

Primary Care Mental Health Practitioner Handbook Lancashire and South Cumbria

Funded via ARRS scheme

CONTENTS

PRIMARY CARE MENTAL HEALTH PRACTITIONERS IN LANCASHIRE AND SOUTH CUMBRIA.....	3
Aim	
PCN Team Objectives	
OUR ORGANISATION.....	4
THE TEAM.....	5
THE BASE – OUR OFFICE	6
Address	
Contact	
Facilities	
Access	
Dress code	
Smoking	
Work stations	
Fire procedure	
Lone working	
ROLES AND REPSONSIBILITIES.....	8
LSCFT- employing body	
PCN - delivery location	
LSCFT & PCN – Joint responsibilities	
HR MANAGEMENT	10
Sickness	
Annual leave	
Flexible working	
Performance management	
Mileage claims	
Pregnancy	
Coronial requests	

IT INFORMATION.....	12
IT account at LCSFT	
ESR/PDR in LCSFT	
LSCFT clinical records	
PCN clinical records	
Reporting incidents in LCSFT	
Reporting incidents in PCN	
MENTAL HEALTH PRACTITIONERS IN PRIMARY CARE SCOPE OF PRACTICE	14
Job Planning - Guiding Principles	
CLINICAL DELIVERY OPTIONS FOR MENTAL HEALTH PRACTITIONERS IN LANCASHIRE AND SOUTH CUMBRIA.....	16
Band 7 PCMH practitioner working in PCN settings	
Band 6 PCMH practitioner working in PCN settings	
Band 5 PCMH practitioner (also referred to as TAPPs/APPs) working in PCN settings	
Risk assessment and management	
Safeguarding	
DNA policy	
OVERVIEW OF MENTAL HEALTH PRIMARY CARE AND LSCFT SERVICES.....	27
Home Based Treatment Team (HBTT)	
Community Mental Health Team (CMHT)	
Perinatal Mental Health Team	
NHS Talking Therapies	
APPENDIX 1.0- INDUCTION CHECKLIST	30
APPENDIX 2.0 – EXAMPLE INDUCTION PROGRAMME.....	31

PRIMARY CARE HEALTH PRACTITIONERS IN LANCASHIRE AND SOUTH CUMBRIA (ARRS)

Aim

The aim of this document is to help bring clarity to the Primary Care Mental Health Practitioner (PCMH Practitioner) roles within Primary Care Networks (PCNs), funded via the Additional Reimbursement Roles scheme (ARRs). This document should sit alongside the Service Level Agreement (SLA) and Job Descriptions. This document is 'live' - that is, we recognise we are all still learning and the remit of these roles are still developing.

The ARRs roles are banded between AfC 4-8a. PCNs can have up to three PCMH Practitioners, funded via this scheme. In Lancashire and South Cumbria (L&SC), generally the model is that the PCNs will work with a band 7, band 6 and band 4/5 MHP. Although there is variations across the footprint, depending upon need.

PCMH Team objectives

- To help meet mental health need in Primary Care settings.
- To increase General Practice colleagues capacity via an increased workforce.
- To work holistically to help communities become healthy and more resilient, by ensuring people get to the right service in a timely fashion, working to the principle that there is 'no wrong door'.
- To work in psychologically informed ways, delivering the aims of the NHS Long-Term Plan (LTP).
- To work as part of the MDT within the PCN
- To enhance working relationships between PCNs and CMHTs

OUR ORGANISATION

Our vision is to support the local community by excelling at everything we do, together. To ensure that this happens effectively, we have 6 priorities that we strive in achieving:

- Putting **service users** at the heart of everything we do, supporting effective care, recovery and wellbeing.
- Employing the **best staff** and retaining them, as our culture makes it an inclusive and supportive place to work.
- People's needs are responded to by striving for the **highest standards** of quality across all of our services.
- Showing that we value our partners by listening and collaborating effectively across the **system**.
- Ensuring that **safe care** is delivered by embracing a learning culture, ensuring we continually improve.
- We deliver **sustainable** services that deliver real value



THE TEAM

PCN Line manager: **XXXXX**

PCN GP supervisor: **XXXXX**

PCN Safeguarding lead: **XXXXX**

LSCFT Line manager: **XXXXX**

LSCFT Clinical Supervisor: **XXXXX**

THE BASE – OUR OFFICE

Address

FOR COMPLETION BY THE PCN

Contact

FOR COMPLETION BY THE PCN

Facilities

FOR COMPLETION BY THE PCN

Access

FOR COMPLETION BY THE PCN

Dress code

FOR COMPLETION BY THE PCN

Smoking

LSCFT and the PCN operates a smoke free policy, which prohibits smoking and vaping by staff and visitors whilst on our premises, car parking or entrances. There are no designated smoking areas.

Work stations

Appropriate desk and clinical space will be provided. Any specialist equipment identified via an OH or Access to Work assessment will be provided by LSCFT

Fire procedure

Will be provided as part of induction

Lone working

PCN Lone Worker policy will be provided as part of induction

ROLES AND RESPONSIBILITIES

LSCFT- Employing body

- To lead on the recruitment process
- To deliver induction and all mandatory training/supervision and PDR
- All Band 4/5, 6 and 7 practitioners are operationally line managed by the CMHT Team Leader (or alternative as identified by Network). Day to day operational line management of the Band 4/5 and 6 practitioners will be delegated by the CMHT Team Lead to the B7 PCMH practitioner within the same PCN
- All PCMH practitioners will receive clinical supervision 6 weekly as a minimum. It is the responsibility of the CMHT Team Leader (or alternative as identified by Network) to ensure a clinical supervisor is identified.
- All Band 4/5s to be provided with caseload management by the Band 6 or 7 practitioner (as agreed within the PCN)
- Following discussion and agreement with the PCN, staff members need to request annual/BH leave via roster (HeRO) which will then be approved by their LSCFT line manager.
- LSCFT are responsible for all HR processes; this includes any changes to contracted hours or flexible working requests
- LSCFT will provide any occupational health support and work with the PCN regarding any reasonable adjustments that are identified.
- LSCFT will provide IT equipment required to undertake the role

PCN - Delivery location

- To work closely with LSCFT regarding recruitment and to consider being involved in the shortlisting and interview panel
- Provide a local induction including any training related to specific systems etc
- All practitioners to have a PCN line manager to provide day to day managerial support
- Identify a GP mentor – who should deliver a monthly educational tutorial on Primary Care Mental Health
- Ensure adjustments are made related to any disabilities or additional needs

- Ensure for each clinical session the PCMH practitioners have an identified named GP supervisor for clinical questions or can access the duty doctor
- The PCN will provide IT equipment required to undertake the role

LSCFT & PCN – Joint responsibilities

- The annual appraisal will be jointly undertaken with PCN and LSCFT and will be a vehicle to identify any training or development needs
- Regular meetings with LSCFT, PCN and B7 PCMH practitioner to review service
- Consider Flexible Working requests
- Support and manage staff wellbeing

HR MANAGEMENT

Sickness

- Practitioner should inform their PCN line manager of any sickness according to PCN policy and procedures.
- Practitioner should also inform their LSCFT line manager of any sickness who will update roster and ensure compliance with the LSCFT Managing Attendance Policy.
- The practice/PCN will be responsible for cancelling any patient appointments, via the PCN line manager while the practitioner is not in work.
- Should any practitioner need a period of sickness absence from work, with their permission, LSCFT Occupational Health may be asked to complete an assessment and offer guidance to support the practitioner in returning to work.
- The LSCFT line manager will maintain contact with the staff members during their period of sickness and complete a return to work interview and relevant documentation following a period of absence. The RTW interview can be conducted with a representative from the PCN if appropriate.
- The PCN and LSCFT line managers will keep in communication regarding the sickness period and the anticipated return to work date.

Annual leave

- Initial requests for annual leave need to be agreed with the PCN. Following agreement being sought from the PCN, staff members need to request annual leave via roster (HeRO) which will then be approved by their LSCFT line manager.
- Any other requests for leave (for example: carers or compassionate leave) need to be discussed with the LSCFT line manager and communicated to the PCN Manager. This needs to be inputted onto roster.

Flexible working

- Core hours for PCMH practitioners are 9-5 Monday to Friday, any requests for flexible working should be discussed with the PCN and LSCFT line manager and be in line with LSCFT's Flexible Working Policy.
- In line with the Flexible Working Policy, a formal request for flexible working needs to be submitted by the staff member via roster (HeRO) which is then

formally reviewed by the LSCFT line manager. The outcome of this review is then communicated in writing to the staff member.

Performance management

- The PCN line manager should inform the LSCFT line manager of any issues or concerns
- LSCFT will liaise with the PCN if concerns are raised in supervision
- The LSCFT line manager will be responsible for starting informal and formal performance management processes if required, and follow the LSCFT Performance Improvement Policy.
- The LSCFT line manager will remain in regular communication with the PCN throughout the process.

Mileage claims

- The practitioner should use the EASY online system to complete the LSCFT mileage claim form via the 'EASY' system and submit to their LSCFT line manager. EASY can be accessed via the TrustNet home page
- The LSCFT line manager will ensure all mileage is compliant with the Travel Expenses Policy.
- The practitioner should use the GP surgery within their PCN that is nearest to their home as their base for mileage purposes.

Pregnancy

- Should an employee become pregnant, the Practitioner should inform the PCN and their LSCFT Line Manager at the earliest opportunity. Both the PCN and LSCFT will complete a Pregnancy Risk Assessment according to their organisation's policy, and share the findings.

Coronial requests

- If a request for a statement from a mental health practitioner is received from the Coroner as part of an inquest, then the PCN should inform the LSCFT Line Manager, who will liaise with the Trust's Solicitor in order to support the staff member in completing any statement.
- If a practitioner is required to attend an inquest, they will be supported by the Trust's Solicitor, in liaison with the PCN.

IT INFORMATION

IT Account at LCSFT

The Team Leader will complete relevant paperwork prior the Practitioner's start date with the PCN. If this has not been completed, please request that this is done. The Practitioner will need to ring the IT department in order to access your account for the first time. The telephone number for the LCSFT IT Helpdesk is 01772 695316.

ESR/PDR in LCSFT

This is accessed using the Practitioner's smartcard via the icon on an LCSFT desktop. This is where Practitioners will record their supervision sessions.

LSCFT clinical records

At induction, Practitioners will have access to LSCFT clinical systems and receive the appropriate training. Practitioners are expected to access patients' LSCFT clinical records in order to support any assessment in primary care, and to support the PCN in determining the involvement and progress of a patient where care is shared across the two organisations.

PCN clinical records

The PCN line manager will set up the practitioners with login details to EMIS.

Once they have login details, the practitioner will need to request that EMIS web is downloaded onto their LCSFT laptops by the LCSFT IT team (IT.Helpdesk@lscft.nhs.uk). However, if IT equipment is provided by the PCN, this may not be required.

PCN to add minimum standard of documentation in EMIS

EMIS may be accessed to review clinical records in supervision sessions.

Reporting incidents in LCSFT

LSCFT uses the reporting tool IRIS. This can be accessed via the TrustNet.

All Practitioners are expected to be compliant with the Trust's Incident Reporting Policy and Procedures.

Upon completion of an incident report, the Practitioner should take note of the report number and enter this into the patient records if the IRIS relates to a patient with the IRIS description accompanying it.

Please note: When reporting an incident, the Practitioner's Team should be recorded as the CMHT to which they are aligned.

Incidents are reviewed on a regular basis to identify areas for improvement.

All correspondence from outside of the Trust requesting statements, whether it be for coronial or criminal investigation purposes, must go via the Trust Solicitor (including claims and inquests) who can be contacted on legalservices@lscft.nhs.uk or on 01254 283089, prior to any completion or return of correspondence.

Reporting incidents in PCN

PCN to confirm incident reporting policy

MENTAL HEALTH PRACTITIONERS IN PRIMARY CARE SCOPE OF PRACTICE

Job Planning - Guiding Principles

It is acknowledged that individual job plans will be agreed via discussion with the PCMH practitioner, LSCFT line manager and PCN manager however, the below guiding principles have been agreed to help shape the job plan. This document should be used in conjunction with the 'PCMH Practitioner – Ways of Working' section of the handbook.

Band 7 Primary Care Mental Health Practitioner
















- Direct Clinical Care – This covers all clinical and clinically related activity, including activities such as multidisciplinary team meetings and patient-related clinical administrative tasks. It is envisaged this will account for approximately 70% of contracted time.
- Supporting Professional Activities - This includes, but is not limited to, activities such as supervision (receiving and delivering), supporting with HR processes, appraisals (receiving and delivering), teaching, training, research, audit, clinical management and CPD activities, monthly CMHT business meeting, other meetings as identified by PCN or LSCFT. It is envisaged this will account for approximately 30% of contracted time.

Band 4/5 and 6 Primary Care Mental Health Practitioner

- Direct Clinical Care – This covers all clinical and clinically related activity, including activities such as multidisciplinary team meetings and patient-related clinical administrative tasks. It is envisaged this will account for approximately 90% of contracted time.
- Supporting Professional Activities - This includes, but is not limited to, activities such as supervision (receiving), appraisals (receiving), training, research, audit, CPD activities, meetings as identified by PCN or LSCFT. It is envisaged this will account for approximately 10% of contracted time.

Ways of working – Band 5, 6 & 7 Primary Care Mental Health Practitioners

Associate Psychological Practitioners can deliver brief Psychological Assessments, Formulations and Interventions to:

Band 4/5 PC	 <p>1. Deliver a Mental Health Prevention and Early Intervention Service.</p>	 <p>2. Meet the Psychological needs of people with, or at risk of developing, Long-Term Physical health conditions.</p>	 <p>3. Meet Mental Health needs among older people. Screening service</p>	 <p>4. Have a specific population health focus- depending upon local community needs & assets.</p>	 <p>5. Support people with complex needs that do not fulfil criteria for specialist mental health services.</p>	<p>Team working- as PCMHPs and with wider PCN colleague</p>
Band 6 PC MHP	 <p>1. 30-45 minute triage/ assessment appointments.</p>	 <p>2. Caseload Advice, guidance & intervention for people with complex needs that do not fulfil criteria for specialist mental health services.</p>	 <p>3. Provision of holistic care- physical healthcare checks for those with mental health need.</p>	 <p>4. Have a specific population health focus- depending upon local community needs & assets.</p>	 <p>5. Supporting the band 7 in the provision of case management and supervision for the band 4/5 where appropriate.</p>	
Band 7 PC MHP	 <p>1. 30-45 minute triage/ assessment appointments.</p>	 <p>2. Caseload Advice, guidance & intervention for people with complex needs that do not fulfil criteria for specialist mental health services.</p>	 <p>3. Provision of holistic care- physical healthcare checks for those with mental health need.</p>	 <p>4. Medicines management- working with pharmacy and medical team (antipsychotic prescribing pathway?)</p>	 <p>5. Case management, supervision & leadership</p>	






Band 7 PCMH practitioner working in PCN settings

What is the criteria for Band 7 Mental Health Practitioner in Primary Care?

Provide assessment, short term intervention and ongoing referrals for patients presenting with the following conditions whose presentation does not currently meet the criteria for secondary care:

- Anxiety & Depression
- Stress Related Problems
- Emotional dysregulation difficulties
- Suicidal thoughts and self-harm
- Trauma
- Schizophrenia and other related psychoses
- Bipolar affective disorder

What do these options look like in Clinical Practice?

 <p>1. 30-45 minute triage/assessment appointments.</p>	 <p>2. Caseload Advice, guidance & intervention for people with complex needs that do not fulfil criteria for specialist mental health services.</p>	 <p>3. Provision of holistic care-physical healthcare checks for those with mental health need.</p>	 <p>4. Medicines management-working with pharmacy and medical team (antipsychotic prescribing pathway?)</p>	 <p>5. Case management, supervision & leadership</p>
--	---	--	---	---

30-45 minute triage/assessment appointments

- Assess patients independently, plan treatment and evaluate individual programmes of care as part of the clinical team.
- Provide signposting where appropriate, maintaining up to date knowledge of services available, which would be of help to patients; acting as a contact to key agencies.
- Undertake risk assessments and formulate risk management plans

Caseload: Advice, guidance & intervention for people with complex needs that do not fulfil criteria for specialist mental health services

- Deliver psychoeducation and discuss appropriate options for treatment (pharmacological and non-pharmacological)
- Deliver short term interventions safely and effectively, ensuring that they are evidence-based and practicing within own scope of competency. Brief interventions may include:
 - stabilisation work including coping strategies
 - DBT skills (if trained to deliver with appropriate supervision in place).
 - self-help
 - anxiety management
 - safety planning
 - symptom management
 - psychoeducation
 - Self esteem
 - Relationships – normalisation / emotional regulation
 - Resilience work
 - Health promotion work

Provision of holistic care – physical healthcare checks for those with mental health needs

- Where competent and within scope of practice, carry out general physical health examinations: Bloods, BP, weight, BMI, ECG's and provide general health and lifestyle information.
- Support maintenance of the Practice SMI register ensuring patients are reviewed, including GP QOF outcomes (physical health).

Medicines management – working with pharmacy and medical team

- Discuss medication options with patients and arrange prescription with a prescriber if not a prescriber themselves.
- Crisis support etc medication monitoring, efficacy of treatment (review following commencement by GP).
- Where non-medical prescribing is part of the role, practice as a supplementary prescriber, prescribe responsibly and maintain competence to effectively prescribe from the relevant prescribing formulary.
- Carry out routine patient reviews eg annual reviews including medication reviews (where the PCMH Practitioner is a non-medical prescriber).
- Where a prescriber, participate in non-medical prescribing supervision.

Case Management, supervision and leadership

- Be a member of the wider local CMHT MDT with proactive engagement including attending key CMHT meetings – this should be factored into the agreed job plan.
- Provide clinical leadership to the other PCMH Practitioners within the PCN. This will include case management supervision, guidance and support.
- To provide direction for the PCMH Practitioners within the PCN, in line with guidelines and local need.
- Provide coaching, mentoring and support to practice nurses, GPs and any other primary care colleagues as required.
- Advise, encourage and share knowledge utilising the latest research and practice development, through literature and peer reviews
- Contribute to developing the workplace as a learning environment.
- Participate in student mentoring and supervision as required.
- Be responsible for developing current knowledge, skills and practice within mental health.
- Participate in specific learning events in accordance with own learning needs.
- Develop skills and knowledge base to incorporate specific areas of practice or projects.
- Participate in audit, evaluation and research within the service.
- Contribute towards the improvement and development of the service.
- Provide/agree supervision arrangements of B4/5 and 6 practitioners within the PCN
- Lead on HR issues as agreed appropriate with CMHT Lead and/or Service Manager






Band 6 PCMH practitioner working in PCN settings

What is the criteria for Band 6 Mental Health Practitioner in Primary Care?

Provide assessment, short term interventions and ongoing referral for patients presenting with the following conditions whose presentation does not currently meet the criteria for secondary care:

- Anxiety & Depression
- Stress Related Problems
- Emotional dysregulation difficulties
- Suicidal thoughts and self-harm
- Trauma
- Schizophrenia and other related psychosis
- Bipolar affective disorder

What do these options look like in Clinical Practice?

 <p>1. 30-45 minute triage/ assessment appointments.</p>	 <p>2. Caseload Advice, guidance & intervention for people with complex needs that do not fulfil criteria for specialist mental health services.</p>	 <p>3. Provision of holistic care- physical healthcare checks for those with mental health need.</p>	 <p>4. Have a specific population health focus- depending upon local community needs & assets.</p>	 <p>5. Case management, supervision and leadership</p>
---	---	---	--	---

30-45 minute triage/assessment appointments

- Assess patients independently, plan treatment and evaluate individual programmes of care as part of the clinical team.
- Provide signposting where appropriate, maintaining up to date knowledge of services available, which would be of help to patients; acting as a contact to key agencies.
- Undertake risk assessments and formulate risk management plans

Caseload: Advice, guidance & intervention for people with complex needs that do not fulfil criteria for specialist mental health services

- Deliver psychoeducation and discuss appropriate options for treatment (pharmacological and non-pharmacological)
- Deliver short term interventions safely and effectively, ensuring that they are evidence-based and practicing within own scope of competency. Brief interventions may include:
 - stabilisation work including coping strategies
 - DBT skills (if trained to deliver with appropriate supervision in place).
 - self-help
 - anxiety management
 - safety planning
 - symptom management
 - psychoeducation
 - Self esteem
 - Relationships – normalisation / emotional regulation
 - Resilience work
 - Health promotion work

Provision of holistic care – physical healthcare checks for those with mental health needs

- Where competent and within scope of practice, carry out general physical health examinations: Bloods, BP, weight, BMI, ECG's and provide general health and lifestyle information.
- Support maintenance of the Practice SMI register ensuring patients are reviewed, including GP QOF outcomes (physical health).
- Where non-medical prescribing is part of the role, practice as a supplementary prescriber, prescribe responsibly and maintain competence to effectively prescribe from the relevant prescribing formulary.
- Carry out routine patient reviews eg annual reviews including medication reviews (where the PCMH Practitioner is a non-medical prescriber).
- Where a prescriber, participate in non-medical prescribing supervision.
- Crisis support etc medication monitoring, efficacy of treatment (review following commencement by GP).

Have a specific population health focus – depending upon local community needs and assets






- Work in ways that consistently promotes the safety, dignity and self-esteem of patients
- Work with patients to support shared decision-making about self-management and with their consent seek the co-operation of other care staff, relatives and friends where appropriate.
- Provide patients and relatives (where appropriate) with information and education, thus ensuring they have meaningful choices that promote dignity, independence and quality of life.
- Provide health promotion to patients, their carers and families; giving advice on prevention of illness and staying well
- Participate in forums that enable patients to express their views about the service and enable them to contribute to service planning and development.

Case Management, supervision and leadership

- Participate in CMHT meetings if appropriate.
- Support the band 7 with aspect of supervision to the band 4 and 5 MHPs within the PCN. This will include case management supervision, guidance and support.
- To engage in the direction for the PCMH Practitioners within the PCN, in line with guidelines and local need.
- Provide coaching, mentoring and support to practice nurses, GPs and any other primary care colleagues as required.
- Advise, encourage and share knowledge utilising the latest research and practice development, through literature and peer reviews
- Contribute to developing the workplace as a learning environment.
- Participate in student mentoring and supervision as required.
- Be responsible for developing current knowledge, skills and practice within mental health.
- Participate in specific learning events in accordance with own learning needs.
- Develop skills and knowledge base to incorporate specific areas of practice or projects.
- Participate in audit, evaluation and research within the service.
- Contribute towards the improvement and development of the service.

Band 4/5 PCMH practitioners (also referred to as TAPPs/APPs) working in PCN settings

Band 5 Associate Psychological Practitioners (band 4- Trainee Associate Psychological Practitioners) can work in the following ways:

 1. Deliver a Mental Health Prevention and Early Intervention Service.	 2. Meet the Psychological needs of people with, or at risk of developing, Long-Term Physical health conditions.	 3. Meet Mental Health needs among older people. Screening service	 4. Have a specific population health focus- depending upon local community needs & assets.	 5. Support people with complex needs that do not fulfil criteria for specialist mental health services.
--	--	---	---	--

Deliver a prevention and early intervention service:

The Band 4/5's (also referred to as T/APPs) can offer a brief psychological intervention (4 core appointments, each lasting 45 minutes and a fifth follow-up appointment 4-6 weeks later) for those scoring within the minimal-mild-moderate ranges on the PHQ-9 and GAD-7. The T/APPs should be the most appropriate clinician to meet the presenting need.

- T/APPs offer brief psychological interventions (4 and a follow-up) below what is offered in NHS Talking Therapies (starting at 6 sessions with a Psychological Wellbeing Practitioner, PWP), offering prevention and early intervention that is not condition specific.
- T/APPs are encouraged to offer a joint session with a patient's identified important-other, with the aim of building resiliency within the system around the individual and increase understanding. T/APPs are also able to offer home visits when that is required and appropriate.
- When individuals score in the 'moderate' range on the PHQ-9 and GAD-7 and there is a specific anxiety or depression problem, that isn't related specifically to a short-term stressor, the APP will encourage and support a referral to NHS Talking Therapies.

For those scoring in the mild-moderate range and above, APPs may continue to work with someone whilst they are on a waiting list for NHS Talking Therapies, if the

waiting list is over 4-weeks in length. The aim of this is to prevent further deterioration and distress and increase therapy 'readiness'. Patient choice and consent will be considered in relation to all referrals made. This will be discussed with individuals during their first, fourth and follow-up sessions. For any individual scoring in the mild range and above the option of a referral to NHS Talking Therapies will be discussed with them and the outcome will be recorded.

- When individuals score below 'moderate', do not present with a specific disorder, or their distress is related to a specific short-term stressor, they will continue to offer them the brief psychological intervention in primary care. Patient choice and presentation is important. It will also depend upon the individual's presenting goal.

Meet the Psychological needs of people with, or at risk of developing long term physical health conditions

The T/APPs can offer a brief psychological 'link' interventions (4 core appointments, each lasting 45 minutes long and a fifth follow-up appointment 4-6 weeks later) for those individuals who have physical healthcare needs, and their mental health is having a negative impact upon their physical health. To provide holistic care. Examples may include individuals with weight management goals, diabetes, menopause, cardiac and respiratory conditions, pain, opioid reduction.

It may also be appropriate for T/APPs to support a group delivery offer, delivered in partnership with another primary care staff member, to bring together both a physical and mental health focus.

How is this different to NHS Talking Therapies (previously known as IAPT) Long-Term Conditions pathway?

This does not replicate the LTC pathway within NHS Talking Therapies. If clients with comorbid physical healthcare conditions meet diagnostic criteria of a specific mental health disorder, they will be referred to NHS Talking Therapies for in-excess of the four sessions offered in General Practice. This approach is for those whose psychological needs can be met within the context of a brief intervention and are presenting with 'sub-threshold' mental health need.

Meet Mental Health needs among older people

T/APPs can support primary care to meet mental health need among older adults. Mental health difficulties in older adult may manifest differently, they themselves may tend to focus upon physical health concerns, or symptoms may be dismissed as 'ageing'.

T/APPs can offer older adults the brief psychological intervention service, as outlined above. Additionally, they can offer a cognitive screening assessment alongside a psychosocial assessment to help determine if presenting difficulties may be indicative of cognitive decline, or be mood-related. The T/APPs in Lancashire & South Cumbria will be working closely with the Memory Assessment Service and this offer has been discussed with them.

Have a specific population health focus – depending upon local community needs and assets

The T/APPs are encouraged to link with the PCNs population health/ health inequalities lead to address how they can support to meet community need. There have been various focuses for this previously, including frailty, diabetes, weight management etc. The T/APPs can support with the PCN's agenda in relation to this by providing the emotional wellbeing support. This may be 1:1 brief psychological interventions, or a group delivery offer.

It is recommended that T/APPs work with local community organisations and groups up to ½ a day a week to help normalise mental health and teach skills in relation to how to care for your emotional wellbeing. This may include providing talks to various community organisations.

Support people with complex needs that do not fulfil criteria for specialist mental health services

T/APPs can support their band 7 and 6 PCMH Practitioner colleagues in working with complexity. T/APPs may offer between 4-6 sessions, focused upon developing a 'Keeping Well' plan. Part of this work will focus upon teaching coping strategies to support individuals to develop emotional regulation, distress tolerance and problem solving skills. This work should be guided and supported by the band 7 clinician.

Risk assessment and management

The assessment, management and recording of risk will be agreed locally between the PCN and the Practitioner. The Practitioner will always be compliant with their professional Code of Conduct. If a practitioner is delegating discreet pieces of work to a practitioner of a lower banding it is the responsibility of the delegating practitioner to ensure the risk assessment is completed.

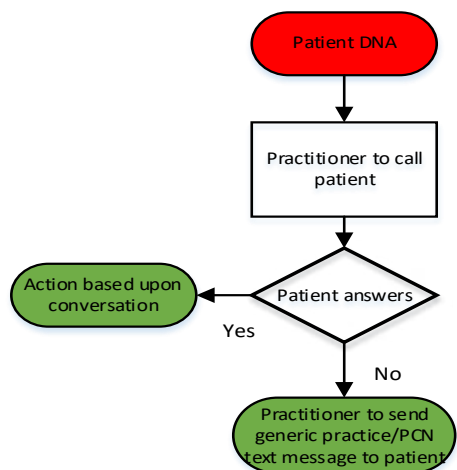
Safeguarding

Any potential Safeguarding concerns must initially be raised with the PCN Safeguarding Lead. The Safeguarding concern should be managed in line with the LCSFT Safeguarding and Protecting Children and Adults policy. Adults and children's safeguarding resources can be found on the Trustnet.

The Practitioner must also be compliant with the PCN Safeguarding Policy and Procedures. Where there is conflict in the policies of the PCN and LSCFT, this should be referred immediately to the Practitioner's Line Manager.

DNA Policy

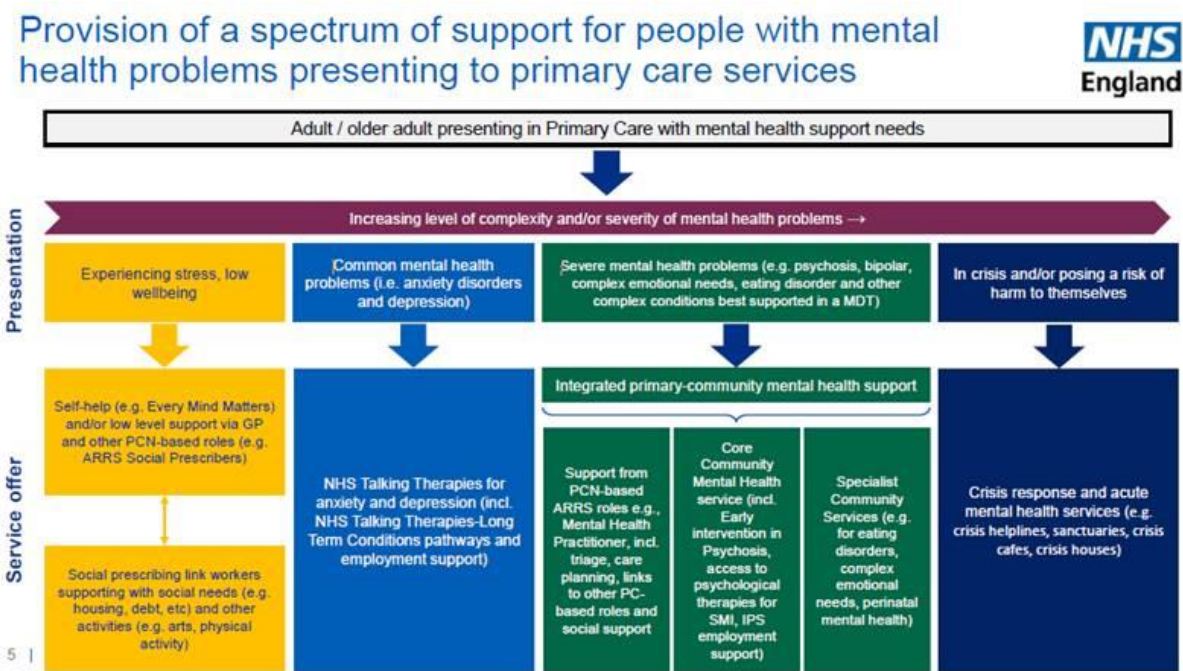
Any DNA will be managed as per PCN/practice DNA policy. An example of a DNA process that could be used is as follows:



The generic text could ask the patient to contact the surgery if they still wish to speak to the practitioner and could include a list of the usual numbers, including crisis numbers if there is potential risk.

OVERVIEW OF OTHER MENTAL HEALTH PRIMARY CARE AND LSCFT SERVICES

The provision of primary and secondary care services for individuals experiencing mental health problems is vast. It is important that services work together to identify and agree the most appropriate pathway for the individual.



Taken from - Community Mental Health and NHS Talking Therapies for anxiety and depression National guidance to support seamless and person-centred access to appropriate mental health care. July 2023

Below outlines some of the services provided by LSCFT. Please note this list is not exhaustive and Practitioners should liaise with the LSCFT Line Manager as to which services are available to the patients within their PCN.

Home Based Treatment Team (HBTT)

HBTT supports people aged 16+ years living in the community with complex or serious mental health problems in order to avoid admission to hospital. They have a variety of functions, inclusive of assessments, gatekeeping and treatment in the home as an alternative to admission or facilitating earlier discharge. It is a 24 hour service, 7 days a week.

The patient should be referred to the HBTT directly, who will accept the referral, and assess for suitability. The PCMH practitioner should share any relevant assessment and risk details they have documented on EMIS with HBTT.

Community Mental Health Team (CMHT)

The CMHT is a service for service users who are experiencing serious mental illness. CMHTS's usually consist of a Consultant Psychiatrist, Psychologists, Mental Health Nurses, Occupational Therapists, Social Workers and Support Workers.

Referrals to the CMHT from Practitioners in Primary Care should ideally be completed via Line Management Supervision, or with the CMHT Clinical Lead, where individual cases can be reviewed for suitability. The LSCFT Line Manager/Clinical Lead should make an entry onto the relevant LSCFT clinical system to outline the discussion, and its outcome.

Perinatal Mental Health Team

The Perinatal Mental Health Team provide support to both new and expecting mothers experiencing complex mental health problems during the perinatal period. Psychiatric, psychological assessments and care is offered during pregnancy and up to one year postnatal. Furthermore, the service can provide pre-conception advice for women who are planning a pregnancy and they have either a previous or current severe mental health diagnosis.

The PCMH Practitioner can refer directly to the Perinatal MH Team – details available via the intranet

NHS Talking Therapies

NHS Talking Therapies offer access to a range of brief therapeutic interventions, including courses & workshops, online programmes and face to face therapy, across our localities to support people's differing emotional needs. NHS Talking Therapies teams are made up of Psychological Wellbeing Practitioners (PWP), Cognitive Behavioural Therapists (CBT), Counsellors and admin staff. They provide support to people who experience difficulties such as stress, anxiety and depression and help them to develop tools and skills to overcome these difficulties. They aim to empower people to make informed choices and changes to improve well-being and live fulfilled lives by offering a range of talking therapies and self-help.

Patients can self-refer to NHS Talking Therapies or the PCMH practitioner can refer on the patient's behalf.

APPENDIX 1.0- INDUCTION CHECKLIST

Welcoming New Starters Induction Checklist Primary Care Mental Health Practitioner (ARRS)

New Starter Name:	
Primary Care Network:	
Community Mental Health Team	
Job Title:	Primary Care Practitioner
Start Date:	
Line Manager:	
Base:	
Date of 1 Month Review:	
Date of 2 Month Review:	
Date of 3 Month Review:	

We all know how daunting it can be joining a new team or organisation. We want our inductions to provide the support and information that will enable new employees to fit in, feel part of the team and work effectively from the start.

This document will help guide you through the “welcoming you” induction process, highlighting some of the key activities essential for all new starters to Lancashire and South Cumbria NHS Foundation Trust (LSCFT) within the Primary Care Network roles.

Induction Checklist

1.1 LSCFT elements

	Initials of employee	Date Completed	Initials of Supervisor
Introduction:			
Introduction with Line Manager			
Introduction to Clinical Supervisor/s			
Introduction to colleagues			
Explain line management and team structure using organisational chart			
Explain local communication procedures			
ID badge collection			
Trust induction date			
Support Services			
Trust Structure			
Trust Values			
Who's who – key people			
Directorate			
Domestic Arrangements:			
Hours of attendance/ flexi-time or time back protocol			
Method of recording hours of work, mileage and diary records, if applicable			
Obtain name and address of nearest relative / friend in case of emergency.			

Use of telephone system / private calls			
Systems of entering the building/department e.g. swipe cards			
Shared drives and storage of work			
Pay Arrangements:			
Date of payday			
All required paperwork completed			
Arrangements for receipt of pay-slip			
Conditions of Employment:			
Sickness and Absence procedure and reporting arrangements			
Current leave entitlement			
Date(s) of any holidays already booked			
Method of recording leave			
Confidentiality and Data Protection:			
Caldicott and Freedom of Information Act			
Dealing with the public and the media			
Storage and use of information			
Computer usage including internet/intranet and e-mail			
Training and Development:			
Performance development planning/review process			
Date of first review meeting scheduled			
Training opportunities and how to access these			
Appraisal process:			
Statutory/Mandatory Training:			
Requirements for keeping up to date			
Process for accessing statutory/mandatory training			

Policies and Procedures:			
Where to find policies and procedures			
Overview of all relevant policies and procedures			
Communication			
LSCFT Intranet http://trustnet/Pages/home.aspx			
Use of Trust email & Team email signature			
Lines of communication in team (face to face, email, phone, MS Teams)			
Team meetings			
Trust communications (Email, Engage, Intranet)			
The following areas are specifically for staff who work in a clinical environment			
Risk Assessment Tools (suicide and self-harm)			
Access to medical records			
Use of new medical records system			

1.2 PCN elements

	Initials of employee	Date Completed	Initials of Supervisor
Introduction:			
Introduction with Line Manager			
Introduction to Clinical Mentor			
Introduction to colleagues			
Explain line management and team structure using organisational chart			

Job Description signed off by both job holder and Line Manager, using the Agenda for Change documentation			
Explain local communication procedures			
Uniform / dress code			
Indicate workstation/area of work			
Introduction to area of work – tour of the building			
Role and responsibilities explained (use job description and departmental/directorate business plan etc.)			
Who's who – key people			
PCN			
Domestic Arrangements:			
Hours of attendance/ flexi-time or time back protocol			
Method of recording hours of work, mileage and diary records, if applicable			
Breaks / lunch rota, if applicable			
Location of canteen/dining area / toilets			
Obtain name and address of nearest relative / friend in case of emergency.			
Use of telephone system / private calls			
Systems of entering the building/department e.g. swipe cards			
Shared drives and storage of work			
Conditions of Employment:			
Sickness and Absence procedure and reporting arrangements			
Importance of timekeeping and attendance			
Current leave entitlement			

Date(s) of any holidays already booked			
Method of recording leave			
Risk Management:			
Explain Fire Policy and Procedures:			
Location of fire-fighting equipment			
Location of fire exits/assembly points			
Fire Drills and Alarms			
Explain Health and Safety Policy/procedures (using policy/booklets)			
Issued with protective clothing (where applicable)			
Any safety rules particular to the work area explained			
Location of first aid equipment			
Location of first aider and contact details			
Incident and near miss reporting procedure			
Specific security information e.g. alarm codes etc			
Waste disposal and 'sharps' policy (if appropriate)			
Resuscitation procedure e.g. crash or ambulance arrangements			
Range of likely medical emergencies (if applicable)			
Infection Control Policy – including Hand Hygiene			
Completion of any other risk assessments e.g. DSE			
Confidentiality and Data Protection:			
Caldicott and Freedom of Information Act			
Dealing with the public and the media			

Storage and use of information			
Computer usage including internet/intranet and e-mail			
Standards of Conduct:			
Customer Care and standards of behaviour/conduct			
Standards of driving			
Using mobile phones in cars policy			
Resolving complaints and issues at a local level			
Equality and Diversity			
Bullying and Harassment			
Policies and Procedures:			
Where to find policies and procedures			
Overview of all relevant policies and procedures			
Awareness of choice and medication link on intranet			
Personal Safety:			
Home visiting/violence at work policy and procedure			
Lone worker procedures and protocols			
Safety issues related to after hours working e.g. locking doors			
Incident Reporting			
Communication			
Lines of communication in team (face to face, email, phone, MS Teams)			
Team meetings			
PCN communications			

**The following areas are specifically for staff who work in a clinical environment.
(This includes medical staff):**

Medical Devices (including ECT equipment)			
Consent forms and how to use them			
Risk Assessment Tools (suicide and self-harm)			
Introduction to QOF			
Documentation required			
Pharmacy procedures (including prescription writing)			
Out of hours access to buildings (if applicable)			
Alarms			
Access to medical records			
Use of new medical records system			
Storage and administration/recording of drugs			
Working Week			
Duty System			
Referral process			

APPENDIX 2.0 EXAMPLE INDUCTION PLAN FOR PCMH PRACTITIONER

An Induction with local Mental Health Services and the PCN will improve Primary and Secondary service relationships. The induction will provide the MHP with knowledge of local services and criteria's to help support in their new role.

The MHP will have time with the MDT within CMHT and will be able to build good working relationships to support their role.

The proposal is for a 4 week induction, sample below:

Week 1	
Monday	Meet CMHT Team Manager. Ensure access to all IT systems, smartcard, etc. is actioned
Tuesday	Meet with PCN Manager via teams or face to face to make introductions and ensure all parties are clear on roles/responsibilities. Also ensure PCN are setting up appropriate IT accounts. Shadow CMHT team members
Wednesday	Make clear induction plan for following weeks. Which services would be best for the MHP to shadow, discuss and book as appropriate. MHP to attend CMHT MDT meetings.
Thursday	Ensure access to the systems for LSCFT has been set up (if this hasn't been set up then chase IT department) and ensure all mandatory training is commenced
Friday	Continue mandatory training for LSCFT.
Week 2	
Monday	

	Meet with PCN manager at site. Introductions to PCN team members. This may need couple of days depending on PCN size/availability of team members.
Tuesday	Continue with PCN introductions. Ensure access to EMIS has been set up and PCN to arrange training and provide codes for system
Wednesday	Return to CMHT to continue with induction
Thursday	As above
Friday	As above
Week 3	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Week 4	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	