

**MINUTES of the SPECIAL MEETING of
ROUSAY, EGILSAY, WYRE & GAIRSAY
COMMUNITY COUNCIL (REWGCC) held
in the ROUSAY COMMUNITY SCHOOL
on TUESDAY, 16th FEBRUARY 2010
at 7.30 p.m.**

Present: Mr R Tipper, Mrs I Murray, Mr E Shortland and Mr M Hull

In attendance: Councillor G Sinclair
Karen Crichton, Interim Community Health Partnership General Manager,
NHS Orkney (NHSO)
Marthinus Roos, Medical Director, NHSO
Milne Weir, Chief Operating Officer, NHSO
Dr Charlie Siderfin, GP Heilendi Practice
Mrs D Compton, Clerk

1. APOLOGIES

RESOLVED to note that apologies for absence had been intimated on behalf of Mr A Firth, Mr E Flaws and Mr E Dick.

2. NHS ORKNEY PRIMARY & COMMUNITY SERVICES REDESIGN

Karen Crichton (KC) thanked members for inviting the NHS Board NHS Orkney Primary & Community Services Redesign to the meeting.

She then apologised and explained the circumstances that led to Rousay, Egilsay and Wyre being without GP cover between 10/2/10-12/2/10, and that the Nurse Practitioner put in place was able to cover the requirements of the island.

Karen also explained that Dr Sue McCallister was not returning to work due to ill health.

Karen introduced Dr Charlie Siderfin to explain about the 'Network of Care.'

a) Dr Charlie Siderfin (DCS) – Network of Care

DCS explained that the model of care they were proposing for the islands would provide a framework of clinical governance, mutual support and ongoing training for the clinicians. This would promote:

- good high quality of care
- continuity of service
- networking
- development of safety management practices (i.e. standard level of training,
- access to other clinicians, team working network of acute services.)

Rousay & Shapinsay

The idea/plan for these islands is that there will be Nurse Practitioners (NP) based on the island providing:

- 24 hour care
- who can diagnose and prescribe
- with visiting GP's providing surgery for more complex issues (models already in operation on Papa Westray and Eday with support from the Heilendi Practice and Balfour Hospital through video conferencing etc.)

Question and answer session followed between members of REWGCC and NHSO members present.

Mr E Shortland (ES): Q. What is a clinician?

DCS: A. Another name for a Nurse or Doctor.

Mr R Tipper (RT): Q. Who would be based on the island in the scenario proposed?

DCS: A. A Nurse Practitioner would be living on the island and providing day and night care. The GP would visit looking at complex illnesses/medication issues. The Nurse Practitioners are also good at managing chronic disease.

RT: Q: Can Nurse Practitioners prescribe?

DCS: A: If it is within their competency and they have had appropriate training.

RT: Q: Are you proposing that patients will see a Nurse Practitioner in the first instance?

DCS: A: The Nurse Practitioner is qualified in providing acute services. They will listen and prescribe as well as having knowledge of chronic conditions eg. Diabetes and will know about routine bloods, prescribing and altering medicines. They will have the skills necessary but can get training and support to meet their needs.

Mr M Hull (MH) Q: Why are you proposing a doctor in Westray, Stronsay and Sanday?

Mr M Weir (MW) A: Explained that the decision for GP or Nurse Practitioner was based on island population. Small island one surgery and the larger islands require more surgeries.

RT went on to explain that we have a unique three island cluster and that the surgeries and GP operating times are adapted to meet the requirements of the communities of Egilsay and Wyre who are dependent on the ferry service and time table.

MW expressed the view that the Board would have to look at the logistics to meet the needs of the three communities. Councillor G Sinclair felt that there were grounds for talks between NHSO and Orkney Islands Council on some issues.

MH explained that over the past three years the Community Council has consistently communicated issues raised within the communities, shared ideas, maintained dialogue and never received any response back from the Board.

The issue of sustainability of the communities and the 'feeling' that people were safe was paramount in promoting expansion in the island.

Q: Are we safe here?

MW: A: There is a need to get community working with us and participating in interviews. Have an aim to maintain sustainability of communities.

RT, MH and ES reiterated certain issues continuously and these were:

1. that the community wants a GP on the island; and
2. in the five years of discussion the various boards have proposed Nurse Practitioners but never given any explanation for their preference
3. that REWGCC has put forward the concept of a Nurse Practitioner working along side a GP with both based on the island. This suggestion was felt to offer good practice, allowing the community to become confident with the service on offer and the roles of the staff.

It was felt by community members that until these areas were addressed the process could not move forward.

MH questioned the NHSO Board about the cost of providing the service they were recommending. He also wanted to know if a survey had been taken looking at public confidence in the scheme in operation on Eday.

MW. A: The cost saving of the scheme was approx £30K and having spoken to the Eday community twelve months after the pilot had started, they received approval for a fixed term contract and continuation of the scheme.

b) Proposal for Rousay, Egilsay and Wyre (REW)

2 Nurse Practitioners working 24/3 & 24/4 to provide day and night cover.
GP visiting island, with undecided details of frequency, duration etc.

MH again stressed that at this point in time Egilsay and Wyre do not have any resident cover and the residents of the islands have to come to Rousay.

DCS remarked that the “NHSO Board present needed to go away and look at the arguments and issues around REW and how they could develop a plan to meet the community’s needs.”

KC wanted to know what REW needed to get Nurse Practitioners running the service.

Concerns Raised

During discussion the following other concerns were raised:

1. What was the quality of staff applying for the already filled posts.
2. Are the Nurse Practitioners prepared to take on the sole responsibility and consequence for their actions for 3 islands?
3. Will they be living and becoming part of the community.
4. What was the possibility of a group of GP’s taking over sole responsibility for the island (17C).

Points to consider for Moving Forward

Mr R Tipper and Mr M Hull explained that:-

- If Nurse Practitioner only, community would not go with this model.
- If Nurse Practitioner working along side GP for a few years, this option might be sellable to the community.
- Models looking at are: Nurse Practitioner; GP; Hybrid (NHS Board to give explanation about the options chosen and reasons . if can not pursue.)
- Set agreed time period for feedback.

Mr R Tipper then asked members of the public present if they had any questions for the NHSO Board.

Items brought to the Board’s attention were: -

- Locum cover and the inability to plan in advance.
- GP’s who wish to work on island but their preferred work pattern unable to be catered for.
- Promoting GP’s to move and live on the island.

c) Karen Crichton – Points for Next Meeting

With regard to scheduling the next meeting it was:-

RESOLVED:-

- (i) that the NHS Board would provide 2-3 options and produce reasons for the options to REWGCC;
- (ii) to meet in approximately in 3 months (date to be confirmed); and
- (iii) to note that RT stated GP cover to continue until next meeting but to arrange schedule for six months.

3. CONCLUSION

The Meeting closed at 10.10 p.m.