

Mary Mathewson

Sent Via E-Mail

**Michael Kellet**

Director of Health & Social Care

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Your Ref:

Our Ref: 2018.107.NHS

Date: 23 October 2018

Dear Mary

## **FREEDOM OF INFORMATION REQUEST 2018.107.NHS**

Thank you for your Freedom of Information Request which we received on 26 September 2018 requesting information on Closure of North East Fife Out of Hours Service.

### **Question/Response:**

I ask Fife Health and Social Care Partnership and the Health Minister to make available to me and the community;

- (1) The number of evenings/nights over the past seven years prior to 1 April 2018, when the out of hours service in North East Fife had to be closed due to staff shortages ?**

The centre based in North East Fife has been closed twice between 2015 and the start of contingency due to staff shortages (data is not available prior to 2015). These closures were overnight on 9/2/18 and 21/3/18.

However there have been and continue to be occasions where nursing staff are not available to work from the centre. This can mean that the service is therefore unable to provide a minor injury service as a number of the GPs do not consider it is within their scope of practice to provide this type of intervention.

- (2) The analysis carried out on alternatives to closure, including the risk assessment of this area which has a high population of young and elderly people living on their own. The age demographic of North East Fife is skewed by the presence of the student population but many students live on their own and are vulnerable?**

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Please note that the service has not been closed – the contingency arrangements have only changed the base from which the overnight service is delivered. Advice Calls and Home Visiting have always been delivered on a Fife wide basis; the contingency arrangements have seen 00:00 to 08:00 hours treatment centre appointments consolidated in one centre at Victoria Hospital. The move to contingency was a result of significant staffing challenges Fife wide.

In response to your questions regarding 'Alternative to closure' and in relation to the Urgent Care Joining Up Care proposals, the Health and Social Care Partnership has been working since the publication of Professor Sir Lewis' Ritchie's report (Pulling together: transforming urgent care for the people of Scotland, November 2015) to redesign urgent care to support the delivery of a safe and sustainable service – the analysis for this is summarised in the full Joining Up Care proposal (<http://wordpress.fifedirect.org.uk/fhsc/wp-content/uploads/sites/12/2018/06/JUC-Full-proposal-final-29-June.pdf> ). The process undertaken to assess the options did not discuss 'closure' rather the clinical model required for the future and then the locations options stemming from this.

While working through the redesign process colleagues in the Primary care Emergency Service and the Primary Care department continue to face daily pressures in terms of maintaining safe staffing levels. Including negotiating to secure cover, as described above, sometimes very close to deadlines. Unfortunately circumstances required a move to contingency prior to the conclusion of the redesign process because as at April 2018, 43 out of the 84 overnight sessions in a four week block were permanently vacant. A range of factors had to be considered to ensure a safe and sustainable service in terms of considering where to base the overnight service contingency arrangements. These included:

- Access to wider support and specialist service.
- Access to wider NHS Scotland centres (Dundee/Larbert).
- 14% of treatment centre activity was delivered from St Andrew's Community Hospital.

We have undertaken an Equalities Impact Assessment of the contingency arrangements. In relation to patient travel the service's practice is, and will continue to be, to have a conversation with people and where they indicate that they cannot travel a clinician will call and discuss their health need with them. Where the clinician assess a face to face assessment is required a Home Visit is arranged. The Partnership has committed to developing a travel procedure to ensure access is maintained to support the future model, yet to be determined by the Partnership Board. (EQIA-  
<https://www.nhsfife.org/nhs/index.cfm?fuseaction=nhs.pagedisplay&p2sid=29AF3656-E98B-DDD2-7127407A883B744B&themeid=B62913A7-AEE9-0C0B-A51FC333AF909397> )

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In terms of understanding the population served by PCES in North East Fife and the other services involved in the delivery of urgent care, Page 5 of the proposal indicates that the Partnership in planning health and social care for Fife seeks to continually ensure a full understanding of the differing health needs of the localities of Fife:

"Each strand is building on the consultation and engagement work with stakeholders undertaken in developing the NHS Fife Clinical Strategy and H&SCP Strategic Plan with each facing a range of challenges. These challenges differ by local area, this is described in our locality packs (locality profile information <http://www.fifehealthandsocialcare.org/publications/> ). By developing our system to enable services to proactively engage with people to maximise their health and wellbeing we can minimise their need for urgent care services and hospital based care."

Planning is therefore undertaken with awareness of:

- the relative rural access difficulties.
- the access deprivation faced by both North East and West Fife localities.
- the current proportion of the population over 75 in North East Fife.
- the projected increase of the population aged over 75 in North East Fife.
- the relatively high life expectancy of North East Fife.
- the relatively low prevalence of long term conditions in North East Fife.
- the relatively low rate of emergency and potentially avoidable hospital admissions from North East Fife.

The partnership is concerned about the health of the various student populations across Fife. A specific initiative has recently progressed with St Andrew's University to develop a student health and wellbeing hub to proactively support St Andrew's University students to minimise urgent and crises situations. Significant communication has been undertaken to raise awareness of this along with an on line application and a telephone helpline.

In relation to the urgent care element of the proposal the working group leading redesign over the past three years for the partnership has carefully considered a wide range of details. It has also been careful to support people's understanding of the nature of urgent care:

- that it is not emergency care – the earliest appointment/advice call/home visit offered is within 1 hour.
- that people's use of urgent care is very limited (circa 1% of the population in a year will access the service).

- the service is comprised of a range of elements - with attendance at a treatment centre being circa 66% of urgent care activity (for people with NEF post codes 60% of contacts related to a treatment centre appointment)

The partnership has been very conscious of travel concerns and enabling access in developing this proposal. Appendix 7, page 83, of the full proposal (enclosed <http://wordpress.fifedirect.org.uk/fhsc/wp-content/uploads/sites/12/2018/06/JUC-Full-proposal-final-29-June.pdf> ) outlines the travel and access considerations and how these related to the centre locations for the options. As noted above where a treatment centre appointment has been offered and someone cannot attend, following a conversation with a clinician a home visit will be arranged where a direct clinical contact is required.

**(3) I ask Fife Health and Social Care Partnership and the Health Minister to advise us of the number of general practitioners involved with the decision to close the OOHs Service?**

Please note that the service has not been closed – the contingency arrangements have only changed the base from which the overnight service is delivered. The Advice Calls and Home Visiting have always been delivered on a Fife wide basis; the contingency arrangements have seen 00:00 to 08:00hours treatment centre appointments consolidated in one centre at Victoria Hospital.

The decision to temporarily close three overnight Out of Hours GP centres and consolidate in one was an operational decision taken by those with service responsibility, in light of the advice of the Primary Care Emergency Service Strategic Group. This group includes the Clinical Director, West Division, and the Associate Clinical Director for the Primary Care Emergency Service, who had consulted with the East Division Clinical Director. All three are senior GPs.

In relation to the proposal being consulted on (i.e. no decision has been made regarding the future model of out of hours urgent care in Fife); the Working Group which has led the redesign process includes three GPs (including a representative of the Local Medical Committee). The Project Team co-ordinating the redesign includes the Associate Clinical Director for the Primary Care Emergency Service. These groups developed the options that were taken forward to the option appraisal (which produced the options for consultation), all practices were invited to participate in this process; five GPs participated.

Throughout the redesign work communication has been undertaken with all practices. This includes:

- newsletters circulated to all GP practices informing of the local work being undertaken following the national review by Prof. Sir Lewis Ritchie.
- an invitation to participate in the Option Appraisal process.
- the circulation to all practices of information regarding both the arrangements for consulting with the public (indeed being asked to assist in sharing this information within practices) and with staff.

I hope this information is helpful to you. Please do not hesitate to contact me by email, or by telephone on 03451 55555 extension 440971 if I can be of further assistance.

If you are unhappy with any aspect of how we have dealt with your request you can ask us to review the handling of your request. You are entitled to ask for a review up to 40 working days from the date of the initial response. You will receive a full response to your request for review within 20 working days of its receipt.

Please send your request for review to [FOI.IJB@fife.gov.uk](mailto:FOI.IJB@fife.gov.uk) or send your request in writing to: Director of Health and Social Care, Rothesay House, Rothesay Place, Glenrothes, KY7 5PQ.

If you are dissatisfied with the way in which we have handled your request for review you may ask the Scottish Information Commissioner to review our decision. You must submit your complaint to the Commissioner within 6 months of receiving the response

Yours sincerely



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