

**AGENDA FOR CHANGE
NHS JOB EVALUATION SCHEME**



JOB DESCRIPTION

1. JOB IDENTIFICATION

Job Title:	Specialist Physiotherapist, Learning Disabilities Services
Reports to:	Lead Physiotherapist, MH and LD
Department, Ward or Section:	Physiotherapy, New Craigs, Inverness
Operational Unit/Corporate Department:	Inner Moray Firth Operational Unit, South and Mid
Job Code:	SMOUMENTNEWCPHYS02
No. of post-holders:	2
Last Update:	November 2024

2. JOB PURPOSE

- To organise, provide and develop specialist learning disability physiotherapy services within NHS Highland catchment area, ensuring that all referrals to the service are dealt with appropriately, effectively and efficiently. Physiotherapy intervention will take place in the hospital for acute patients and is also provided in various community settings.
- To act as a source of expertise on Physiotherapy in Learning disabilities and to provide an advisory service to patients, other physiotherapists, other health professionals, GPs and consultants.
- To share expertise between Learning Disabilities and Mental Health when required.
- To provide support and work within the Mental Health Team/ wards as required.

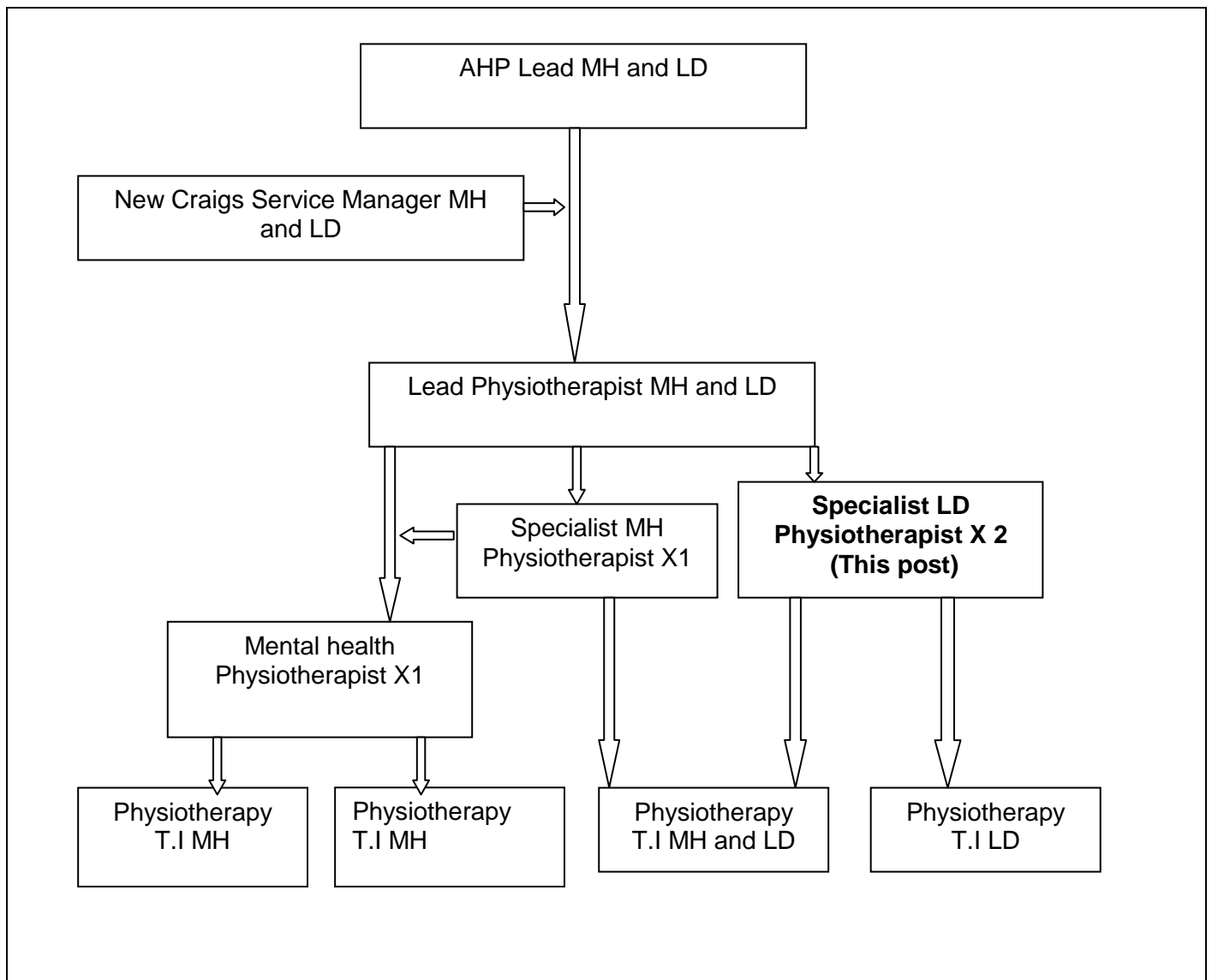
3. DIMENSIONS

- New Craigs Hospital is a modern psychiatric hospital built in 2000, providing both in and outpatient services for all adult residents of the Highlands and Western Isles. This covers 10000 square miles, and has a population of approx 300000
- The post-holder is one of 2 specialised physiotherapists who offer a community service to all adults with Learning Disabilities and mental health issues who live in NHS Highland area.
- The post holder is responsible for assigning workload to 2 of the physiotherapy technical instructors and supervising them when necessary.

4. ORGANISATIONAL POSITION

The physiotherapy team for Mental Health & Learning Disability consists of 1 x Lead physiotherapist MH and LD, who line manages this post, 2 x Senior Physiotherapists, 1X MH Physiotherapist and 4 x Tech Instructors.

See chart below:



5. ROLE OF DEPARTMENT OR SECTION

The Physiotherapy team for Mental Health / Learning Disability provide the following services: -

- In patient assessment, advice and treatment in New Craigs Hospital to acute and chronically ill Mental Health patients with, for example, stress, anxiety mania, depression, schizophrenia, psychosis, personality disorders, eating disorders, addiction and dementias.
- In patient assessment, diagnosis, advice and treatment in New Craigs Hospital to patients with acute and chronic conditions, for example, Musculo-skeletal, orthopaedic, respiratory, cardiac, neurological, and chronic fatigue syndrome.
- In patient assessment, diagnosis, advice and treatment in New Craigs Hospital of Learning-Disabled patients presenting with complex and multiple disabilities.
- Specialist outreach services to Adults with a Mental Health diagnosis, including the following locations: -Osprey House [Addiction Unit], Bruce Gardens, Aonach Mhor rehab ward, Braeside day centre and eating disorder services.
- Specialist outreach services to adults with profound and complex Learning Disabilities, including: - Key Housing, Richmond Housing, St. Olafs, Seaforth, Fairburn, Inverness Leisure Centre, Corbett Centre, Lochaber Day Centre, Isobel Rhind Centre, Drummond School, St Clements School, Puffin Pool, Nairn Hydrotherapy Pool.
- Specialist domiciliary services to adults with profound and complex Learning Disabilities.
- Advisory service to mainstream physiotherapists and other colleagues on adult mental health and Learning disability issues.

6. MAIN DUTIES, TASKS AND RESPONSIBILITIES

Clinical:

- To be professionally and legally accountable for all aspects of physiotherapy duties within the remit of this post.
- To effectively manage the patient caseload by prioritising to determine patient requirements and ensure treatment is provided according to urgency of need.
- To provide day to day management of services, including some general administration.
- To use high levels of communication skill with patients, carers and family members.
- To gain consent, often in the presence of communication difficulties, and be able to work within a legal framework with service users who may refuse or be unable to consent to treatment. To be abreast of the legal aspects pertaining to health professionals in this context.
- To manage and provide direct or indirect treatment for patients in accordance with determined treatment plans to promote and enhance recovery. Examples of indirect treatment would be delegating tasks to other appropriate members of the team, and teaching carers and relatives.
- To evaluate, review and modify treatment of patients, guided by professional standards, in order that physiotherapy care continues to promote optimal recovery and ensure required outcome. It may be necessary to modify the treatment plans frequently depending on the patient's current mental health status.
- To advise, guide, support, and provide spontaneous and planned information to patients and carers to ensure conditions are managed and treated effectively, and that patient care is delivered with a consistent and holistic approach.
- To liaise with and provide expert advice to other professionals to ensure continuity of appropriate care for the patient. This includes consultants, GPs, ward manager, social work, community nursing, AHP colleagues in hospital and community.
- To delegate duties to non-qualified physiotherapy support staff.
- To keep up to date, accurate, and complete clinical treatment records of every patient to enable review and evaluation of treatment in line with professional and legal standards.
- To work as a lone practitioner without the support of physiotherapy colleagues in the community setting.
- To be the lead physiotherapist at multi-disciplinary meetings and case conferences to ensure that physiotherapeutic management of patients is integrated into individual patient treatment plans.

Professional:

- To participate actively in training of Physiotherapy colleagues to share knowledge of specialist skills.
- To train non-qualified physiotherapy support workers, in conjunction with other physiotherapy staff.
- To take responsibility and provide evidence for own Continuous Professional Development, by updating skills as required by the service, organisation and Health Professions Council.
- To apply evidence-based practice and undertake evaluation of current practice through departmental and organisational audit, projects, research and outcome measures, and to lead others into doing so. To make recommendations, and where appropriate, to implement changes in clinical practice.

Organisational:

- To decide priorities for own work, balancing clinical and non-clinical demands.
- To deputise for Lead Physiotherapist in strategic and operational planning meetings.
- To gather statistical information regarding patient activity as required by the organisation.
- To comply with requirements of HASAW act 1974, and to co-operate with others performing their statutory duties. To implement any policies that may be required to improve the safety of the work area and equipment, and to report any incidents promptly.
- To comply with the legal requirements of the Mental Health (Scotland) Act (1984), the Criminal Procedures Act (1995), the Adults with Incapacity Act (2000), Human Rights Act, Freedom of Information (Scotland) Act (2002), and Mental Health Care and Treatment Act (2003) to ensure high standard of practice.
- To comply with organisational and departmental policies and procedures and participate in reviewing and updating these as appropriate.
- To comply with the Data Protection Act of 1998.
- To assist Lead Physiotherapist in identifying development needs for Learning disability physiotherapy

services.

- To participate in Personal Development plan and review system as a reviewer and reviewee.
- To provide urgent holiday cover for mental health physiotherapists as per departmental policy.

7. EQUIPMENT AND MACHINERY USED

Points a - e require a very thorough knowledge of anatomy, physiology and physiological effects, pathology, kinesiology, contraindications and each individual patient's presenting symptoms, drugs and medical condition. There is a daily involvement with equipment listed below:

- a) To understand and apply the safe use and upkeep of gym equipment e.g., exercise bikes, powered treatment plinths, rowing machine, stepping machine, cross trainer, fixed and free weights, stairs, parallel bars, mats, gymnastic balls, balance boards, and a full range of small exercise equipment
- b) To understand and apply the safe use and upkeep of electro-medical equipment e.g. TENS (transcutaneous electrical nerve stimulators), Curapulse, ultrasound, interferential therapy and wax baths
- c) Patient care equipment e.g. wheelchairs, sticks and crutches, rollators, tripods, Arjo walker, gutter frames.
- d) To understand and apply the safe use and upkeep of moving and handling equipment e.g. electric beds, hoists, sliding sheets, turn tables, bed blocks.
- e) To understand and apply the safe use of non-electrical patient treatment modalities e.g. heat packs, cold packs, nebulisers, manual therapies, and massage and exercise therapy.
- f) Car driver – post-holder drives average 5000 miles per annum.
- g) Overhead / digital projectors for presentations.

8. SYSTEMS

- a) Working knowledge of appropriate general and specialist computer packages e.g. Word, PowerPoint, e-mail, physio tools, intra and internet.
- b) To maintain and update departmental diary in conjunction with other physiotherapy staff.
- c) To compile monthly statistical data forms regarding patient activity.
- d) To complete and maintain complex confidential patient records.
- e) Telephones (mobile and landline) and answering systems.
- f) Photocopier.
- g) Production of Rehabilitation / Exercise programme leaflets (physio tools software).
- h) Completion of annual leave, travel and study leave forms for self.
- i) Completion of stores order forms.
- j) Use of camera and associated software to provide picture leaflets for patients and carers

9. ASSIGNMENT AND REVIEW OF WORK

- The post-holder works unsupervised and is responsible for building own caseload and prioritising if necessary. Referrals will be received directly by the post-holder. Clinical caseload is generated by referrals from in-patient and community nursing staff, Consultant Psychiatrists, GPs, Social workers, Occupational Therapists, Dieticians, Alcohol Rehabilitation services, self referral from patients, families and carers, external agencies and voluntary sector.
- The post-holder is line managed by the Lead Physiotherapist, who will authorise leave, postgraduate training requirements.
- The Lead Physiotherapist and the locality manager may allocate tasks to the post-holder.
- The post-holder will monitor the technical instructors, and will provide clinical supervision, guidance, and delegate tasks, supervising as necessary until the post-holder decides when the technical instructor is undertaking such tasks competently.
- Supervision is self-driven through attendance at case conferences and seeking advice from peers.
- The post-holder will decide on frequency and timing of delivery of service to various localities, depending on the changing needs of the service.
- The post-holder will undergo regular Personal Development Plan & review, usually carried out by the Lead Physiotherapist or a peer review.
- The post-holder will informally review and reflect upon everyday duties and practice.

- Work is also self-generated in respect of professional, clinical effectiveness, or clinical governance.
- The post-holder is responsible to facilitate clinical interest groups within Learning disability physiotherapy

10. DECISIONS AND JUDGEMENTS

- To initially accept or decline a patient referral. This referral could come from consultant, ward staff, community psychiatric nurse, fellow professional, GP or directly from a patient.
- Once accepted, to assess, plan, undertake, complete and /or discontinue Physiotherapy interventions as per presenting clinical conditions of all patients on an individual basis. The postholder is responsible, both professionally and legally, for the assessment and implementation of appropriate treatment programmes for patient under his/her care.
- To work, completely autonomously and independently in physiotherapy practice, demonstrating a highly specialised level of clinical knowledge and skills in physiotherapy management of patients with a mental health and/or physical diagnosis, making all clinical decisions within own caseload, including final discharge from the service.
- To further refer patients to an appropriate clinician or service.
- Decisions referred to others (usually Lead Physiotherapist) include approval of study leave, changes of policy, financial expenditure, recruitment of staff, service developments.
- The post-holder will undertake risk assessments regarding patient condition, and the working environment, and take any necessary decision to ensure patient and staff safety.

11. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

- Treating the various physical manifestations of learning disabilities and associated physical and behavioural difficulties across the whole spectrum, requiring a wide repertoire of treatment and communication skills.
- Prioritising and monitoring own and assistant's caseload involving high levels of knowledge, concentration and ability to re-evaluate and a need to react flexibly to constantly changing demands of the caseload.
- Undertaking a mentally and physically demanding job.
- Continual risk assessment of patient's condition, treatment and environment.
- Motivating patients to carry out therapy and advice to attain best outcome.
- Dealing with difficult, demanding, verbally abusive and uncooperative patients.
- Working in many locations.
- Take care to safeguard own and others health and safety.

12. COMMUNICATIONS AND RELATIONSHIPS

- Identify and modify the most appropriate communication method for the requirements of the client and / or carer being communicated with e.g. acute / chronic mental illness, dementia, disinterested, unmotivated, hearing loss, altered perception, receptive and expressive dysphasia, pain and fear. Methods include verbal (telephone, face to face), nonverbal, written (formal and informal), appropriate touch, co-operation with family / carer.
- Communicate effectively and appropriately sensitive confidential patient information with members of staff (physiotherapy, local managerial staff, GPs, consultants, AHP colleagues, nurses in hospital and community, social work, voluntary agencies) in this and other locations using verbal (telephone, face to face), written (formal and informal), presentation, email, message books, diaries.
- Reassure, support, motivate and encourage patients and carers as part of the rehabilitation process to maximise outcome and listen empathetically to patient's emotional, physical and social problems, and being able to offer advice and solutions to enhance physical and psychological treatments.
- Convey comprehensive detail of care as regards physiotherapy treatment in a manner and rate appropriate to every individual patient, carer, colleague etc, emphasising and reiterating points as and when required to ensure full understanding.

- Convey the above information in a sensitive and empathic manner when it is contrary to patient, carer and family expectations e.g. when reducing frequency of treatment or discontinuing treatment once it becomes ineffective or inappropriate.
- To present talks / demonstrations regarding various clinical and / or service issues to groups of up to 25 people in a variety of locations. This requires skill of public speaking, and use of Projector (overhead, digital) computer (power point), flip charts.
- Supporting fellow physiotherapy staff daily, and in difficult and complicated situations, e.g. staff shortages, financial restraint, personality clashes, changes in service structure and location.
- Discussion of service issues with Lead Physiotherapist and locality manager.
- Networking with NHS Highland Physiotherapy colleagues and others to ensure clinical effectiveness.

13. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

Physical:

- Static postures. Infrequent short periods
- Supporting patients whilst walking Frequent, several times daily
- Assisting elderly and disabled patients in transfer Frequent, several times daily
- Teaching / demonstrating the use of gym equipment Frequent, several times daily
- Handling heavy / bulky equipment Frequent, several times daily
- Daily use of computer equipment
- Skilled manual techniques e.g. massage, mobilisations, facilitative techniques Daily
- Hill walking with community patients Weekly
- Driving (5000 miles per annum, all weathers, urban and rural) Frequent daily

Mental Effort:

- Dealing with a constantly large number of complex patients – moderate to severe learning disabilities and associated physical problems, communication difficulties - frequent, several times daily.
- Dealing with frequent interruptions from patients, phone, other staff – constant.
- Communication difficulties trying to contact other agencies.
- Working with communication difficulties of some patients.
- Prioritising of caseload - knowledge and understanding of a wide range of conditions required.
- Constant re-evaluation of treatment plan and clinical effectiveness with each individual patient.
- Frequent lone working with no colleagues to refer to.

Emotional Effort:

- Dealing with patients who have a learning difficulty, and their carers, making it necessary to deal with demanding, aggressive angry and difficult behaviour.
- Informing patients / carers / relatives that their expectation of outcomes may be unrealistic.
- Isolation in the community setting, and excessive reliance of the patient on the physiotherapist to solve problems which may be out with their remit.
- Being contacted by the patient / carer out with treatment session, sometimes daily.
- Occasional bereavement issues regarding patient and carer.

Environment:

- Frequent contact with body fluids e.g. vomits, urine, faeces, expectorate.
- Working in cramped conditions in patients' homes. Possible exposure to animals, lice, fleas.
- Frequent and daily exposure to infected patients e.g. MRSA, Hepatitis B, Hepatitis C, HIV.
- Working with patients with poor bodily hygiene.
- Daily use of small, cramped treatment areas with mentally ill patients.
- Frequent exposure to verbal and / or physical aggression.
- Frequent isolation in the community.
- Daily driving, with increased hazard in the busy summer months and weather hazard in the winter months.
- Unavoidable and frequent daily exposure to passive smoking within the hospital and during domiciliary visits.

- Frequent exposure to excessive noise levels both from patients and equipment.

14. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

- Degree or Graduate Diploma in Physiotherapy.
- Postgraduate experience, including neurology /community experience at Senior 11 level or above.
- Registration with Health Professions Council.
- Knowledge on 24 hours postural management, hydrotherapy,
- Knowledge of CSP Core Standards and HPC Standards of Practice
- CPD portfolio demonstrating by various means continual updating of knowledge and skills relevant to this post.
- Full driving licence.
- Mandatory training as required by the organisation e.g. Moving & Handling, CPR, Fire Safety, Violence & Aggression.
- Knowledge of Mental Health Act legislation.
- Risk Assessment training.
- Ability to work on own as well as part of a team.
- Supervisory skills.
- Basic computer literacy.
- Excellent communication skills.
- Excellent time management skills.

15. JOB DESCRIPTION AGREEMENT

I agree that the above job description is an accurate reflection of my duties and responsibilities at the date of signing.

Job holder's signature:

Date:

Manager's signature:

Date:

POST Specialist Physiotherapist in LD DIVISION/DIRECTORATE: SE Highland CHP / Mental Health LOCATION: base New Craigs, Inverness		
FACTOR	ESSENTIAL	DESIRABLE
WORK EXPERIENCE (required to do the job)	5 years post qualified experience, must include neurology and community experience	Basic management experience Supervision and teaching of non-qualified support staff Experience working with LD
QUALIFICATIONS a) Basic Education b) Further Education c) Professional	GradDipPhys/BSc in Physiotherapy or equivalent	Attendance at relevant post graduate courses e.g.24 hour postural management, hydrotherapy, rebound therapy Membership of CSP Membership of a Local / national special interest group
KNOWLEDGE AND SKILLS	Evidence of wide range of clinical skills in managing physical problems. Interest in basic audit / evidence based practice CPD Portfolio	
TRAINING (in knowledge and skills required for the job)	Experience at Sen11 level in working in a range of clinical settings / specialities, must include neurology / community	Experience of organising own work schedules and prioritising
DISPOSITION	Excellent time management Good interpersonal skills Ability to work effectively on own and in a team Excellent communicator Excellent listening skills	Able to attend CPA meetings and family meetings

OTHERS e.g.		
HEALTH	Ability to carry out physically and mentally demanding work	
DRIVING LICENCE	Essential	
PVG Check	Essential, must be cleared	