GENERAL MEDICAL PRACTITIONER – PRISON HEALTHCARE

BASED AT HMP PRISONS BARLINNIE, GREENOCK AND LOW MOSS

INFORMATION PACK

REF: 23463D

CLOSING DATE: 5TH AUGUST 2011
SUMMARY INFORMATION

POST: GENERAL MEDICAL PRACTITIONER – PRISON HEALTHCARE

BASE: HMP PRISONS BARLINNIE, GREENOCK AND LOW MOSS

The General Medical Practitioner will deliver Primary Care Medical Services (including assessment of newly received prisoner/patients requiring treatment for substance misuse) to the prison population at HMP Barlinnie, HMP Greenock and HMP Low Moss Prisons.

The General Medical Practitioner will provide the following Services: Primary Care Medical Services and medical support during core hours (see attached Healthcare General Medical Practitioner hours and timetables) The practitioner will also provide Primary Care Medical Services in attendance at the establishment on weekends and Public Holidays as agreed with the Healthcare Manager locally.

All applicants must have full GMC registration, a Licence to Practice and be on the GMC GP register and be on the Performers list (or be eligible to be on such)

This post requires PVG Scheme Membership/disclosure Scotland check

This post may be eligible for Tier 2 General Sponsorship if no suitable UK or EEA national is identified for the post.

Closing Date: 5th August 2011
JOB DESCRIPTION

Provision of Primary Care Medical Services - HMP Prisons Barlinnie, Greenock and Low Moss

1. The Prisons and the Population

HMP Barlinnie, HMP Greenock and HMP Low Moss.

Typically, a prison receives un-convicted (remand), short-term prisoner/patients and long-term prisoner/patients and sometimes regionally or nationally female, young offenders and specific category prisoner/patients. At any one time a minority of prisoner/patients will be on remand, un-sentenced or awaiting sentencing or deportation with a majority serving a sentence.

Prisons, such as HMP Barlinnie, HMP Greenock and HMP Low Moss offer access to a range of work, education and training opportunities and vocational qualifications, with a view to improving the chances of prisoner/patients gaining employment and training after release. With a dedicated Offender Management Unit, the prison has a commitment to rehabilitation planned resettlement, offering a range of offending behaviour management programmes.

Most prisoner/patients have had little or no regular contact with health services before entering prison and their lifestyles are more likely to have put them at risk of ill health. Nationally, the evidence of health inequalities amongst prisoner/patients is strong. Prisoner/patients have poorer physical and mental health than the general population, with mental illness, self harm and suicide risk, drug dependency and communicable diseases being the most dominant problems.

2. The Service

The General Medical Practitioner will deliver Primary Care Medical Services (including assessment of newly received prisoner/patients requiring treatment for substance misuse) to the prison population at HMP Barlinnie, HMP Greenock and HMP Low Moss Prisons.

3. Accountability

The General Medical Practitioner will be responsible to the Health Centre Manager for Prison Health and be professionally responsible to the Clinical Director of Glasgow City Community Health Partnership (CHP).

The General Medical Practitioner will report to, and shall accept reasonable guidance and instructions from, the Health Centre Manager in matters relating to the provision of Primary Care Medical Services in HMP Barlinnie, HMP Greenock and HMP Low Moss.
The General Medical Practitioner will meet with the Health Centre Manager and representatives of NHS GG&C to review performance against standards and review service provision. Meetings will take place annually and a job plan will be agreed with the Clinical Director of the Glasgow City CHP.

4. The General Medical Practitioner
   The General Medical Practitioner will provide the following Services:
   - Primary Care Medical Services and medical support during core hours (see attached Healthcare General Medical Practitioner hours and timetables)
   - Primary Care Medical Services in attendance at the establishment on weekends and Public Holidays as agreed with the Healthcare Manager locally.

   As a minimum requirement, a General Medical Practitioner is expected to attend the Prison as per the attached schedule and healthcare timetable, including bank holidays. These will be referred to as the Core Hours.

   During these times, duties will include:
   - assessment of newly arrived prisoner/patients as required currently by the Health Specific Prison Rules which will be replaced by CEL Guidance once Health Care Transfers to NHS.
   - review of prisoner/patients
   - conducting Primary Medical Care Clinics
   - prescribing, monitoring and review of medications
   - record keeping and administration
   - staff training and development
   - multi-professional working with the primary healthcare team and in reach health services
   - contribution to the development of quality services within the department
   - referral to, and high level working with, NHS providers on an outreach basis.

   The General Medical Practitioner is expected to attend the prison during the Core Hours. During the remaining hours when a General Medical Practitioner is not in attendance at the Prison, telephone advice must be made available via an out-of-hours service in addition to attending the prison out of hours as requested by and agreed with the establishment.

   From time to time the Health Centre Manager will, with a General Medical Practitioner’s agreement, limit the duration of a regular timetabled duty in order to allow the General Medical Practitioner to undertake other duties including:
   - training staff in the Healthcare Centre
   - attending case conferences e.g. Care Programme Approach (CPA) discussions and relevant meetings e.g. Clinical Governance and medicines management and Multi-disciplinary/agency meetings regarding prisoner/patients
   - attending relevant staff and planning meetings.
5. Meaning of Terms

Unless there are clearly stated exceptions, the term ‘General Medical Practitioner’ means a doctor, or other suitably qualified medical professional, delivering services under this contract and who is:-

- Required to be registered and licensed to practice by the General Medical Council (GMC)
- Required to be capable of practicing without restriction as a GP principal
- Required to be on the GP Register of the GMC and be on the Performers list (or be eligible to be on such) the NHS GG&C
- Desirably in possession of postgraduate qualifications or has particular experience in the management of substance misuse, and
- Able to fulfil the employment/contractual requirements of NHS Greater Glasgow and Clyde.

General Medical Practitioners would need to have membership of the Protecting Vulnerable Groups (PVG) Scheme. General Medical Practitioners will need to be security cleared. This process usually takes approximately 4 weeks. Following clearance, security passes will be issued and appropriate training in security and handling of keys will be given. Security training will involve an embedded assessment component by the Scottish Prison Service.

Conditions of working in prisons may be more onerous than working in the NHS outside prison settings e.g. previous spent convictions may not be a barrier to people working in the community but may not be acceptable for working in a prison setting.

In terms of higher professional training, it is desirable that they should either have a special interest in health care in a secure setting; or enhanced competence through Continuing Professional Development (CPD), planning and attendance at relevant courses and training to attain relevant expertise in forensic clinical care, addictions and mental health.

The duties described in this contract should be regarded only as a guideline to the duties required, and may be amended in the light of changing circumstances following consultation with the General Medical Practitioner.

6. General Principles of Prison Health Care

Primary medical care is available in all prison sites around Scotland, in order to meet health care needs and comply with prison requirements. Primary Care Health Services in prisons in Scotland are similar to primary care medical services found in community settings for medical, nursing, dental, optical and other allied health professional services; a bespoke style of prescribing and pharmacy service, and a community team style of care for people with mental health and addictions problems.

Prison Primary Care Medical Services are designed around international codes and conventions that are set out in UN and Council of Europe documents in the main. The World Health Organisation (WHO) Health in Prisons Guide, Chapters 2 and 4, contains details.¹

http://www.euro.who.int/InformationSources/Publications/Catalogue/20070521_1

Prison primary medical care is a complex undertaking in certain aspects, beginning with risk assessment for crisis (risk of self-harm) or acute drug withdrawal on admission, assessing and meeting health care needs for mental health problems, addictions including drugs and alcohol, and a variety of health risk behaviours and long-term conditions which are more prevalent in the prison population than most others.

A further distinct quality of prison health care is its intensity:

- A high consultation level, for various reasons, including high levels of morbidity and, consequently, many medical reasons to consult
- Follows nurse triage for most routine clinical contacts
- Features drug-seeking behaviour for reasons that include a market for prescription drugs between prisoner/patients
- A high level of complaints, many of which reflect the drug-seeking behaviour mentioned above, and
- A clinical relationship which permits limited choice in the patient's selection of appointment or General Medical Practitioner, and vice versa.

7. Principles and Core Components

All General Medical Practitioners must function in a way that protects the interests and dignity of all prisoner/patients, irrespective of gender, age, race, ability, sexuality, economic status, lifestyle, offending record, culture and religious or political belief.

Services will be tailored to the individuals' specific health and social care needs. All care must maintain or improve health. The proposed model of Service delivery must consider the following components:

Quality of Service

General Medical Practitioners should familiarise themselves and comply with all relevant policies and procedures, prior to first commencing work in prison, including:

- Health care standards
- Suicide risk management and ACT2Care protocols
- Addictions and mental health protocols
- Integrated case management, release planning
- Procurator Fiscal reports, Parole Board requirements and Scottish Courts Service reports, and
- Exceptional requirements such as applications for compassionate release.

They should be familiar with the Prison Rules (new Rules are being consulted upon).

They should comply to the greatest extent possible with the NHS GG&C Primary Care prescribing formulary, and be prepared to justify any exceptions or departures from formulary compliance.

They should be aware of contingency planning and their role in certain events that may have clinical implications.
8. Particular Components and Aspects of the Provision of Primary Care Medical Services in a Prison Context

All General Medical Practitioners delivering services under contract must understand and act in accordance with all relevant guidance, procedures, protocols and standards relating to security, health and safety, communications, and general operation of HMP Barlinnie, HMP Greenock and HMP Low Moss.

NHS GG&C, the Health Centre Manager for Prison Health and the Healthcare Manager locally will ensure General Medical Practitioners receive copies of all relevant guidance, procedures, protocols and standards. The General Medical Practitioners shall act in accordance with all relevant guidance, procedures, protocols and standards. Initial induction and relevant training will be offered by the Healthcare Manager.

The General Medical Practitioner will ensure that prisoner/patients using Primary Care Medical Services have as much individual responsibility, choice, privacy, and dignity as is consistent with safety of healthcare staff and ensuring security.

In delivering healthcare to prisoner/patients, the General Medical Practitioners will work within a multi-disciplinary team including nurses, pharmacists, prison officers, social workers and other professionals. They should work closely with any health in-reach services in all complex matters of health whilst following the agreed protocols for primary healthcare.

As appropriate, the General Medical Practitioners will refer prisoner/patients to NHS facilities or services outside the prison. The decision to make a referral should be based on the same criteria and standards as the General Medical Practitioner would apply in NHS general medical practice, taking into consideration the additional understanding and awareness of the security and escort requirements associated with referrals to facilities/services outside of the prison.

Neither the General Medical Practitioner, nor any of their representatives, shall under any circumstances request or accept money, gifts or other inducements from a prisoner/patient directly or indirectly.

9. Prescribing
All General Medical Practitioner prescribing practice should seek to comply with the formulary agreed by NHS GG&C. All decisions to prescribe opiate-based medication must be team decisions with a security risk assessment undertaken by appropriate staff. The “In Possession Medication Policy” must be adhered to at all times with appropriate risk assessments being carried out as necessary.

The management of substance misuse should be in accordance with the Drug Misuse and Dependence national guidelines 2007.

10. Medical Transfers / Compassionate Release
It is sometimes to a prisoner’s/patient’s health advantage to be transferred back to a prison he has come from to attend outstanding hospital appointments or to a different prison so he can attend a specialist hospital. General Medical Practitioners may be asked to give advice on these issues.
11. Segregation Unit
The most difficult and disruptive prisoner/patients can be kept separately for their own and/or others safety. Their management and care may need medical advice and support from time to time. Additional care must be given to prevent any deterioration in physical or mental health amongst such prisoner/patients. Prison staff may also request support and guidance from the General Medical Practitioner.

12. Quality of Service
General Medical Practitioners will be expected to participate in a programme of clinical governance work including clinical audit, and significant event analysis, and in addition contribute to the development and implementation of health care quality standards for prisoner/patients.

General Medical Practitioners shall comply with the formal written processes for responding to and recording complaints and incidents (including Serious Untoward Incidents). Information on complaints and incidents will be managed by the Health Centre Manager and shared with the Clinical Governance Committee. Complaints will be addressed in accordance with NHS Scotland complaints procedures, with an escalation route to the Scottish Public Services Ombudsman.

13. Investigations and Requests for Reports
General Medical Practitioners may be asked to contribute statements to Investigating Officers and the Police. They may also be requested to produce reports for the Procurator Fiscal, the Courts, Scottish Prison Service inquiries (e.g. suicide investigations) and Parole Board risk assessments.

14. Record Keeping, Security and Confidentiality
General Medical Practitioners shall be aware of the Information Governance framework as it applies to NHS GG&C and the Scottish Prison Service and will be able to demonstrate compliance.

General Medical Practitioners will utilise the EMIS clinical records information system as provided in the Healthcare Centre. All General Medical Practitioners shall adhere to the quality of record keeping required for the effective and efficient recording and delivery of healthcare in the prison. Everyone working for the NHS is under a legal duty to keep prisoner/patients' information, held in whatever form, confidential. This applies to manual and computer records and conversations about prisoner/patients' treatments.

Sharing of personal health information should be undertaken within legislative, professional and other regulatory requirements, noting special considerations that serve the purpose of justice, including disclosure on statutory matters, on registered sex offenders, and matters that consider the potential for death and serious harm. For example, General Medical Practitioners will be required to work jointly with Scottish Prison Service staff on suicide investigations.

Access to records and documents containing information relating to individual prisoner/patients under the terms of the agreement will be restricted to authorised personnel and that information will not be disclosed to a third party.

General Medical Practitioners shall comply with the following legislation and practice:
- Data Protection Act
15. Location of duties
General Medical Practitioners will be based at one of the prison establishments, but on occasion may be required to provide cover at other sites to meet the overall needs of the service. Clinics will usually be located in consulting rooms in the Healthcare Centre or the accommodation hall-based treatment rooms as appropriate. The General Medical Practitioner will sometimes need to assess prisoner/patients in areas of the prison outside the Healthcare Centre.

16. Duties
The General Medical Practitioner is expected to undertake the following activities to a level of competence appropriate to a General Medical Practitioner:

- Diagnosis and management of new symptoms and conditions. A primary care nurse will usually triage prisoner/patients reporting new symptoms and if unable to deal with the symptoms may refer the patient to the General Medical Practitioner.
- Follow-up and care of chronic and recurrent conditions. This includes regular review of continuing medication and advising nurses or other healthcare professionals on the management of the prisoner/patient.
- Prescribing for the management of drug and alcohol dependence.
- Medical examinations of newly received prisoner/patients as requested by a triage nurse. Timely and appropriate interventions should be arranged with particular attention to those:
  - already under treatment
  - with symptoms that may indicate an undiagnosed illness
  - with a current illness
  - with a history of drug or alcohol abuse
  - with a history of attempted suicide or self-harm
  - with a mental health problem
- Assessment of prisoner/patients to determine fitness for cellular confinement with respect to adjudication.
- Assessment of prisoner/patients recognised to be at risk of self-harm. To help identify and care for prisoner/patients at risk of suicide or self-harm, the Scottish Prison Service uses a suicide risk management and care-planning system called ACT2Care, designed to provide more flexible multi-disciplinary support to prisoner/patients at-risk of harming themselves. General Medical Practitioners are required to sign off and contribute to documentation. Training will be provided on this process.
- Regular assessment and review of prisoner/patients in agreement with the Health Centre Manager.
- Injured prisoner/patients. Prisoner/patients are involved in a variety of activities that might lead to injury: self-harm, fights, control & restraint applied appropriately by staff, sports / gym, work accidents, and bullying. Injured prisoner/patients will be assessed by a nurse. The General Medical Practitioner may be asked to review a patient if the nurse believes that a medical opinion is required.

17. Working with other Services
- Co-ordination of Services for prisoner/patients at risk including the mentally ill, substance misusers, the bereaved and those who are physically and/or mentally ill. Liaison with visiting psychiatrists.
- To make appropriate and timely referrals to other health and social care Services within the Prison and outwith the prison pre-liberation and in preparation for liberation.
- To support the development of an effective multi-disciplinary team including contributing to the development of health promotion Services.
- To attend multi-disciplinary team meetings where treatment and care programmes are discussed.

18. Cover for leave, sickness and training
When training is provided within the Prison during Core Hours, NHS GG&C will be responsible for the cost of training but the General Medical Practitioner will not claim any additional fees for attendance or backfill.

19. NHS GG&C and/or HMP Barlinnie, HMP Greenock and HMP Low Moss Prison will:
Be responsible for the provision of adequate resources to permit the General Medical Practitioner to discharge their duties.
**Healthcare Services at HMP Barlinnie**

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Service Description</th>
<th>Approx. Whole Time Equivalent</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medical Practitioner</td>
<td>General Practice</td>
<td>5.4</td>
<td>136.5 hours</td>
</tr>
</tbody>
</table>

The following is an exemplar of work patterns within HMP Barlinnie. This will be subject to change and review. Sessions will be provided within the core hours of 8 a.m. to 8 p.m.

### Times and days and volumes of Service

<table>
<thead>
<tr>
<th>Service</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Sat</th>
<th>Sunday</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Centre Am</td>
<td>13</td>
<td>16</td>
<td>16</td>
<td>13</td>
<td>13</td>
<td>3</td>
<td>3</td>
<td>77</td>
</tr>
<tr>
<td>Health Centre Pm</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>9</td>
<td>8.5</td>
<td>53.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Halls/Other Am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Halls/Other Pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>28</td>
<td>28</td>
<td>28</td>
<td>22</td>
<td>24.5</td>
<td>3</td>
<td>3</td>
<td>136.5</td>
</tr>
</tbody>
</table>

NB - This post requires an on call contingency for which a 3% on call availability surplus will be paid. This will cover all prisons within GG&C NHS area and if called out you will be paid at the appropriate rate.

Non Healthcare delivered but related Services in Barlinnie that are delivered to prisoners include:

- R Stop – Rolling programme addressing the offending behaviour of those who have committed sexual offences (delivery 2 staff)
- SROBP – Rolling programme addressing the offending behaviour of those who have a history of drug misuse or are committing drug related crimes (delivery 2 staff)
- First Steps – Closed programme that runs for four weeks and is focused on prisoner/patients who are involved in drug misuse (delivery 2 staff)
- Positive relationships – Closed programme that runs for six weeks and addresses relationship issues with both partners involved in participation (delivery 2 staff plus a facilitator from Relate Scotland)
- Alcohol Awareness – Closed programme that runs for two weeks and is aimed at those who have a history of alcohol misuse (delivery 2 staff)
- CARE – Closed programme that runs for twelve weeks and replaces the anger management programme (delivery 2 staff)
- Constructs – Closed programme that runs for twelve weeks and replaces the cognitive skills programme (delivery 2 staff)
Healthcare Services at HMP Greenock

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Service Description</th>
<th>Approx. Whole Time Equivalent</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medical Practitioner</td>
<td>General Practice</td>
<td>1.25 TBC</td>
<td>30</td>
</tr>
</tbody>
</table>

The following is an exemplar of work patterns within HMP Greenock. This will be subject to change and review. Sessions will be provided within the core hours of 8 a.m. to 8 p.m.

Times and days and volumes of Service - Health Service Hours – General Medical Practitioners

<table>
<thead>
<tr>
<th>Health Centre</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Am Health Centre</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>On call</td>
<td>22</td>
</tr>
<tr>
<td>Pm On call</td>
<td>4</td>
<td>On call</td>
<td>On call</td>
<td>On call</td>
<td>4</td>
<td>On call</td>
<td>On call</td>
<td></td>
</tr>
<tr>
<td>Night On call</td>
<td>On call</td>
<td>On call</td>
<td>On call</td>
<td>On call</td>
<td>On call</td>
<td>On call</td>
<td>On call</td>
<td></td>
</tr>
<tr>
<td>Am Halls/Other</td>
<td>4</td>
<td>8</td>
<td>4</td>
<td>4</td>
<td>8</td>
<td>2</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>Pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Night</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NB - This post requires an on call contingency for which a 3% on call availability surplus will be paid. This will cover all prisons within GG&C NHS area and if called out you will be paid at the appropriate rate.

Non Healthcare delivered but related Services in Greenock

Non Healthcare delivered but related Services in Greenock that are delivered to prisoner/patients include:

- R Stop – Rolling programme addressing the offending behaviour of those who have committed sexual offences (delivery 2 staff)
- SROBP – Rolling programme addressing the offending behaviour of those who have a history of drug misuse or are committing drug related crimes (delivery 2 staff)
- First Steps – Closed programme that runs for four weeks and is focused on prisoner/patients who are involved in drug misuse (delivery 2 staff)
- Positive relationships – Closed programme that runs for six weeks and addresses relationship issues with both partners involved in participation (delivery 2 staff plus a facilitator from Relate Scotland)
- Alcohol Awareness – Closed programme that runs for two weeks and is aimed at those who have a history of alcohol misuse (delivery 2 staff)
- CARE – Closed programme that runs for twelve weeks and replaces the anger management programme (delivery 2 staff)
- Constructs – Closed programme that runs for twelve weeks and replaces the cognitive skills programme (delivery 2 staff)
Healthcare Services at HMP Low Moss

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Service Description</th>
<th>Approx. Whole Time Equivalent</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medical Practitioner</td>
<td>General Practice</td>
<td>1.2</td>
<td>44</td>
</tr>
</tbody>
</table>

The following is an exemplar of work patterns within HMP Greenock. This will be subject to change and review. Sessions will be provided within the core hours of 8 a.m. to 8 p.m.

<table>
<thead>
<tr>
<th>Times and days and volumes of Service</th>
<th>Health Service Hours – General Medical Practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Am 4 4 4 4 4 4 24</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Pm 4 4 4 4 4 20</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Night</td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>8 8 8 8 8 4 44</td>
</tr>
</tbody>
</table>

NB - This post requires an on call contingency for which a 3% on call availability surplus will be paid. This will cover all prisons within GG&C NHS area and if called out you will be paid at the appropriate rate.

Non Healthcare delivered but related Services in Low Moss

Non Healthcare delivered but related Services in Low Moss that are delivered to prisoner/patients include:

- R Stop – Rolling programme addressing the offending behaviour of those who have committed sexual offences (delivery 2 staff)
- SROBP – Rolling programme addressing the offending behaviour of those who have a history of drug misuse or are committing drug related crimes (delivery 2 staff)
- First Steps – Closed programme that runs for four weeks and is focused on prisoner/patients who are involved in drug misuse (delivery 2 staff)
- Positive relationships – Closed programme that runs for six weeks and addresses relationship issues with both partners involved in participation (delivery 2 staff plus a facilitator from Relate Scotland)
- Alcohol Awareness – Closed programme that runs for two weeks and is aimed at those who have a history of alcohol misuse (delivery 2 staff)
- CARE – Closed programme that runs for twelve weeks and replaces the anger management programme (delivery 2 staff)
- Constructs – Closed programme that runs for twelve weeks and replaces the cognitive skills programme (delivery 2 staff)
Medical Services in prisons

(1) For section 3A of the Prisons (Scotland) Act 1989 (c.45) (medical Services in prisons) substitute—

“3AMedical officers for prisons

(1) The Scottish Ministers must designate one or more medical officers for each prison.

(2) A person may be designated as a medical officer for a prison only if the person is a registered GP Service performing primary medical Services for prisoners at the prison under the National Health Service (Scotland) Act 1978 (c.29).

(3) A medical officer has the functions that are conferred on a medical officer for a prison by or under this Act or any other enactment.

(4) A medical officer is not an officer of the prison for the purposes of this Act.

(5) Rules under section 39 of this Act may provide for the governor of a prison to authorise the carrying out by officers of the prison of a search of any person who is in, or is seeking to enter, the prison for the purpose of providing medical Services for any prisoner at the prison.

(6) Nothing in rules made by virtue of subsection (5) allows the governor to authorise an officer of a prison to require a person to remove any of the person’s clothing other than an outer coat, jacket, headgear, gloves and footwear.”.

(2) In section 41D of that Act (unlawful disclosure of information by medical officers), for subsection (1) substitute—

“(1) This section applies to—

(a) a medical officer for a prison, and

(b) any person acting under the supervision of such a medical officer.”.

(3) In section 107 of the Criminal Justice and Public Order Act 1994 (c.33) (officers of contracted out prisons), for subsections (6) to (8) substitute—

“(6) The director must designate one or more medical officers for the prison.

(7) A person may be designated as a medical officer for the prison only if the person is a registered GP Service performing primary medical Services for prisoners at the prison under the National Health Service (Scotland) Act 1978 (c.29).”.

(4) In section 110 of that Act (consequential modifications of the 1989 Act etc.)—

(a) in each of subsections (3) and (4), for “3A(6)” substitute “3A(5) and (6)”,
(b) subsection (4A) is repealed, and

(c) in subsection (6), for “3A(1) to (5) (medical Services)” substitute “3A(1) and (2) (medical officers)”. 

(5) In section 111(3) of that Act (intervention by the Scottish Ministers), in paragraph (c), after “prison” insert “and the medical officer or officers for the prison”. 

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Essential</th>
<th>Desirable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>Current Full GMC registration, and a Licence to Practice</td>
<td>Membership of the Protection of Vulnerable Groups (PVG) Scheme</td>
</tr>
<tr>
<td></td>
<td>Security clearance and willingness to undergo appropriate training associated with Scottish Prison Service requirements.</td>
<td></td>
</tr>
<tr>
<td>Qualifications and Training</td>
<td>Medical degree and On GMC GP register and be on the Performers list (or be eligible to be on such) the NHS GG&amp;C</td>
<td>Possession of postgraduate qualifications or has particular experience in the management of substance misuse</td>
</tr>
<tr>
<td></td>
<td>Able to practice without restriction as a GP Principal</td>
<td>RCGP Certificate</td>
</tr>
<tr>
<td></td>
<td>Evidence continued learning for treatment of Drug Misuse.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Computer Literate</td>
<td></td>
</tr>
<tr>
<td>Clinical Experience</td>
<td>Drug Misuse Clinical Practice</td>
<td>2 Years in GP Service</td>
</tr>
<tr>
<td></td>
<td>General Practice</td>
<td>Practical Experience of working in a secure environment</td>
</tr>
<tr>
<td></td>
<td>Experience of working in a team.</td>
<td>Practical Experience of working in/with Drug service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facilitating Change.</td>
</tr>
<tr>
<td>Knowledge and Skills</td>
<td>Good Communication Skills</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Presentation Skills</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aware of Strategic Issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Computer literate</td>
<td></td>
</tr>
<tr>
<td>Management</td>
<td></td>
<td>Project Management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff Management</td>
</tr>
</tbody>
</table>

Page 16 of 20
| **Personal Skills** | Ability to communicate and liaise effectively with patients and with colleagues of all disciplines.  
|                     | Ability to prioritise when under pressure.  
|                     | Adaptable to situations  
|                     | Self motivated.  
|                     | Strong Commitment to team working  
|                     | Ability to be able to work effectively with colleagues. |
| **Teamwork**        |  |
| **Relationships**   |  |
Article II. TERMS AND CONDITIONS OF SERVICE

The conditions of service are those laid down and amended from time to time by the Hospital and Medical & Dental Whitley Council.

<table>
<thead>
<tr>
<th>TYPE OF CONTRACT</th>
<th>Fixed Term 12 month Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRADE AND SALARY</td>
<td>£61,859 - £80,186 per annum (pro rata)</td>
</tr>
<tr>
<td>New Entrants to the NHS will normally commence on the minimum point of the salary scale, (dependent on qualifications and experience). Salary is paid monthly by Bank Credit Transfer.</td>
<td></td>
</tr>
<tr>
<td>HOURS OF DUTY</td>
<td>Mix of full and part time</td>
</tr>
<tr>
<td>SUPERANNUATION</td>
<td>You have the option to join the NHS Superannuation Scheme, to participate in the State Earnings Related Pension Scheme or to take out a Personal Pension.</td>
</tr>
<tr>
<td>Employee’s contributions to the NHS Scheme are Tiered based on your earnings and the employers contribution equates to 13.5 % of salary. Employees in the NHS Scheme are “Contracted-out” of the State Earnings Related Pension Scheme and pay a lower rate of National Insurance contributions. Employees who choose to participate in the State Earnings Related Pension Scheme pay the higher rate of National Insurance contribution. A Stakeholder Pension is also available.</td>
<td></td>
</tr>
<tr>
<td>A Personal Pension is a private arrangement agreed with the pension provider that will be an organisation such as a Bank, Building Society or Insurance Company.</td>
<td></td>
</tr>
<tr>
<td>REMOVAL EXPENSES</td>
<td>Assistance with removal and associated expenses may be given and would be discussed and agreed prior to appointment.</td>
</tr>
<tr>
<td>EXPENSES OF CANDIDATES FOR APPOINTMENT</td>
<td>Candidates who are requested to attend an interview will be given assistance with appropriate travelling expenses. Re-imbursement shall not normally be made to employees who withdraw their application or refuse an offer of appointment.</td>
</tr>
<tr>
<td>TOBACCO POLICY</td>
<td>NHS Greater Glasgow and Clyde operate a No Smoking Policy in all premises and grounds.</td>
</tr>
<tr>
<td>DISCLOSURE SCOTLAND</td>
<td>This post is considered to be in the category of “Regulated Work” and therefore requires a Disclosure Scotland Protection of Vulnerable Groups Scheme (PVG) Membership which currently costs £59.00. The cost of the PVG Membership will be initially paid by NHS Greater Glasgow and</td>
</tr>
</tbody>
</table>
Clyde and will required to be repaid through a payroll deduction mandate from the successful candidate's first salary.

<table>
<thead>
<tr>
<th>CONFIRMATION OF ELIGIBILITY TO WORK IN THE UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Greater Glasgow and Clyde (NHSGGC) has a legal obligation to ensure that it’s employees, both EEA and non EEA nationals, are legally entitled to work in the United Kingdom. Before any person can commence employment within NHS GGC they will need to provide documentation to prove that they are eligible to work in the UK. Non EEA nationals will be required to show evidence that either Entry Clearance or Leave to Remain in the UK has been granted for the work which they are applying to do. Where an individual is subject to immigration control under not circumstances will they be allowed to commence until the right to work in the UK has been verified. ALL applicants regardless of nationality must complete and return the Confirmation of Eligibility to Work in the UK Statement with their completed application form. You will be required provide appropriate documentation prior to any appointment being made.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REHABILITATION OF OFFENDERS ACT 1974</th>
</tr>
</thead>
<tbody>
<tr>
<td>The rehabilitation of Offenders act 1974 allows people who have been convicted of certain criminal offences to regard their convictions as “spent” after the lapse of a period of years. However, due to the nature of work for which you are applying this post is exempt from the provisions of Section 4 of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions Orders 1975 and 1986). Therefore, applicants are required to disclose information about convictions which for other purposes are “spent” under the provision of the act in the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action by NHS Greater Glasgow and Clyde. Any information given will be completely confidential.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISABLED APPLICANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A disability or health problems does not preclude full consideration for the job and applications from people with disabilities are welcome. All information will be treated as confidential. NHS Greater Glasgow and Clyde guarantees to interview all applicants with disabilities who meet the minimum criteria for the post. You will note on our application form that we ask for relevant information with regard to your disability. This is simply to ensure that we can assist you, if you are called for interview, to have every opportunity to present your application in full. We may call you to discuss your needs in more detail if you are selected for interview.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GENERAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Greater Glasgow and Clyde operates flexible staffing arrangements whereby all appointments are to a grade within a department. The duties of an officer may be varied from an initial set of duties to any other set, which are commensurate with the grade of the officer. The enhanced experience resulting from this is considered to be in the best interest of</td>
</tr>
</tbody>
</table>
both NHS Greater Glasgow and Clyde and the individual.

| EQUAL OPPORTUNITIES | The postholder will undertake their duties in strict accordance with NHS Greater Glasgow and Clyde’s Equal Opportunities Policy. |

**FURTHER INFORMATION**

For further information on NHS Greater Glasgow and Clyde, please visit our website on [www.show.scot.nhs.uk](http://www.show.scot.nhs.uk)

Applicants wishing further information about the post are invited to contact Alice Docherty, Head of Homelessness, Asylum and Prison Healthcare at [Alice.docherty@ggc.scot.nhs.uk](mailto:Alice.docherty@ggc.scot.nhs.uk) or 0141 277 7468.

**HOW TO APPLY**

To apply for these posts please include your CV and names and addresses of 3 Referees, along with the following documents; (click on the hyperlinks to open)

- Medical and Dental Application and Equal Opportunities Monitoring Form
- Declaration Form Regarding Fitness to Practice
- Immigration Questionnaire

Alternatively please visit [www.nhsggc.org.uk/medicaljobs](http://www.nhsggc.org.uk/medicaljobs) and click on the “How to Apply” tab to access application for and CV submission information.

**RETURN OF APPLICATIONS**

Please return your application by email to [nhsggcrecruitment@nhs.net](mailto:nhsggcrecruitment@nhs.net) or to the recruitment address below;

Medial and Dental Recruitment Team  
NHS Greater Glasgow and Clyde Recruitment Services  
5th Floor, Tara House  
46 Bath Street  
Glasgow  
G2 1HJ

**CLOSING DATE**

The closing Date will be 5th **August 2011**

**INTERVIEW DATE**

The interview date will be 23rd **August 2011**