



**REPORT ON IMPROVING EMERGENCY RESPONSE IN THE  
KINLOCH RANNOCH COMMUNITY**

## 1. PURPOSE

- 1.1 To consider and evaluate options around emergency responses in Kinloch Rannoch in Out of Hours periods, with specific reference to enhancing the emergency response, ensuring safe, sustainable and economically supportable solutions.

## 2. INTRODUCTION

- 2.1 Until April 2004, General Practitioners (GPs) in Scotland had 24 hour responsibility for the care of their own patients which, outside normal hours, the GPs delivered themselves or delegated this to another doctor through collaborative arrangements such as out-of-hours co-operatives. Since 1 April 2004, the Primary Medical Services (Scotland) Act 2004 placed a duty on NHS Boards to provide 'primary medical services' for their populations either through direct provision or by contract or agreement with a range of providers through indirect provision involving specific arrangements.
- 2.2 Integral to these new arrangements was the ability of GPs to continue to provide services during the out-of-hours period or to "opt out" of such provision where acceptable alternative services can be provided. Where GP practices exercise their right to opt out they give up their personal responsibility for 24-hour provision and the NHS Board has a legal responsibility to secure the provision of out-of-hours services for the population. In so doing the NHS Board has a duty to meet the standards established by NHS Quality Improvement Scotland.<sup>1</sup>
- 2.3 In response, NHS Tayside consulted GP practices across the area to establish their intentions with regard to provision of 24-hour care for their patients. Consistent with the rest of Scotland, the vast majority of practices in Tayside decided to "opt-out" of the provision of out-of-hours care and this responsibility passed to NHS Tayside. One exception was the Kinloch Rannoch Practice, a single-handed practice covering a population of around 595 patients which continued to provide out-of-hours services as a level one provider under locally negotiated General Medical Services (GMS) contract arrangements.
- 2.4 NHS Tayside took over responsibility for out-of-hours service across the area from October 2004 through direct provision arrangements, while NHS24 was launched across Tayside in December 2004. In Perth and Kinross, the communities were consulted over the out-of-hours arrangements, before the configuration of services was agreed as follows: -
- Primary Care Emergency Centre (PCEC) (now co-located within the Accident & Emergency department at Perth Royal Infirmary)
  - Out-of-hours GP with driver and vehicle based at the PCEC to respond to home visits
  - Out-of-hours GP with driver and vehicle based at Aberfeldy Community hospital to respond to home visits
  - Rapid Response Unit (RRU) comprising paramedic single manned vehicle, based at Aberfeldy Community hospital to augment the double-crewed Paramedic Ambulance emergency response team based at the new Pitlochry Integrated Care Centre.
  - Nurse-led, extended hours Minor Injury Illness Units (MIIUs) based at Crieff, Pitlochry and Blairgowrie Community Hospitals (now with tele-medicine link to out-of-hours GP clinical decision support)

<sup>1</sup> Standards for The Provision of Safe and Effective Primary Medical Services Out-of-hours – NHS Quality Improvement Scotland (NHS QIS) – August 2004

This paper is available on the Internet under [www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk) | About NHS Tayside | Your NHS Tayside | The Board and its Committees | Tayside NHS Board

- A District Nurse evening and overnight service based in the localities during the evening and operating from Perth overnight, further augments out-of-hours services.

2.5 In late 2005, NHS Quality Improvement Scotland (NHS QIS) reviewed the NHS Tayside Out-of-Hours Services against their standards. There are three elements to the standards

- Accessibility and availability at first point of contact
- Safe and effective care, and
- Audit, monitoring and reporting

The report in March 2006 assessed the registration status of NHS Tayside Out-of-Hours Services, as **“Provider is largely compliant with standards”**. As a result of the subsequent follow up process and report in December 2007<sup>2</sup> the registration status of NHS Tayside was amended to **“Provider has achieved full compliance with the standards”**. This provides external review and evidence that the Out-of-Hours services provided by NHS Tayside are safe and effective in accordance with the standards.

### 3 BACKGROUND

3.1 In 2004, in keeping with every other Tayside Practice the Kinloch Rannoch Practice applied to transfer their responsibilities during the out-of-hours period. At that time NHS Tayside Board made an agreement with the Practice to defer the original “opt out” for an initial period of 12 months. The Practice exercised their right to have a permanent opt out and an external panel (assessment panel) was convened and subsequently approved the decision. As a direct result of the Assessment Panel’s decision on 1 May 2006, the practice in Kinloch Rannoch ceased to provide out-of-hours services and NHS Tayside Out-of-Hours Service took the full responsibility for out-of-hours care in Kinloch Rannoch and Tummel area.

3.2 In 2007, the previous GP intimated his retirement and a recruitment process was initiated for the provision of GMS services in Kinloch Rannoch. The specification included the option for prospective applicants to incorporate proposals for out-of-hours services, it also offered guidance regarding residency being in Kinloch Rannoch or the vicinity. In the event, only one of the short-listed applicants offered any proposals for out-of-hours cover offering limited provision at specified times - this application was unsuccessful. The contract for the provision of GMS services for the Kinloch Rannoch area was awarded to Aberfeldy Practice (now re-named Aberfeldy & Kinloch Rannoch Medical Practice) who operate the services across the premises in Aberfeldy and Kinloch Rannoch. The practice has surveyed its entire patient population and has agreed additional extended operating hours for both Aberfeldy and Kinloch Rannoch Medical Practices. It has recently stated that it will not be possible for the practice to provide 24-hour, General Practitioner seven-day services in Kinloch Rannoch.

3.3 During 2008, the report of the Remote and Rural Steering Group<sup>3</sup> was published under a Chief Executive’s Letter (CEL), requiring NHS Boards and Special Boards to take account of the recommendations in assessing and planning services for remote and/or rural communities. It makes clear the need for the SAS to “adopt a more

<sup>2</sup> The Provision of Safe and Effective Primary and Medical Services Out-of Hours – NHS Tayside Follow-up Report — NHS QIS – December 2007

<sup>3</sup> Delivering for Remote and Rural Healthcare – NHS Scotland, The Scottish Government, Edinburgh – 2008

creative community emergency approach in remote and rural communities and advocates collaborative emergency response models. The issues were fully debated within the Scottish Parliament including discussion on the position of Kinloch Rannoch.

- 3.4 Some members of the local community, particularly the Rannoch and Tummel Community Council, have continued to voice concerns about the decision to allow the previous GP to opt-out of out-of-hours provision to their community. This view has been heightened by further concerns that the award of the new contract for GMS services did not include a requirement to provide 24-hour, seven-day provision in Kinloch Rannoch.
- 3.5 The Community Council has a stated view that is based on their own consultations, that only the re-instatement of 24-hour General Practitioner Services based in Kinloch Rannoch will be acceptable to the local community.
- 3.6 As the local arm of the NHS Tayside Delivery Unit, Perth and Kinross Community Health Partnership (CHP) determined to undertake a consultation exercise to engage with the local community of Kinloch Rannoch around the issue of Out of Hours services. A meeting with community representatives, service providers and stakeholders was held on 26 June 2008 to explore the options and to scope out further consultation with the wider community. The Community Council representatives withdrew from the meeting as they wished only to discuss the reinstatement of GP Out-of-Hours services in Kinloch Rannoch. However, the meeting agreed to hold a series of facilitated information and open space events hosted by the CHP on behalf of NHS Tayside to provide information about services currently available both in hours and out-of-hours in the local community.
- 3.7 Three events were organised and held over two separate days in late August and early September 2008 to which all members of the local community were invited. Two events were held at different times on Saturday, 23<sup>rd</sup> August 2008 in Kinloch Rannoch Village Hall to enable members of the community to come along to hear about the existing services, other potential services available and to discuss the issues they had with services locally. The third event on Wednesday 3 September 2008, also held in Kinloch Rannoch Village Hall, took the form of an open space discussion exploring options and solutions to address the issues raised over the previous two events. The journalist and broadcaster Pennie Taylor independently facilitated all of the events. An abstract of the discussions can be found at [www.nhstayside.scot.nhs.uk/out\\_hours/index.shtml](http://www.nhstayside.scot.nhs.uk/out_hours/index.shtml).
- 3.8 The conclusion from the analysis of the issues and the community engagement and consultation process is that the true concerns of the local community focus around the issue of emergency response. There is conclusive evidence that the routine out-of-hours services are safe and effective, and are fully compliant with the national standards. While there is always scope for continuous improvement, the provision of out-of-hours services to the Kinloch Rannoch community is appropriately scaled and resourced within the context of the framework of provision across Tayside. The notional cost per annum of out-of-hours services provided to Kinloch Rannoch in 2008/2009 amounts to circa £10,640 equating to approximately £17.88 per patient per annum, the average current cost across Tayside is £13.79.
- 3.9 It is acknowledged, however, that in the case of emergencies, requiring an emergency response, it can take around 35 minutes for the paramedic ambulance to reach Kinloch Rannoch and longer to reach further into areas such as Rannoch Station. The Scottish Ambulance Service (SAS) has the strategic responsibility to

work in partnership with the NHS locally and other partners to address this and to develop appropriate collaborative emergency response models.

3.10 As a result of the range of views expressed, it was agreed that the Kinloch Rannoch community should be afforded the opportunity to consider clear evidence for the range of emergency response services which were safe, sustainable and economically supportable, as follows:

- Status quo
- 24-hour Out-of-Hours GP cover, seven days a week
- Community Paramedic Model operating out-of-hours
- Community Responder Scheme

The above options were presented to the Kinloch Rannoch community on the 22 October 2008 by a panel consisting of:

Mr Gerry Marr, Chief Operating Officer, Delivery Unit, NHS Tayside  
Dr Joyce Meikle, Medical Director, Out-of-Hours Service, NHS Tayside  
Mr Bill Nicoll, General Manager, Perth & Kinross Community Health Partnership  
Mr Sandy Watson, OBE DL, Chairman, NHS Tayside

Mr Sandy Watson chaired the meeting, which was attended by 46 members of the community. They heard from the panel, in the form of presentations, before comments were invited from the floor. See Annex 1 for a report of the verbal and written comments from the meeting.

The chairman concluded the meeting by confirming that the Board of NHS Tayside would consider the options discussed together with the public comments when they considered the options/business case at their meeting on the 13 November 2008. A full abstract of the discussions can be found at [www.nhstayside.scot.nhs.uk/out\\_hours/index.shtml](http://www.nhstayside.scot.nhs.uk/out_hours/index.shtml)

3.11 The consideration of options within this business case will, therefore, focus on emergency response within the Kinloch Rannoch area, in response to the infrequent emergency events.

3.12 These options have been evaluated within the context of improving emergency response. Each option has been considered with reference to three key criteria. The extent to which proposals are:

- **Safe**  
Extent to which services are clinically safe, secure, sound and reliable and protect people from risk or harm
- **Sustainable**  
Extent to which services can be maintained in the longer term on an ongoing basis, meeting current needs without jeopardizing future opportunities
- **Economically Supportable**  
Extent to which the economic investment can be justified in terms of the benefits delivered.

3.13 The business case seeks to recommend to NHS Tayside Board safe, sustainable and economically supportable solutions, to improve emergency response within the Community of Kinloch Rannoch. Any proposals to be taken forward will be done in collaboration with a reference group as part of a 1-year pilot to test the change. The reference group will be multi-agency and will include community members.

## 4. STRATEGIC CONTEXT

- 4.1 The Scottish Government health policy set out within the document Better Health, Better Care<sup>4</sup>, enshrines the rights of people and communities within the context of a Mutual NHS, with a strong sense of shared ownership and influence. It envisages patients, carers and the public as partners in the delivery of care with a significant shift towards planned care rather than reactive care. The policy framework also seeks to promote a shift in the balance of care toward more locally accessible services and improved access to services, both in hours and out-of-hours. There is a strong commitment to tackle health inequalities, including supporting remote and rural communities affected by physical constraints on access. The NHS Tayside Local Delivery Plan and Corporate Objectives further emphasise the determination to maintain high quality out-of-hours services and a commitment to work in collaboration with partners to sustain people within their own communities.
- 4.2 Proposals should meet the test of safe, sustainable and economically supportable and should assist NHS Tayside and the Scottish Ambulance Service in delivering the following national and local imperatives:
- Strengthening social capital and community capacity
  - Addressing the requirements of the Remote and Rural Healthcare Strategy
  - Compliance with NHS QIS standards
  - Progress towards the implementation of the Hierarchy of Care model through strengthening services in local communities
  - Shifting the balance of care
  - Reducing the inequalities gap across Perth and Kinross
  - Improving local access to emergency response
- 4.3 Proposals should assist NHS Tayside and the SAS in addressing the following clinical need: -
- Extrapolation of General Register Office for Scotland projections to 2031 show an increase in the population in Perth & Kinross of 22%, with a significant increase in the older citizen population of 70% over 65 years old and 130% over 80 years old
  - Significant transport issues and transport distances for emergency response
  - Issues of access within remote and rural communities
  - Potential risk in 'in extremis' emergency situations awaiting attendance of deployed ambulance services
- 4.4 The aim is to improve outcomes in the following areas: -
- Improve ease of access to local, responsive emergency services
  - Reduce potential risks to patients awaiting emergency services response
  - Complement safe and effective out-of-hours services

## 5. REVIEW OF OPTIONS

### 5.1 Description of Options

The following sections summarise each of the options identified for consideration and appraisal, including a status quo option. Each of the options is considered in terms of safety, sustainability and economical supportability.

### 5.2 Option 1 – “Status Quo”

This option involves maintaining existing emergency response service arrangements involving the deployment of the double-manned paramedic ambulance crew from Pitlochry to the Kinloch Rannoch area, backed up by the single-manned Rapid Response Unit vehicle.

---

<sup>4</sup> Better Health, Better Care: Action Plan – The Scottish Government, Edinburgh – 2007

**Criteria**

- **Safe:** The current OOH service is reported by NHS QIS as being fully compliant with standards and demonstrates a high level of clinical governance and risk management. However, community consultation reports concerns re emergency response times.
- **Sustainable:** Currently sustainable although concerns re maintenance of existing paramedic skill base due to low levels of activity.
- **Economically Supportable:** Resourced from within existing budgets. Current cost per registered patient for OOH emergency service equates to £17.88.

**5.3 Option 2 - Provision of a GP Out-of-Hours Service ensuring 24-hour, seven-day provision.**

This option would involve the deployment of a general practitioner rota to maintain cover throughout the out-of-hours period to respond to emergency medical conditions pending the attendance of deployed paramedic ambulance crew. The general practitioner would be based in the village of Kinloch Rannoch from 6pm to 8am daily Monday to Friday and over the entire weekend period from 6pm Friday through to 8am Mondays, plus public holidays. The GP deployment would be part of the NHS Tayside Out-of-Hours Service, and as well attending to routine GP call-outs, would also provide a first response in emergency situations.

**Criteria**

- **Safe:** GPs are not trained responders and would require additional training to provide the emergency response required. Low levels of activity may result in challenges around maintaining skills, expertise and accreditation. Members of the Community Council would have a high level of confidence in this model.
- **Sustainable:** Sustainability is compromised due to limited activity. Current activity of 3 emergency calls per month equates to £15,468 per call out. Major difficulties anticipated in recruiting and retaining GPs due to isolation and limited activity.
- **Economically Supportable:** The total cost of providing this model including 3.8 GPs, 4.0 drivers, training, education, transport, travel and equipment equates to £556,876 (accommodation not included)  
Current Cost per registered patient for OOHs in Kinloch Rannoch = £17.88  
Estimated cost per patient for OOHs in Kinloch Rannoch = £930

**5.4 Option 3 - Provision of a Community Paramedic/Practitioner operating out-of-hours**

This option has strong similarities with Option 2, but involves the deployment of community paramedics instead of General Practitioners. The Community Paramedic is a trained practitioner with additional Minor Injury and Illness training which includes clinical placements and training in Patient Group Directives. It also incorporates formal practical assessments and submission of a portfolio of evidence. The role is being developed in Forth Valley and is at an early stage with only a few such practitioners across Scotland currently. This service would require four Band 6 paramedics plus an equipped response vehicle.

**Criteria**

- **Safe:** The Community Paramedic model is not fully tested and evaluated. This option would provide assurances in terms of improved emergency response times from a base in Kinloch Rannoch. It would also provide an extended range of skills and access to drugs and pain relief.
- **Sustainable:** Major difficulties anticipated in recruiting and retaining due to lack of activity.

Challenges around maintaining skills due to lack of activity.  
 Low morale due to professional isolation.  
 Difficulties justifying level of investment to sustain service based on low levels of activity.

- **Economically Supportable:** The economic investment may be difficult to justify in terms of low levels of activity.

Initial Costs	£132,000
Recurring Costs	£220,000
	= £369 per patient excluding accommodation/base costs

### 5.5 Option 4 – Immediate Emergency Response

This option considers a spectrum of emergency response and care whilst taking account of the 8-minute crucial period in sustaining life.

It is unlikely that the SAS could reach an emergency within the Kinloch Rannoch area within 8 minutes; however, by utilising the life-saving skills of a Community First Responder (CFR) it is achievable.

A CFR is deployed by the SAS to attend life-threatening (medical) calls where an ambulance response will be greater than 8 minutes. Their training is focussed on life-saving interventions and the First Person On Scene (FPOS) basic course is used to define the training syllabus with two additional skills; airways management, using oropharyngeal airways and oxygen therapy. The syllabus includes: airway management and recognition and initial care of bleeding/ shock, MI/Angina, diabetes, CVA, epilepsy, unconsciousness, asthma, asphyxia, bone, muscle and joint injury, burns and scalds, other trauma and related injuries and skeletal stabilisation.

There are currently four operational First Responder Schemes in the SAS East Central Division and call outs for the last 6 months are as follows:

Forth Valley	1227
Fife	1647
Perthshire	93
Tayside	1106

Based upon current information from SAS command and control system, there have been approximately 20 calls from the Kinloch Rannoch/Rannoch station area that would be deemed appropriate for CFR's to attend.

The arrival of a CFR will enable treatment to proceed and there will be ongoing liaison with the Rapid Response Unit or ambulance ensuring access to advice until their arrival which should, in an emergency, be approximately 30 minutes. Both the RRU and/or the ambulance deliver the same treatment as would be available on arrival at hospital and telemetry ensures 12 lead electrocardiograms (ECGs) are forwarded directly to the A&E department as well as the service radios, ensuring immediate and ongoing contact with the A&E consultant, guaranteeing advice, guidance and support to either the RRU or ambulance paramedics. Paramedics Standing Operational Procedures (SOPs) enable administration of Atropine, Lignocaine and Adrenaline, as well as the ability to thrombolise. All ensuring that, hospital treatment commences at initial point of contact.

This Option focuses on improved emergency response which should address the community's concerns regarding access to emergency treatment. It also demonstrates a creative community emergency approach.

#### Criteria

- **Safe:** CFR model saves and maintains lives by providing emergency response within 8 minutes. CFRs immediately communicate with RRU/Ambulance and maintain communications until RRU/Ambulances arrival. CFR administer oxygen but not drugs. RRU/Ambulance commence treatment on arrival, administering drugs, pain relief, ECG, thrombolysis and immediate and ongoing access to A&E consultant.
- **Sustainable:** Initial sustainability of CFR schemes dependant on recruitment and retention of volunteers. Longer term sustainability of CFR dependant on sufficient activity to maintain volunteers interest.
- **Economically Supportable:** OOH Service currently resourced in terms of NHS24 and SAS. Investment required for CFR scheme, opportunities for dialogue between NHS Tayside and SAS re funding.  
Initial Costs – £14,000  
Recurring Costs - £9,000  
= £15.12 per patient excluding accommodation/base costs

## 6. PREFERRED OPTION

- 6.1** In considering the options it is important to note that the existing out-of-hours services are assessed as fully compliant with QIS Standards and are designated as being safe and effective. Current costs are considered to provide value and the community of Kinloch Rannoch has reasonable access to a spectrum of services during the out of hour's period, the challenge, is for response times in case of emergencies. It is important to note that while NHS Tayside has undertaken to consider the 4 options regarding emergency response, responsibility predominantly sits with the SAS who are charged to work collaboratively with partners to address response times, patient transport issues and community vulnerability
- 6.2 Option 1** – This option achieves full compliance with current NHS QIS standards. It does not however have the support of the whole community, specifically in terms of emergency response times.
- 6.3 Option 2** – Whilst this option would provide rapid response to both routine and emergency calls, it may not be the most appropriate response required. It would provide very limited benefit for the economic investment involved and would have questionable sustainability over time. There is a very high risk that NHS Tayside would come under severe pressure to replicate such a support package to other similar remote and rural communities across Tayside and also other areas where response times may be compromised. This option would not ensure delivery of an appropriate collaborative emergency response.
- 6.4 Option 3** – This option provides an effective response to emergencies including drug provision and extended skills. The benefits are limited due to the extent of challenges in sustaining staff recruitment and retention and maintaining core skills with low levels of activity and experience. Although the economic investment is lower than the GP option, it would remain difficult to justify in relation to sustainability issues.
- 6.5 Option 4** - This option focuses on improved emergency response. CFRs are based within the community. There may be potential difficulties with this option in retaining volunteers due to potential lack of activity. There are also misconceptions about CFRs within the community. This option does however save lives and ensures treatment commences within the 8 minute period prior to the arrival of an ambulance or RRU within the 30 minute period. Treatment is then continued via paramedics and ongoing access to A&E consultant.

This option meets NHS QIS standards for OOH and would meet the recommendations from the Final Report on the Remote and Rural Workstream from the Scottish Government – “It is proposed that the SAS and NHS24 in collaboration with their territorial NHS Board colleagues develop appropriate collaborative emergency response models in remote and rural communities.”

- 6.6 It is therefore proposed that Option 4, Immediate Emergency Response is adopted as the preferred option by NHS Tayside Board and that it is taken forward as a 1 year pilot in order to test the change. NHS Tayside will work with the SAS to agree how to progress this model and funding requirements. It is also recommended that a multi agency reference group be established to take forward option 4 and that community representatives be included within the reference group.

## **7. CONCLUSION**

The community of Kinloch Rannoch and its surrounding area have expressed varying degrees of concern regarding the provision of an emergency response. NHS Tayside has undertaken a series of consultation events and as agreed produced a series of options for consideration by NHS Tayside Board. Option 4 has been identified within the report as the preferred option based on safety, sustainability and economical supportability.

It is proposed that as previously agreed with the Kinloch Rannoch Community a multi agency reference group be established to progress the preferred option and that the reference group include representation from the community in Kinloch Rannoch.

It is anticipated that Option 4 is piloted as a test of change for one year.