

JURA OUT OF HOURS REVIEW – QUESTIONS & ANSWERS – 16th August 2018

A few key points initially, to clarify some of the terminology used in my communication with NHS Highland etc. Apologies to anyone already familiar with this.

1. At the inception of the NHS in 1948, GPs were taken under the umbrella organisation of the NHS on a different basis to hospital doctors. GPs have been Independent Contractors to the NHS since that time. Abby and myself are self employed in a business partnership contracted to NHS Highland to provide primary care services in our Practice area, ie within the coastline of the island of Jura.
2. There are several other models of GP work – freelance/Locum, salaried, and direct employment by a Primary Care Organisation (PCO) eg NHS Highland. Dr MacTaggart and Dr Jackson are the current partners of Islay Medical Services. Dr Davis, Dr Cooper, Dr Vaughan-Jones and his wife Dr Kate Breckon are employed by IMS as salaried GPs and Abby is currently working there as a freelance GP, but soon will also be contracted to work as a salaried GP on Islay. A key point is that Partners are required to fulfil the terms of their contract to NHS Highland, but can do so in whatever means they see fit. Nobody at NHS Highland can compel an Islay GP to work on Jura if they don't want to, and vice versa.
3. One key differentiation is that between a **commissioner** of services and a **provider** of commissioned services. PCOs, such as NHS Highland, are responsible for commissioning services. GPs and other health and social care professionals are responsible for the practical provision of the service level agreement terms commissioned by the PCO. GPs have often historically provided a much higher level of service provision *pro bono* than that specified by the commissioning PCO. This 'good will' is a key feature of most NHS services – understandably though patients/service users are unaware of this and simply become accustomed to whatever level of service provision they are used to receiving. A good example of this locally, and one which is entirely understandably at the forefront of concerns expressed, is GP response either in a genuine or perceived emergency. At a contractual level, a primary care provider such as a GP is required to respond to a request for emergency help in just that manner, as a primary care provider. GP's are neither formally trained nor equipped to deliver emergency care in the same way as SAS paramedics. GP's also have no contractual obligation to respond in a certain timeframe. The confidence in the current system to provide a swift response to deal with any emergency scenario is misguided when relying on 1 person 24/7 - what if the GP is having a shower, fast asleep, the other end of the island or ill themselves? In an emergency the GP's will do what they can to facilitate the highest possible standard of patient care but realistically what one person, acting completely on their own, can achieve is limited. Paramedics and the Retrieval Team Doctors work in teams, on a shift pattern, for very sound reasons. A patient ringing a mainland GP Surgery anywhere in the UK complaining of, for example, crushing central chest

pain, or having suffered an injury requiring care such as plastering or suturing, will be advised to either attend their nearest A&E department or contact the emergency services by ringing 999. The fact that Jura's current OOH care provider picks injured patients up in his own vehicle, drives the ambulance to facilitate efficient patient transfers, sutures complex wounds etc etc is far above the service level received elsewhere, and should not be viewed as a minimum service level that can be continued permanently. Nearly all of us can see the mainland form where we reside - none of the residents of Crinan, Ardfern, Port Ban, Gigha etc receive the service level provided here. Community resilience was a key feature in Jura's recent community action plan, and should be focus here for the community – relying entirely on one person to provide 168 hours per week cover is not sensible (*to clarify, from our perspective, although we are 2 doctors, we are one family unit, to be regarded from a service provision perspective as one person*). Areas such as Ardfern are also a long way from an OOH GP, and from their nearest A&E department. Residents there have a volunteer 'First Responder' scheme, with training and support from the Ambulance Service. This is something to be considered locally. It would also significantly mitigate risk and improve care provision if the volunteer ambulance driver rota was resurrected, even just at the weekends.

4. Constructive criticism is right and welcome, and everyone involved in this process is keen for the community to be involved, but it is vital to remember who is responsible for what – the GPs of Jura Medical Practice are the service provider, and do not decide what service level is commissioned by the PCO. If we are unable to have a family life, privacy and free time post- 1/1/19, then we may indeed be on a slippery slope, similar to the events seen in other island communities over the past few years. The key point is – nobody wishes this to happen, and everyone is trying to come up with the best possible solution, given the current constraints of the available workforce. Jura is highly vulnerable to losing its GP service. Recent years have shown a high turnover of doctors, with most lasting around the 4 yr mark. Feedback from previous GP's shows the continuous on call commitment is a large factor in GPs leaving the island. The health board have found it difficult to recruit GP's to places like Jura – and many small islands with a similar size population have lost their GP service entirely – ie Eigg, Gigha, and other places. The current GP's could simply leave and after an intensive campaign to recruit another GP may be found. The cycle will then begin again - a few years of stability followed by burn out and departure. The Health board know this and it is highly unlikely they will opt to continue this model of care if the current GP's were to leave – a 2 island solution would be found and this would probably involve less routine GP provision than currently available – looking at the Gigha or Iona models – GP surgery twice or three times a week. The change in the model for OOH service provision is a way of ensuring Jura maintains its in hours GP service 5 days a week into the future as this

will way of working will be more likely to retain a GP and recruit in the future if this is needed.

By involving you as key community members, there is the opportunity, if desired, to make your own attempts by social media etc to find a GP willing to work every weekend here. The only reason this option is not being pursued by the PCO at present is the very low chance, based on experience in other areas locally, of finding such a person. But, it did work last time, so perhaps it is worth trying again?

Responses to individual points:

1. **"I cannot see how, in an emergency scenario, an adequate standard of care can be achieved without GP level assessment on the ground"** Most emergency situations, across the whole of the UK, are not dealt with by GPs. Primarily, responsibility for emergency response lies with the emergency services. The current GP level of response both in and out of hours is well above the contractually required level. My take on this would be that it would be better to feel fortunate to be retaining this high level of cover for 5/7 of the week rather than to feel aggrieved that the weekend service level, which will still be managed and overseen by highly qualified and experienced GPs, will be more akin to that provided to the rest of the UK population.
2. **"Would it be acceptable not to have a Jura Fire Brigade, Jura Coastguard etc and have to rely on expertise from Islay arriving as a first response?"** This is a point well made – the Jura Fire Service and Coastguard teams are both made up of retained local employees or volunteers. Other rural areas have similar First Responders for health issues, with training provided by the Scottish Ambulance Service (SAS). This is an area that is well worth exploring.
3. **Agencies out with Jura (Islay) have little appreciation as to the logistics of healthcare delivery on Jura, especially OOH, at night etc etc.** I think this is unfair and does a disservice to the doctors and paramedic crews of Islay, both of whom are experts in providing care and facilitating patient transfers etc already. SAS already has a statutory responsibility to respond to emergencies on Jura by whatever means is most appropriate (it would only be in the most extreme of weather that the Islay ambulance, Helimed 5 or the Coastguard helicopter would not be able to attend a genuine emergency here). Residents of eg the Oa on Islay are as remote from Islay Hospital as a resident of Craighouse. The ferry is clearly an additional issue for us here, but this is being actively worked on and a solution will be found before any transfer to an alternative service is signed off.
4. **"Are we now on a sliding scale to having NO Jura GP and all the implications for Jura economic and social resilience that implies?"** I certainly hope not! Our current 'life plan' is to remain here at least until Zoe completes her primary education and

then reassess our future plans. Nobody knows exactly what is going to happen to the NHS or Primary Care in the future, but we have every intention of doing our best to stay here, and appreciate the support we receive from the community at large for the part we play in ensuring economic development and social resilience continue here. It is important though that the community accepts that I am just a human being like everyone else, and can't be expected to continue providing the current service level forever, not without risking the breakdown of my family, marriage etc. I am not 'owned' by the community, and **do** have the right to decide how much work I wish to do. Without wishing to overstate my own personal importance, I am a highly skilled asset to the community, who would be extremely difficult to replace. I do have many professional options open to me if necessary, and I am here by choice, not obligation. Other island communities have made the mistake of hounding out their GPs over changes to OOH arrangements and now nobody wants to work in those places – it's in all of our interests to make sure this doesn't happen here. As previously stated, while the current situation may seem like an 'ideal' it is actually extremely precarious and Jura is at this moment very vulnerable to having no GP - the new system of weekend cover is intended as a positive step in protecting GP services on Jura, not the start of a sliding scale towards no service.

5. ***"Any reduction in service from having a GP level Health Professional on call on Jura at any one time is (personally) unacceptable. I cannot envisage any video link or other such system being medically appropriate in the case of an emergency response. Lives will be put at risk."*** I accept this as a personal viewpoint, but would refer you back to point 1 regarding the commissioned responsibilities of primary care providers vs those of the existing emergency services.
6. ***"Exactly what District Nurse provision is there on Jura?"*** Currently, a District Nurse is employed to be on duty from 9am – 5pm both on a Saturday and a Sunday on Jura (*verbal report from Wendy Dix*). At present, their contracted duties are to provide (*more health service terminology*) 'scheduled care' rather than 'unscheduled care'. This is why at present they are not involved in the provision of OOH services, as this is all unscheduled care, ie urgent cases that cannot wait until the next time the GP surgery is open. Wendy is aware that the current OOH review is happening. To me, it would be common sense to involve the District Nurses in the new system, but as stated above, I am not the commissioner of services, so I can only make suggestions rather than having the final say.
7. ***"The other option for an as yet unspecified health/social care worker option is also seemingly totally inadequate."*** It is considered adequate in numerous other areas such as Raasay, Cumbrae etc.
8. ***"Although I fully appreciate the GP "burn out" of 24/7 on-call status, am I to understand that a GP based on the island (in the scenario of none other being present) would refuse to attend an emergency call in the future because it was their "weekend off"?"*** I am pleased that there is appreciation of the concept of

burnout. It is a very real thing, and it really is happening to me (and Abby). By 1/1/19, we, as a professional and personal partnership, will have been responsible for the continual provision of health care on Jura for 2159 days, or 51816 hours. Even when we subcontract to Locums, we still have overall responsibility for their actions. Virtually nobody in the UK works as we do, because it's not safe, it's not sustainable, it's not sensible. To hammer the point home, imagine a scenario where I insisted that Lorna or Fiona were available 24/7 to dispense medications within a specified timeframe at my request, for less than half the minimum wage per hour, and made it a requirement that if they wished to leave Jura even for a few minutes, they had to find and employ a similarly qualified person to cover their duties and pay them 10 times their own hourly rate out of their own pockets. I am not sure either Dispenser would remain in post for very long under these conditions, yet this has been the reality of my own life for nearly 6 years now. It was my choice to come here and live under these conditions, and it is now in my interest as well as the community's to ensure that the new system is robust enough to the questioner's scenario will never be an issue – ie there should never be a scenario where I am being asked to attend an emergency call whilst off duty because no-one else on duty is able to. I plan not to be here for many weekends next year, or be in a tent near a loch etc if I am on Jura. If someone drops to the floor in front of me, naturally I will fulfil my moral obligations as a doctor and provide whatever assistance I can. What won't be acceptable to me however, is people assuming I'm still on call outside my contracted hours and requesting assistance because it's more *convenient* to them than using the new system. This could indeed lead to the slippery slope described in question 4.

9. ***"We were previously told (sold!) that the benefit of having the previous progression to the joint Islay/Jura GP Team was to accommodate time off? Are the Islay GPs reluctant to come over to Jura, when it seems that the other way round seems to be the norm for Jura resident GPs?"*** There has never been a plan to merge the Islay and Jura Medical Practices. We are separate financial and contractual units and will remain so in terms of core hours (8am – 6pm Monday – Friday) primary care provision. The shared Rural Fellowship scheme was our best attempt at finding a solution to the time off issue, but unfortunately, as only 4 GPs were interviewed for 13 available posts this year, we have not been able to attract a suitable candidate (despite concerted attempts and a great deal of effort, particularly on Abby's part). Abby has an entirely separate contract to work for Islay Medical Services and this is her professional and personal choice. The Jura community have no say in this and were not 'sold' it. There is not enough work for 2 GPs on Jura and so this arrangement allows Abby to continue her career. This has benefits for Jura in that there is an option to see a female GP and has much improved communication between the health care teams on the two islands. The Islay GPs have been very clear that they do not wish to work on Jura at the weekends and they have no obligation to do so. They have a busy on call rota on

Islay and coming to Jura on a weekend off to sit in the doctor's house is not an attractive option for them. They don't want to work in isolation and don't like the nature of the work on Jura ie the 'occasional but potentially serious call'. This illustrates the problem with recruiting doctors to this type of island job.

- 10. Scenario 1 (OOH but not emergency at the weekend): We would call the OOH number. On call Person on Islay would pick up and do some sort of telephone triage. If they needed physical hands on the person, they would send the Jura person (nurse / health worker etc) to go to the patient, complete obs, report back etc. Eigg boxes used as appropriate or referred to emergency? This sounds sort of similar to what happens on the big mainland when they call NHS 24 - am I picking this up correctly?** Yes, this is exactly what would happen under the proposed new system.
- 11. Scenario 2 (OOH and an emergency): At the moment, if we use our GP OOH service and they deem it to be an emergency, they co-ordinate helicopters etc as necessary - is that right?** Yes, this is correct.
- 12. In the new model, if scenario 1 described above then became an emergency, I'm guessing the same would happen? Either the Islay person would co-ordinate that, or the person on the ground with telephone support / approval from Islay?** Correct, the GP on Islay would have overall responsibility just as the Jura GP does at present. They would make the necessary arrangements for Helimed 5 to attend the Jura landing site. If necessary (if the patient was unstable), the Islay paramedics would attend to transfer the patient. It is important to appreciate how rarely this is the case though. This would be where the resurrection of the Jura ambulance drivers rota would be helpful, and an opportunity for the development of community first responders as is the system in other rural areas
- 13. What happens at the moment if someone calls 999 directly from their home on Jura? Does it go to GP OOH first? How would this look under the new model?** It depends – if it's clearly a 999 emergency, an SAS asset will be sent as appropriate without the GP being involved (such as when the Coastguard team transferred an injured person from a cruise ship to the Coastguard helicopter outside the hotel). Many 999 calls are not as clear cut, and all parties involved are of course aware of the considerable financial implications of tasking Helimed 5 to attend on Jura (several thousand pounds a time). As a GP, I am also registered as a BASICS pre-hospital care voluntary responder. The health board pay for me to go on the BASICS training courses, and the Sandpiper Trust charity provide the large blue bag containing about £1000 worth of pre-hospital care equipment for me to use as required. So, the current reality is SAS know I'm here, they know I'm a BASICS responder, so they use me to assess what level of emergency response is required. This is another good example of how the current level of service is 'above and beyond' what is actually contracted, although from a patient perspective it's impossible to tell the difference of course. Under the new model, SAS would have to

make the decision themselves, or use the 'one the ground' District Nurse (possibly) or health and social care worker to take a set of obs etc before deciding what to do. This is what happens in other areas though, so it would be nothing new from SAS's perspective.

- 14. "Overall I think there is actually an opportunity here to make Jura's on island healthcare team more resilient. Assuming that everyone on the Jura team is keen to do this, and that the necessary training and infrastructure is put in place, it could mean that we have a small team of people all set up to provide OOH support and emergency support when needed (rather than just two GPs)." I am entirely in agreement with this. As stated previously, your 2 GPs must be regarded as one 'care providing entity'. Should one of us fall ill, the other then has full child care responsibilities etc which makes providing the OOH service even more difficult.**
- 15. "We have to recognise that there are a lot of people who do not have the connectivity at home and/or the means to travel to the village when they are ill to join a video link or the inclination to use technology in this way." And "The idea of sick people having to travel to Craighouse in order to access an internet link does not seem viable, especially for those without access to a car, or who live alone or have other caring responsibilities. But neither do we presumably want to see an increase in 999 calls."** The 'Attend Anywhere' system would be used for the scenarios that on the mainland would be patients who had phoned an OOH centre and has been asked to come for a face to face consultation. The equipment would be at the Surgery, and is designed to be high resolution etc, so the GP at the other end can for example, count a child's respiratory rate, assess their colour accurately etc.. No connectivity would therefore be required at home. The volunteer ambulance rota would be an excellent way to overcome the transport issue. If someone is too ill to leave their house, then either they would receive an assisted telephone consultation from the GP with the aid of the DN and/or HSCW, or the Islay ambulance would be tasked to transfer the patient to Islay Hospital for further assessment, or they would be admitted directly to a mainland hospital. Personal inclination regarding the use of modern consulting systems is very much a secondary consideration, and patients would be advised as at present, only to ring 999 when clinically appropriate.
- 16. "The comments from the Islay doctors and the NHS , both seem to indicate that they have little appetite to support what Martin is proposing"** Comment from MJB: "I'm happy to report that the opposite is in fact true – the Islay GPs are merely trying to ensure the new system is robust and failsafe. The Health Board have many other issues facing them other than ours – my previous comments are merely an attempt to maintain momentum to meet the deadline successfully." Comment from ALB: "This is not 'Martins' proposal, this is the proposal the health board are keen to pursue, the Health Board are fully responsible for commissioning an appropriate and safe service, the Jura GP's are not responsible for OOH services on Jura following

the 1st January - it is not the case that Martin has to 'persuade' the Health Board and Islay GP's to support these proposals, he is simply involved as a source of experience on the ground to provide constructive advice."

17. ***"For me the detail provided so far is nowhere near that and some of the suggestions from the NHS show a complete lack of understanding of how Jura operates and the logistics involved."*** I'm not sure I can agree with this sentiment – considerable effort is being put into understanding our situation. Dr Reed has considerable experience in reconfiguring OOH services and has visited Jura personally with Donald Watt our locality manager. We are no different to other islands such as Raasay and Cumbrae in terms of operational challenges.
18. ***"There needs to be a lot more on offer as regards the OOH cover before there is any chance of this model being acceptable to Jura, the fact that no Doctor at all would be available even from Islay is a concern, at least that's what seems to be indicated."*** To be very blunt, it is not a question of whether or not the new system is acceptable to Jura or not. There is no option to continue the status quo. Something different **will** be in place on 1/1/19, so what is required now is constructive joint efforts to achieve a common aim. There will always be a qualified medical doctor available when required, it is just the way of accessing that person that is changing. At times, it may be much less convenient than at present, but this is very different to saying there will be no Doctor available.
19. ***"If the alternative is no doctor at all, as on some islands, we need to look carefully and constructively at what is possible."*** It will not come as a surprise to hear that I fully endorse and support this sentiment.
20. ***"The population of Jura may be small but it is not insignificant. Having front-line triage options with links to facilities on Islay may be the best option, but the time taken to install and train personnel to carry out this function is of the essence."*** I also agree fully with this statement.

Dr Martin J Beastall, with additional input from Dr Abby L Beastall on behalf of Jura Medical Practice

21.8.18