OF THIS JOB DESCRIPTION BY THE ROYAL COLLEGE OF PSYCHIATRISTS**

This post is in the process of Royal College Approval

**Person specification:**

<b>REQUIREMENTS</b>	<b>ESSENTIAL</b>	<b>DESIRABLE</b>
<b>Qualifications</b>	General medical qualification	Some or all parts of MRCPsych or equivalent
<b>Training</b>	Shall have completed at least four years' full-time Postgraduate training (or its equivalent gained on a part-time or flexible basis) at least two of which will be in a specialty training programme in a relevant specialty or as a fixed term specialty trainee in a relevant specialty or shall have equivalent experience and competencies.	Attendance at MRCPsych course or equivalent Section 12 (2) approval: Mental Health Act, 1983
<b>Clinical Experience</b>	Held appointments in psychiatry at SHO/CT or equivalent.	Experience at ST or SD level or equivalent
<b>Ability</b>	To exercise an intermediate level of clinical responsibility as delegated by the consultant in charge.	
<b>Skills and Knowledge</b>		
a) Clinical Responsibility	To exercise an intermediate level of clinical responsibility as delegated by the consultant in charge.	
b) Leadership skills	Ability to work through a collaborative multi-disciplinary framework.	
c) Organisation skills	Ability to contribute to effective team working. Capacity to prioritise workload.	
d) Communication skills	Must have good skills in communication with patients, relatives, colleagues and staff of other organisations. Good spoken and written English.	
e) Professional approach	Work collaboratively and effectively with a range of professionals.	
f) Personal skills	Must have interest in and commitment to people with mental health problems, and their carers.	
g) Teaching experience	Interest in teaching	Teaching medical undergraduates.
<b>Other requirements</b>		
a) GMC registration	Full Meet specifications set out in GMC	
b) Transport	Driving licence and own transport	
c) Professional attributes	Guidance: Duties of doctor	
d) IT	Good IT skills including typing	