



Alex Rowley MSP
Member for Mid Scotland and Fife
Ore Valley Business Centre
93 Main Street
LOCHGELLY
KY5 9AF

Michael Kellet

Director of Health & Social Care

03451 555555 ext. 444112
Michael.Kellet@fife.gov.uk

Your Ref:
Our Ref: MK/GM/AR180418

Date: 18 April 2018

Dear Mr Rowley

PRIMARY CARE EMERGENCY SERVICE

Thank you for your letter regarding the overnight contingency arrangements for Primary Care Emergency Service (PCES).

Moving the PCES to an overnight contingency between the hours of Midnight and 8am was a very difficult decision. This decision was taken to ensure patient safety which is our primary concern after much clinical consideration.

I understand your concern about the impact that this decision will have on communities in Fife. To be clear the PCES will run normally between 18:00 and 00:00 weeknights and at weekends and public holidays, with delivery over 4 bases in Fife at:

- Queen Margaret Hospital, Dunfermline
- Victoria Hospital Kirkcaldy
- Glenrothes Hospital
- St Andrews Community Hospital

In your letter you asked about staffing overnight at VHK from the PCES. Prior to the contingency measures there were no PCES staff in the VHK after midnight as the service was delivered from Dunfermline, Glenrothes and St. Andrews. The cover in place at VHK from 00:00 to 08:00 now involves two Urgent Care Practitioners and two GPs on weeknights and two Urgent Care Practitioners and three GPs at weekends. The staffing model described includes capacity for the provision of home visits on a Fife wide basis.

I /...

Rothsay House, Rothsay Place, Glenrothes, Fife, KY7 5PQ

TELEPHONE 03451 55 00 00
TEXTPHONE 01592 583265

MICHAEL KELLET Director of Health and Social Care



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I note your enquiries about the medical and GP workforce across NHS Fife. At present there are 223 GP partners currently working in Fife along with 28 salaried GPs. There are 55 GP practices and of that 11 practices are currently recruiting for GPs.

Medical input to PCES is non-contracted with sessional and ad hoc commitment from GPs. There are 262 GP Partners and 940 sessional GPs on Fife's performers list. There are 150 GPs with PCES contracts however, only 68 provide regular sessions. Consequently the overnight rota for the Primary Care Emergency Service (PCES) for April at the beginning of the month only had four nights out of 28 with full cover.

Sustainability of GP out of hour's services is not just an issue for Fife. We are aware that both our neighbouring NHS Boards have had to move to overnight contingency measures – Tayside and Forth Valley. As with most areas in Scotland, there are growing difficulties ensuring clinical (medical and nursing) cover in GP Out of Hours Services. This is due to national shortages of GPs and Urgent Care Practitioners (UCPs) (Nurses). In Fife we have been able to maintain medical cover to support the existing model of service provision through the considerable efforts of colleagues in Primary Care negotiating, sometimes very close to deadlines to secure cover. From the end of March however it became clear that from early April the PCES would be unable to sustain the overnight service across 3 bases.

To support the service, a significant amount of nursing workforce development has taken place; however, considerable effort is also required to fill the Nursing rotas. This can mean that UCP shifts are covered by GPs. In addition to recruiting and developing the nursing workforce, we have placed an advertisement for GPs to increase the amount of GP cover within the service.

Due to the extent of the staffing shortages both locally and nationally, there is no immediate solution to the staffing challenges that the service faces. Every effort is being made to re-instate the service as soon as possible. The position will be reviewed again in three months time.

You highlighted the week of the 12th to 18th March 2018 and asked for a breakdown of service activity. This is currently being prepared and will be forwarded to you as soon as possible.

Discussion /...

Discussion regarding out of hours services and GP sustainability have been discussed with Acute colleagues for the past two years. It is important to stress that the PCES is for urgent care, not emergency care nor is it for routine care. At the Victoria Hospital assessment and treatment by the PCES takes place in the Emergency Department (ED) away from AU1 and the main hospital. The Clinical Leads within the PCES and the Health and Social Care Partnership assure me that in the out of hours period it is indeed safer for people to attend a centre which has access to more facilities and specialties than are located in a community setting. I would like to highlight that only those who require admission to hospital to have ongoing assessment and care will be admitted.

In terms of your question regarding transport, the clinical team within the PCES always recommend that individuals attend a treatment centre as the best place to have a consultation due to the equipment and facilities available. Where this is not possible the PCES will arrange for a clinician to call each individual to offer advice and support. Any decision made will be to ensure the right outcome with the right clinician at the right time. Each individual's clinical condition will be assessed and if it is recognised that it would be more appropriate to review individuals at home, home visits will be organised.

If I can provide you with any further information, please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Michael Kellet', with a long horizontal flourish extending to the right.

Michael Kellet
Director of Health and Social Care