

Job Description

Job Title:	Parkinson Nurse/Therapist Specialist
Reports to (job title):	Clinical Lead

Job purpose

To provide advanced clinical nursing/therapist support for patients with complex long-term conditions and/ or elderly/frail. Working as an autonomous practitioner, the post holder will effectively manage a caseload of patients with long term conditions, stratified as high risk. Working in collaboration with appropriate health and social care professionals, the post holder will ensure continuity of care; aiming to reduce preventable hospital admissions and to improve quality of care for patients with long-term conditions in their usual place of residence (own home; residential or nursing home). To engage with innovation, including tele technologies, to continually strive to effectively support the management of patients. To promote self-management strategies for patients and their carers, through education and advice, to reduce avoidable reliance on urgent services and promote positive patient outcomes.

Key responsibilities

- Ability to communicate complex information to various groups including patients, families, carers and colleagues across health and social care.
- To provide comprehensive and advanced clinical assessment and interventions for patients with complex long-term conditions and/or elderly frail.
- To deliver care in a variety of locations (including community hospital beds, patient homes and care homes).
- To work as part of a multi-disciplinary team to support the holistic management of patients on the caseload and to ensure effective care planning and personalised care is developed with the patient.
- To provide educational support to patients, their carers and all members of the multidisciplinary team.
- To effectively manage a daily clinical caseload.
- To work as an autonomous practitioner, seeking advice and support from medical colleagues when the need arises.
- To contribute to the admissions avoidance and discharge facilitation agenda through delivery of high quality, interventions and management patient.

Provide significant contribution to service delivery transformation.

- To support the organisation to deliver on the Long-Term Conditions agenda.
- To provide clinical data to support the organisation in delivery in KPI's.





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- Contribute to the achievement of CQUINS and Quality Standards set by commissioners.
- Undertake all aspects of line management and support clinical supervision for junior staff within their team and the community nursing service.

Analytical and Judgement Skills

- To submit relevant statistics, reports and activity data as required, carry out audit.
- Use data to support/identify patients who will benefit from case management.
- Provide accurate and timely information as requested by the business unit, completing and submitting statistical returns as required.

Planning and Organisational Skills

- Take responsibility for coordinating and integrating care across health and social care, preventing duplication, fragmentation and delay occurring as patients move between care settings.
- To organise and plan day to day allocation of work together with other community matrons and team members.
- To act as a resource, offering advice and information, as requested by medical, nursing and associated professions.
- This job description is not exhaustive and may change as the post develops or changes to align with service needs.
- Any such changes will be discussed directly between the post holder and their line manager.

Responsibility for Patient/Client Care

- Work collaboratively with patients, carers, health and social care professionals, to identify health and social care needs and circumstances.
- Take a comprehensive history, and perform a physical examination establishing baseline data to inform the development of an individualised care plan to meet the patients' needs within the context of complex long-term clinical management planning.
- Make direct referrals and order investigations as necessary following agreed protocols and pathways of care, ensuring that medical records are updated, and the GP is kept informed.
- Teach and educate patients and their carers how to identify subtle changes in presentation of the condition that may indicate acute exacerbation of an underlying condition, or of illness and when to call for help.
- Enable, encourage and support individuals, families, and groups to address issues, which affect their health and social well-being.
- Provide information so patients and families can make choices about current and future care needs.







- Assess risk, which affects the health and safety of individuals, and care providers. This will include contributing to safeguarding of vulnerable individuals.
- Maintain responsibility for patients admitted to inpatient facilities providing base line health data for the receiving team, to support integrated and consistent care and facilitate timely discharge.
- Enable patients and their families to manage disability loss preparing them for changes in condition and support choice about end-of-life care.
- Evaluate, prioritise, and manage the implementation of change in work activities and service taking a flexible approach to the development of the Community Matron role.
- Participate in an on-call rota for the Community Matron Service.

Our values

Our values are our moral compass and core to our DNA. They underpin the way we deliver our services and treat those who use our services.

To many organisations values are just words which don't translate into reality of the day to day but our values flow through everything that we do, they define who we are, what we stand for and set the expectations of our colleagues, communities, customers and partners. They have been defined by our colleagues and have been integral to our journey so far and will be integral to our future as well.

We have three values which help us stand out from the crowd, not just because there's only three, but because they are unique to who we are. We care, we think, and we do.



Employee signature

Manager signature





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