



Kinloch Rannoch out of hours provision of GP care

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02 October 2007

Background to report

Kinloch Rannoch falls under the jurisdiction of Tayside Health Board. It is a remote, rural area and the local GP practice has a list size of just over 600 patients which swells with the summer influx of tourists. The local practice has always provided out of hours (OOH) care as part of its GP contract. In 2003 the UK-wide GP contract (The New GMS Contract 2003) was renegotiated. The parties involved were no longer the individual GP and the Secretary of State, but the practice and the local health board. The new contract made provision for the GPs within a practice to opt out of their previous commitment to 24 hour or OOH cover, subject to the agreement of the health board.

When the contract was implemented the local GP expressed concern in the Sunday Herald (21 December 2004) that opting out of OOH cover would not be appropriate for the safety and health of local people. It is 20 miles to Aberfeldy or Pitlochry along difficult roads and travel time can be in excess of one hour. At the time the GP had already entered into repeat negotiations with Tayside Health Board on behalf of the practice to increase the level of remuneration for OOH cover. In October 2004 the same GP had grown 'weary' of providing OOH cover and applied to the health board for permission for the practice to stop providing OOH service. This was refused on the grounds of safety and access, pending new arrangements for OOH cover being put in place. The health board papers of July 2005 detail an action plan to explore and evaluate alternatives including additional support and remuneration to the affected GP and a decision to postpone the opt-out decision until September 2006 following evaluation of the paramedic model. The GP appealed against this delay and in September 2005 requested an independent panel to rule on the issue. There is some written suggestion in the correspondence between the GP and the health board that part of his dissatisfaction was linked to levels of remuneration.

On 01 December 2005, a panel comprising three members was convened, (a local medical committee (LMC) representative, a lay member, and the chairman, chief executive of NHS Orkney). It received written evidence from the practice and the health board and took oral evidence over the course of one day from the health board, the GP, and other practice representatives. The panel overruled the

decision of the health board on the suspension of the opt-out arrangements and on 06 December instructed that from 01 May 2006, the practice should be allowed to permanently opt out from out of hours service provision and that “the intervening five month period is intended to allow for public consultation”, and “to consider and test out hours models of service delivery ... and training of nurses in Pitlochry”. Leaving aside questions about apparent procedural irregularities with respect to public consultation and at various stages of the appeal including the convening of the panel and the reporting of its decision, this report is concerned solely with the basis upon which the panel reached its conclusions and the evidence it used to reach these conclusions.

In reversing the health board’s ruling the panel concluded that

- a Kinloch Rannoch was not unique in Scotland with regard to remoteness and rurality;
- b there were other practices in similar circumstance which had been allowed to opt out; and
- c these other practices had opted out safely.

The question posed in this report is whether in reaching this decision the panel:

- a paid proper regard to the range of evidence they would require to reach this decision; and
- b paid due regard to the evidence given to it.

The panel has not yet written a report summarising the evidence or the reasoning underpinning its conclusion. This report is therefore based on the transcript of notes of the meeting of the panel on 01 December and the written and oral evidence which was given to it by the health board and the practice.

It should be noted that the panel did not ask for, and therefore did not receive, written evidence on the following:

- 1 patient demographics, including age, sex, morbidity, composition of households, access to transport, detailed travel times for patients etc;
- 2 detailed data on the alternative strategies and out of hours care models that the board was developing;
- 3 data on comparable areas, practices, and service provision either prior to or following OOH changes in Scotland;
- 4 data on risk assessment of proposed changes in Kinloch Rannoch; and
- 5 data on the evaluations of NHS 24 and OOH services in the so-called ‘similar areas’.

Written evidence

Both the practice and Tayside Health Board submitted written reports. These were not discussed during the oral evidence session. It is important to note that the practice’s evidence provides support for the health board’s concerns, noting that there are problems with NHS Direct: a third of all calls to the service result in delays in triage and treatment.

The oral evidence

The oral session was in two parts. The first part was attended by four representatives from the practice (three GPs and one manager) including one representative of the LMC. Only three of the above spoke and gave evidence. The second part was attended by three representatives of the Tayside Health Board: the Director of Primary Care, the Medical Director for OOH, and the development manager. One would have expected that the public’s and patients’ perspectives would have been admitted to the evidence session, but none appear to have been invited.

Part 1: The practice representation

The LMC was representing the GPs at Kinloch Rannoch. Its support for the Kinloch Rannoch GPs is based on four claims, the first of which is partisan and the other three are flawed in their logic.

- 1 The LMC argued that the practice should be allowed to opt out because it was a question of 'fairness' for GPs in the Kinloch Rannoch practice. However, the issue of fairness is irrelevant for the following reasons:
 - i just because other practices choose to opt out, this does not mean that this is the right option either for their communities or that of Kinloch Rannoch;
 - ii the GP contract was not intended to provide a new norm of opting out, indeed the legislation leaves open the possibility of refusal, where the health board deems it to be in the interests of patients; and
 - iii the prime issue of fairness is one of fairness and equity of access for patients, not fairness to GPs who no longer want to work the hours they were previously contracted to do.
- 2 The LMC misled the panel by equating small numbers of patient contacts from Kinloch Rannoch community with the OOH service with low clinical need and risk. A small population will generate low numbers of contacts and emergency contacts, but this does not mean that the need for cover or the risk to that population is less than elsewhere. Indeed the GP stated in oral evidence that the population was older than the average practice population, and therefore would have above average risks. At the hearing the panel did not challenge this flawed line of reasoning; but low contact numbers are referred to throughout the panel's ruling as if they are a justification for withdrawing a service.
- 3 The LMC suggested that OOH requires a risk assessment. The panel did not ask the LMC to provide evidence as to the risk assessment required, or how it was to be conducted, or what would be an acceptable level of risk.
- 4 The LMC asserted that the Aberfeldy general practice was underutilised and had "plenty of capacity", and the practice manager at Kinloch Rannoch claimed that "a third of patients will benefit from the switch as Aberfeldy provides easier access". The panel did not ask for data in support of these claims, nor does it ask what the impact for all patients will be, as opposed to those few who happen to live near Aberfeldy. Again, the panel did not question this flawed line of reasoning.
- 5 The practice manager claimed that recruitment and retention was difficult and locum cover was difficult. However, that is not a reason for withdrawing OOH cover or for not providing a service. The panel did not ask for evidence. In part 2 of the hearing, when the Director of Primary Care for the health board was asked whether, if the local GP left, he would be difficult to replace, he replied: "if the doctor were to leave he could be replaced, there are some GPs interested in rural general practice and they have an understanding of what is involved." But the panel did not confront the claim that it is hard to recruit and retain GPs with this alternative and contradictory evidence.
- 6 The LMC admitted both that "[Kinloch Rannoch] is the only area that is not part of OOH cover" and that although "rurality is a spectrum, [it] is probably at one end of the spectrum". The Health Board also saw Kinloch Rannoch as "exceptional", noting that it is the most remote area in terms of road conditions and travel time. Yet the LMC stated that there are other similar

areas in Scotland, and this was repeated by the chair of the panel. The chair does not provide, and the panel did not ask, for evidence to support this claim.

The GP's view

The Panel did not ask the GP what would happen if withdrawal from OOH service was refused and whether he would leave or stay in the practice. The panel also failed to interrogate him and the practice about his evidence, which showed serious problems with NHS Direct arrangements, including the fact that out of 73 calls handled by NHS Direct, 30% resulted in delays, failure in triage, or inappropriate advice, nor was there any attempt to ask for data on the audit of the outcomes of these failures.

Part 2: The health board

- 1 The Tayside Health Board's aim was to provide a safe and acceptable service for patients. The key concern noted by the board was that it was not confident that they had a safe alternative model of OOH care for Kinloch Rannoch. In particular, it was concerned about the 'golden hour' (ie, the door to needle time), the availability of paramedic back-up, and the fact that the outcomes of the new model and pilot schemes for it were as yet unknown. The panel did not ask for evidence in support of its concerns, nor did it interrogate the board further.

At this stage in the proceedings, the panel appeared to be more concerned with procedure, ie, what the practice had been told, rather than with the substantive issue - what was appropriate and safe for the local community - which was the issue it had been tasked with addressing.

- 2 The health board described public concerns about the proposed opt-out and at various times described a number of innovations they were working on, including a salaried GP service, recruiting doctors from Germany, and nursing and paramedic services. The panel - despite repeated reiteration of the health board's concerns - did not ask for data or evidence underpinning the safety concerns, nor did they cross-examine the board. The impression conveyed by the notes of the meeting is that the panel had not fully read or understood the submission by the health board and their action plan.
- 3 When told that the community was not happy with the OOH service and wanted something suitable for their needs, a panel member replied that "the indication was" that all areas were generally unhappy with change. He seemed not to recognise that the fact that other communities are not happy with the change is a reason for not imposing change, rather than imposing it on another.
- 4 The health board made it clear in their written submissions that they were working on and evaluating a variety of other models, to be accomplished by September 2006, but the panel did not ask for further information on the time scale for evaluations nor did it refer to the detailed minute of the July 2005 meeting with the practice and the ensuing agreed action plan that the health board and practice appear to have agreed to.

Conclusion

In overruling the decision of the health board the panel concluded that

- a Kinloch Rannoch was not unique in Scotland with regard to remoteness and rurality;
- b there are other practices in similar circumstance which had been allowed to opt out; and
- c in opting out these other practices had done so safely.

The question posed in this report is whether in reaching this decision the panel:

- a paid proper regard to the range of evidence they would require to reach this decision and,
- b paid due regard to the evidence given to them.

The record of the evidence given to the panel, and its treatment of the oral presentations, suggests that it did not have the evidence it needed to arrive at the conclusion it did, and did not seriously probe or have due regard to the evidence that was submitted to it. It appears in crucial respects to have been more concerned with the needs of the GP who called for it to be convened than with the needs of the population served and the alternatives open to the practice and to the health board. It appears to have paid insufficient attention to the flaws in the evidence of the LMC and the contradictions between it and the evidence submitted by the health board.