

Practice-Based Multi-Disciplinary Teams (MDT) – Frequently Asked Questions

1. When will our MDTs be deployed?

Deployment timelines will be shared by NFSU once final arrangements are confirmed. Practices will be kept informed as soon as specific dates become available. At present, NFSU is still in discussions with SPPG and the Trust.

You will be aware that East Antrim is the next Federation scheduled to receive MDTs. The rollout plan for East Antrim is well underway, with the initial phase planned to begin in summer 2025. This will follow a phased approach, with the aim of achieving a full MDT complement by 2029.

Currently, there are no confirmed immediate plans for MDT deployment in the remaining two Federations, Antrim/Ballymena and Mid Ulster. It is unlikely to commence within the next few years.

2. What is the background to the introduction of MDTs?

The *Health and Wellbeing 2026: Delivering Together* strategy outlines a 10-year transformation plan for health and social care services in Northern Ireland. A core component of this transformation is the enhancement of primary care through the implementation of General Practice-based MDTs. These teams include social workers, mental health professionals, and first contact physiotherapists, aimed at providing more integrated, patient-centered care.

3. What are the key objectives of MDTs?

- Improve access to appropriate services for patients and their families.
 - Alleviate pressures on General Practitioners by distributing workload more effectively.
 - Ensure patients receive timely, tailored care from the most appropriate professional.
 - Minimise GP time spent navigating community and Trust-led services.
 - Enable GPs to focus on higher-quality and more complex consultations.
 - Utilise existing clinical data more effectively to support planning and service delivery.
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4. Who employs MDT staff?

The Mental Health Practitioners (MHP) are employed by their respective GP Federations, and as such, are employees of those Federations.

The First Contact Physiotherapists (FCP), Social Workers (SW) & Social Worker Assistants (SWA) are employed by their respective Health Trust, and as such, are Health Trust employees.

5. What will the MDT composition look like within our practice (once fully established)?

- 0.5 WTE First Contact Physiotherapist per 5,000 patients
- 0.5 WTE Mental Health Practitioner per 5,000 patients
- 0.5 WTE Primary Care Social Worker per 5,000 patients
- 0.5 WTE Social Work Assistant per 5,000 patients (*TBC*)
- Professional managers for each discipline

6. How will MDTs operate within the practice?

MDTs function collaboratively between GP Federations, Health Trusts and Practices.

Where feasible, MDT staff will be co-located within practices, with infrastructure investments made to support this. Practices will receive an annual Practice Governance Payment to assist with hosting MDT personnel. We are currently negotiating the details of this payment. It is envisaged to be a payment based on patient list size. All MDT staff (excluding District Nurses and Health Visitors) will operate using the GMS clinical system and standardised regional templates specific to their roles.

7. Who will be responsible for managing the MDT staff?

Management will be provided by the relevant professional manager within the Federation or Trust. This includes responsibility for HR matters such as contracts, leave requests, and performance management. Staff will be encouraged to communicate upcoming leave or relevant issues to the Practice Manager in the first instance as a professional courtesy.

There will be a Northern MDT Project Board which will consist of NFSU Locality Leads, a NFSU Nursing Lead, a NFSU Governance Lead and a Locality Mental Health GP Lead. This Northern MDT Project Board will liaise with professional leads within the Trust.

8. How will MDTs integrate with our existing practice team?

Practices are encouraged to welcome MDT staff as integral members of their team. In regions such as Causeway Federation, successful MDT integration has demonstrated significant benefits, particularly where MDTs are actively included in team meetings and collaborative practice discussions. While SOPs and role objectives will be pre-established, practices can work with staff and professional managers to determine the best operational fit.

9. Will MDT staff use the practice's clinical system?

Yes. All applicable MDT staff will use the GMS clinical system and be trained on regional templates.

10. What is the expected duration of MDT involvement in practices?

The MDT model is part of a long-term strategic initiative. Further information regarding duration and funding sustainability will be provided by the Federation as it becomes available.

11. Will the implementation of MDTs increase workload for practice staff?

No. While practice staff may assist in inducting new MDT members, these professionals will have their own appointment slots, be responsible for their own administration, easing rather than adding to workload. This aligns with the overarching aim of reducing pressures on GP practices.

The reception teams make the appointments for the MDT staff member and will need training to decipher what is appropriate and what is not. On the occasion where the MDT staff member is sick the practice admin team are responsible for looking after the appointments and rearranging them.

12. What will a typical work week look like for MDT staff in general practice?

A standard week will consist of:

- A pre-agreed number of patient appointments
 - Administrative time
 - Appraisal time
 - Time allocated for Continuing Professional Development (CPD)
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13. Will practices receive financial support for hosting MDT staff?

Yes. Practices will receive a "Governance Practice Payment" as recognition for their role in supporting MDTs. Specific payment amounts and schedules will be confirmed by the Federation.

14. How will MDT-related data be collected and shared, and why?


MDT-related data will be collected monthly from the clinical system via GPIIP, following the completion of Data Sharing Agreement forms by each Practice. These forms will be required at an early stage to ensure compliance with data governance standards.


The data may also be requested periodically by NFSU to support reporting and meet Strategic Planning and Performance Group (SPPG) funding requirements. Data will typically be presented through dashboards and shared with relevant stakeholders to promote transparency, support service evaluation, and ensure accountability in line with SPPG expectations.

15. Who should we contact with queries or concerns about MDTs?

General Enquiries:

Julie Wilson, NFSU

 julie.wilson@northernfsu.co.uk

 028 9620 8333

Staff-Specific Concerns:

Contact the relevant line manager initially. Unresolved issues should be escalated to the NFSU.

Governance or Compliance Issues:

Report to the staff member's line manager, who will escalate to the NFSU's MDT Governance Lead where appropriate.
