Out of Hours GMS Medical Cover
Strachur Medical Practice

BUSINESS PLAN

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EXECUTIVE SUMMARY

The Strachur Medical Practice is a single handed NHS GMS practice which is the only practice in the Strachur area. It serves around 1000 patients in an area of around 250 square miles. The practice is opting out of GMS Out of Hours GP provision on the14th of August 2007. The nearest other PCO OOH GP providers are based in Dunoon (18 miles to the South) and Vale of Leven (40 miles round the Rest and Be Thankful towards Glasgow).

Although the Dunoon GPs are close enough to provide acceptable GP response times, three factors make a Dunoon-led service less desirable: the belief that the Dunoon GPs don't want to cover Strachur when on call, the wishes of the local population for the retention of a local 24 hour service, and the poor provision of ambulance cover with long ambulance response times to Strachur. The last point is the most important, as the GPs currently provide first response to the vast majority of 999 calls in the area and loss of the local GP cover would seriously degrade 999 cover for the area.

R K Coull Ltd., as a limited company run by the current Strachur Medical Practice GP principal, is in a unique position to take over the OOH provision of GMC GP cover in Strachur in August 2007. This would allow the continuation of the current high quality service, involving OOH cover provided by resident GPs in Strachur. From the patient's perspective, the service would appear unchanged.

Funding for the service would come exclusively from Argyll CHP of Highland Health Board, and the cost of this proposal is based on the projected costs for medical staffing (including locums, locum accommodation, and locum mileage costs), communications equipment, vehicles, and emergency equipment.

I. NHS GMS OUT OF HOURS (OOH) IN STRACHUR

A. Current practice OOH setup

- Single handed GP resident in Strachur, Argyll, providing 24hr cover.
- Salaried doctor providing 17 weeks per year of cover.
- Locum doctors providing extra time off.
- Salaried doctor/locum residence rented by the practice in Strachur with landline telephone.
- Answering machine in Surgery OOH announces opening hours and telephone number for OOH doctor (**not** the NHS 24 helpline number).
- OOH Landline number diverts to OOH mobile phone.
- Mobile phone voicemail message tells patients to dial 999 or NHS 24 if unable to reach GP.
- 999 Ambulance Control system flags up that GP is to be called in event of any 999 calls in the Strachur area being received.
- NHS 24 and Dunoon A&E have home contact numbers of GPs in case of answering machine failure.
- Full BASICS emergency equipment carried in OOH vehicle, including 12 lead ECG, defibrillator, oxygen, spo2 monitor, and medical, trauma, and paediatric resuscitation equipment.
- Formal computer triage system, call logging, and report generation (including facility for faxing referral letters from the vehicle) is usually available via palmtop computer system .
- Dispensing of drugs to patients via practice dispensary access OOH.

B. The ideal remote general practice OOH service

- Local - GP based in the centre of the practice area.
- Convenient- easy access to services during day/evening/weekends.
- Efficient - cost effective use of resources.
- Dispensing – providing a full range of services to patients.
- Safe – well trained doctors and staff, providing high quality care.
- Sustainable – able to attract and retain sufficient staff over the short, medium and long term.
- Team based – integration of the district nurses, allied professions, and medical services to optimise support and patient care.

C. General Medical Services (GMS) contract

The plan will be to provide OOH NHS GP services.

This GMS contact was re-negotiated in 2004 (nGMS, or GMS2), and allowed GPs to opt out of 24 hour responsibility for the first time. The vast majority of GPs in Scotland have opted out of OOH since the new contract came into force.

D. Out of Hours contract

The practice is currently still opted in to providing 24/7 Out of Hours (OOH) cover, and will do so until August 2007.

The practice currently receives an ‘availability’ fee for providing this cover, but the fee is only a fraction of the market value for the service.

The cost to the practice of retaining OOH are considerable – for example increased locum fees (around 40% higher per week), and the potentially devastating costs of long term sickness cover, both of which need to be provided at market rate.

Also, although the call rate is low, the contract ties a GP to the area 24/7, which makes recruitment and retention of salaried GPs very difficult.

These are the main reason that the practice is opting out of OOH provision.

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II. MARKET RESEARCH AND ANALYSIS

A. Customers

Patients

Strachur is a relatively well-off part of Argyll, with high house prices and high levels of retired people living in the area. The area has a high proportion of well educated, motivated, and skilled individuals. The patients are very keen to retain 24/7 resident GP cover, and as a result they do not abuse the service. It is believed that few patients appreciate that the GP is unable to leave the practice/Dunoon area when on call and that it is this aspect of the provision that causes the GP the most problems. The patients do not want to receive OOH cover from Dunoon.

Safety concerns/Emergency Cover/Out of Hours

The patients are concerned about emergency response times. Patients in remote areas usually feel that the loss of the GP would affect their access to the service, and their safety out of hours. The Strachur patients are keen to retain 24hr cover locally.

Economic concerns

Strachur has a healthy local economy. Such local economies usually suffer if a local GP practice is closed or downgraded, with depopulation and depressed property values a likely outcome. The loss of OOH commitment may lead to the GP living outside the practice area.

Way of life

A resident GP has been an integral part of remote life for as long as anyone can remember. Most local fear that their way of life will be threatened by the loss of such an essential service. . The loss of OOH commitment may lead to the GP living outside the practice area.

NHS Argyll and Clyde and NHS Highland

NHS Argyll and Clyde was disbanded in 2006 after running up large debts and amongst allegations of poor management. NHS Highland has taken over responsibility for the Argyll and Bute area.

The practice area forms part of the new Community Health Partnership (CHP) for the old Argyll and Bute areas.

This changeover has produced uncertainty and anxiety amongst local GPs. For its part, NHS Highland is likely to be very concerned that the overspend in Argyll and Clyde will destabilise the NHS Highland budget.

B. Labour

General Practitioners

Three GPs work in the practice. The full time principal, the salaried part-time GP, who is working 17 weeks per year in the practice, and a regular locum doctor who does around 1 day a week on average.

Locum GPs

Locum GPs are available but are expensive. Overnight provision costs £100 - £200 on top of daytime provision, and is liable to cost £300-£500 per night if provided on its own, and weekends cost between £1000 and £1200 each to cover. Travel costs, costs of finding cover, and accommodation costs run at around £100 per day.

Practice Nurses

The practice has a single part-time practice nurse at grade F. She is currently available to help out at emergencies OOH but is not contractually obliged to do so.

District Nurses

There is a trial of district nurse provision from Dunoon in the evenings and weekends (until 10pm) which is ongoing.

C. Market Size and Trends

Practice population is just under 900 patients with around 200 temporary residents at any one time. Average call out rates are 3 calls per week, around 50% are 999 category calls (Triage Category Red or Orange, Immediate). Around 10% of calls occur between midnight and 7am.

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D. Market Share and Sales

There are no other GMS providers in the practice area.

E. Competition

Strachur

There are no other medical providers in the practice area.

Dunoon

The nearest centre is Dunoon, which is about a 30 minute drive to the south. There are three group practices in Dunoon, but there appears to be a degree of apathy amongst the Dunoon GPs towards providing OOH in Strachur, many of whom are due to retire in the next 5-10 years.

The Dunoon GPs, along with PCO salaried/locum doctors, provide A&E and GP OOH services on a rota basis.

Neighbouring Single Handed Practices

These practices are traditionally introspective and quiet. No competition is expected from these practices. In fact, there is the opportunity to engage in an alliance with these practices to defend against larger, more aggressive, competitors.

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III. MARKETING PLAN

A. Overall Market Strategy

There are three directions for marketing:

1. Letting patients know of the advantages of keeping a resident on call GP in the practice area.
2. Informing Highland Health Board of the dangers of long response times to Strachur in view of the poor ambulance cover and the indirect savings to be made by retaining a BASIC GP presence in Strachur (replacing a BASICS GP with a 999 frontline ambulance costs around £90,000 per year).
3. Possibly approaching the Scottish Ambulance Service to let them know of the advantages of retaining a BASICS GP presence in Strachur.

B. Pricing

Includes:

- Communication equipment costs (answering machines, dedicated land lines, mobile phones, call diversion costs, mobile fax equipment, hands free phone systems in vehicles)
- Dispensary costs.
- Staffing costs of 24 hr emergency GP cover, 365 days a year.
- Oxygen costs (NHS Emergency supplies are inadequate for this purpose) – cylinder rental, replacement, costs of regulator purchase and servicing.
- Staff training – BASICS training and area familiarisation of locums.
- Salaried doctor salaries, national insurance, and pension costs.
- Residential accommodation for duty GP.
- Travel costs for GPs not living in Strachur.
- Emergency medical equipment – the NHS emergency supplies only partially cover the items required)
- Emergency drugs budget – the biggest expense being out of date stock.

Some costs may be offset by:

- Private medical services OOH (non-NHS work).

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C. Sales Tactics

N/A

D. Advertising and Promotion

Information in the practice waiting room, local shops, and practice weblog. Meetings with Health Board managers and representatives of the Scottish Ambulance Service, Community Council, and any other interested patient groups.

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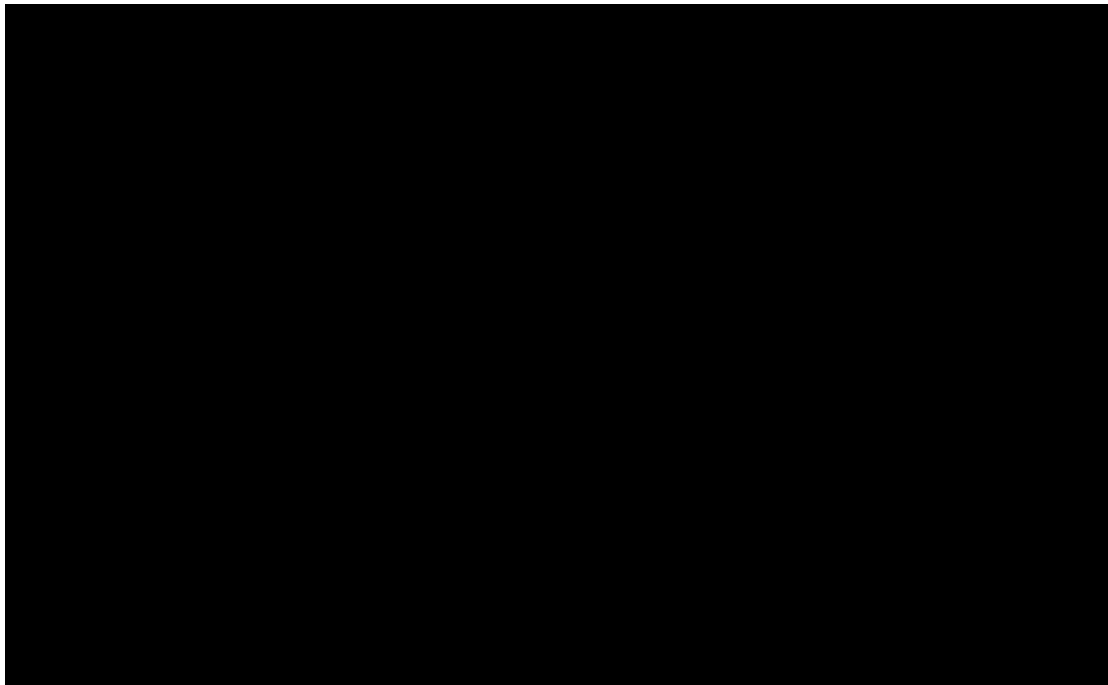
IV. OPERATING PLAN

A. Location

The Strachur Medical Practice is operated out of the Health Centre in Strachur, which has an excellent location.

Strachur lies on the east shore of Loch Fyne and continues a little way inland along the A815, the road that crosses the Cowal Peninsula via Loch Eck and the end of Holy Loch to Dunoon. The village was originally called Clachan, accounting for the name appearing on Ordnance Survey maps as Clachan Strachur.



Downhill from the original village, the main road brings you to the shore of Loch Fyne. Nearby is Strachur House, built by General John Campbell in the 1780s, though added to over the years since. There are also more houses and a shop here overlooking Strachur Bay.

It is said that the name of Strachur comes from the Gaelic for Glen of the Heron and started to be applied to the whole village after its development had reached Loch Fyne.

Just north of Strachur on the coast of Loch Fyne is Creggans. This was for many years the site of a ferry across the loch, but no longer. Today it

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is better known as the home of the Creggans Inn. From 1962 this was developed by Sir Fitzroy Maclean (whose exploits formed the model for Ian Fleming's character of James Bond) and later by his son, into an excellent small hotel. The recent sale of the hotel looks likely to ensure its continued success.

The Health Centre is located close to the Creggans Inn, and is owned by the Health Board. It is rented from them for the exclusive use of the practice.

B. Facilities and Improvements

Current Facilities

Health Centre

The interior of the health centre is clean, dry, well lit, and modern. There is a large waiting room in the middle opposite the reception area, is one consulting room and one nurse’s room to the east of the building.

The clinical rooms are fully equipped with desks, chairs, computers, printers, cupboards, and electric height-adjustable examination couches, and the nurse’s room is suitable for minor injury work.

The office/staff coffee room is located at the west end of the building, and is well appointed with a nutrition station and sofa couch and chairs. There is a desk with networked computer.

The small dispensary is clean and well laid out with drugs arranged alphabetically by generic name, a pharmacy fridge, networked computer with prescription and label printer, electric till, and terminal for accepting credit/debit card payments.

The waiting room is of a very high quality, with leather sofa and chairs to seat up to eight people, royalties-paid iPod music system, new magazines, water tower, and fresh-brewed coffee and tea machine with cups/milk/sugar available.

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Health Centre Exterior
Although the location is excellent, and the interior of the centre is acceptable, the health centre in general is an ugly and unpopular building.

It is jammed into the bottom right corner of the plot as it is entered, and access is by a narrow and poorly maintained ramp that runs up between the far right of the building and the edge of the plot.

The Health Centre also suffers from being directly attached to an even more ugly, very poor quality two story house which occupies the main part of the plot.

Attached 'Doctors House'
The attached 'doctors house' is also owned by the Health Board and was rented by the outgoing GP for his personal use. It fell vacant when the previous GP left in April 2006.

The house is in a very poor state of upkeep, cleanliness, and repair. It is possible that the Health Board may wish to rent the house out privately, but this is considered to be unlikely in view of the work required to separate the house's services from those of the practice, and by the layout of the plot.

If the house were to be repaired to an acceptable standard, then it would be ideal as an OOH base / salaried doctor/ locum residence.

Car Parking
There is car parking for 10 vehicles which is shared between the doctor's house and the health centre. Five spaces are reserved: one for the doctor, one for the nurse, two for the staff, and one for disabled patients. Improvements are already planned and authorised for the car park.

Computers

There is easy access to a network of GPASS nhs.net networked computers in the practice. The computers are of a high standard.

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Insurance

Appropriate employers, contents, and all risks equipment insurance will require to be organised.

Emergency Equipment

A full and extensive range of emergency equipment is already owned and available to equip the GPs for emergency work (as per R K Coull's previous provision of locum GP services). This includes three defibrillators (one owned by the community), two 12 lead ECG machines, two pulse oximeters, three BASICS emergency bags with a full stock of resuscitation equipment, four oxygen regulators, and a contract with BOC for 10 300l oxygen cylinders.

Accommodation

R K Coull Ltd will take over the rented accommodation that the salaried/locum doctors use when on-call at present which is based in the middle of Stachur and has a landline telephone installed as well as good mobile phone coverage (Orange network – beware: transmitter failures common and can blackout mobile signal in the village for several days at a time).

C. Strategy and Plans

Contract negotiation

Funding

The cost analysis will be used as a basis for negotiation with NHS Highland.

Contract Duration

A minimum guaranteed six month contract will be preferred, with a three month termination notice period on either side.

Performance monitoring and reporting arrangements

Negotiation over which performance criteria NHS Highland wishes to apply, and how these criteria will be monitored. These could include call times, response times, quality of communication with secondary care and the ambulance service, and patient satisfaction questionnaires.

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Termination and sanctions in respect of contracts
The contract must stipulate the circumstances in which sanctions, up to and including the termination of the contract, may be imposed, and the procedure by which they may be terminated.

Subcontracting arrangements
Negotiation of arrangements under which subcontracting will be allowed with the contractor (employment of locum GPs by R K Coull Ltd will not be viewed as subcontracting).

Complaints procedure
There will be a common complaints procedure with the Strachur Medical Practice.

Dispute resolution procedure for organisations without NHS body status
An appropriate dispute resolution process will require to be stipulated in the contract, including binding or non-binding arbitration or adjudication procedures.

Provision of information
NHS Highland should inform, and keep informed, the contractor of any additional patients services which may be relevant to OOH care provision (eg: District Nursing provision, dental provision).

Dispensing arrangements
Dispensing will occur via access to the Strachur Medical Practice dispensary. The SMP dispenser and GP principal will retain responsibility for the issuing of OOH medication with the assistance of the duty R K Coull Ltd doctor.

Timescale

As the GP OOH cover will be unchanged in practical terms, it should be perfectly achievable to have this contract negotiated and in place by early to mid August.

The only aspects that require work are the actual terms of the contract with NHS Highland.

D. Labour Force

General Practitioners

Two salaried GPs and one regular locum will provide the bulk of the OOH cover:

1. Robbie Coull, the new full time principal.
2. Rosemary Wright, the current salaried doctor in the practice.
3. Jurgen Tittmar the current regular locum doctor in the practice.

Locum GPs

Locum GPs have been approached, and several experienced GPs have already offered to provide 24hr cover for the practice if required. Their fees are currently around £500 to £600 per 24hrs plus expenses.

District Nurses

As the same doctors will be providing cover, no change should be noticed by the District Nursing service.

Manager

The practice manager will be able to provide any additional management support (such as ordering supplies and locating and paying locums when required). The company accountants will continue to operate the payroll as before.

V. MANAGEMENT TEAM

A. Organisation

The management team will comprise of an R K Coull Ltd managing director, Robbie Coull, with a part time manager.
The options for the salaried GP are to be employed by the practice, or to form a separate partnership with the principal. This partnership would include a salary rather than profit share, and would limit (but not eliminate) the salaried doctor's responsibilities. The salaried doctor would not have voting rights, and all final decisions would remain with the principal.

B. Key Personnel

Dr Robbie Coull

Age 38.

The son of the former senior Danish politician and well known author (Asger Baunsbak-Jensen) and a Scottish mother (Corrine Coull).

Robbie finished his GP training in 1998 in Stornoway and has since run a successful locum business providing medical cover mainly to single handed remote GP surgeries in the Highlands and Islands. Most of this work has involved running such practices for PCOs during periods of vacancy.

In 2001, he founded and created locum123.com, which is now the most popular locum website in the UK with several thousand users.

A regular contributor to the medical press, he is the author of the 'Locum Doctor Survival Guide' book, which is the definitive guide to setting up a GP locum business in the UK.

Dr Rosemary Wright

Age 63.

Dr Wright is an experienced principal and salaried doctor who has been the part time doctor in Strachur for several years. She knows the area and

the patients well and has been providing on call cover for the practice on a one in three basis.

VI. THE FINANCIAL PLAN

A. Sources and Uses of Funds

£122,445 will be the target funding per year to provide the service.

NHS Highland will be approached to contract R K Coull Ltd on an ongoing basis for this annual sum with annual negotiations for increases in the contract cost which might occur from increased costs of medical staffing or general inflation.

B. Cash Flow Analysis

Annual costs of Plan:

Item	
GP Costs £8000/weekend £150/night	£80,600.00
GP accommodation	£7,500,00
Travel	£10,000.00
Locum finders costs	£1,000.00
Dispensary/Practice costs	£500.00
Communication costs	£1200.00
Equipment	£3,000.00
Oxygen	£500.00
Management costs	£3,500.00
Private Fees	-£1,000.00
Dispensary profits	-£500.00
SUBTOTAL	**£106,300.00**
Profit (15%)	£16.145.00
TOTAL	**£122,445.00**

APPENDIX 1 – EXPECTED CALLS PER YEAR FOR 1000 PATIENT PRACTICE

Telephone Triage Category	**Urgency**	**Call rate /year**
RED	Immediate	60
ORANGE	Very urgent	30
YELLOW	Urgent Within 1hr	30
GREEN	Standard Within 4hrs	80
BLUE	Non-urgent Within 8hrs	30
TOTAL		**230**

Data from five month audit of call triage in remote and rural areas
R Coull, 2001. Triage Category based on the Manchester Triage System (modified for telephone use).

APPENDIX 2 - EUROPEAN WORKING TIME DIRECTIVE AND GP ON CALL

Department of Health Website

The following extract comes from the DoH web page covering the EWTD.
http://www.dh.gov.uk

What is the EWTD?

A directive from the Council of the European Union (93/104/EC) to protect the health and safety of workers in the European Union. It lays down minimum requirements in relation to working hours, rest periods, annual leave and working arrangements for night workers. The Directive was enacted in UK law as the Working Time Regulations, which took effect from 1 October 1998.

What are the key features of the EWTD?

The main features are: No more than 48 hours work per week (averaged over a reference period) - 11 hours continuous rest in 24 hours - 24 hours continuous rest in seven days (or 48 hrs in 14 days) - 20 minute break in work periods of over 6 hours - four weeks annual leave - For night workers an average of no more than eight hours work in 24 over the reference period.

If the regulations applied from 1998 what is the problem now?

The WTD applied to all workers with a few exceptions, including doctors in training. From August 2004 it was extended to apply to these doctors, although the provisions will be phased in with a maximum hours requirement reducing from 58 hours in 2004 to 48 hours in 2009.

Can't we ignore it?

No. The Working Time Regulations are UK health and safety legislation. Contracts requiring doctors in training to work outside the regulations will be illegal. It is also about the national commitment to improve working lives for all NHS employees.

What is the SiMAP judgment and is it legally binding in the UK?

The SiMAP judgment refers to a case brought before the European Court of Justice on behalf of a group of Spanish doctors. The ruling declared that all time spent resident on-call would count as working time. Whilst the ruling applies to a specific case, the assumption must be that if British doctors work under similar arrangements, then a similar interpretation of 'working time' applies. The European Court of Justice judgment on Jaeger followed the SiMAP line. The full implications of the Jaeger judgment are still being considered.

Are GPs covered by the EWTD?

The EWTD is designed to protect employees across Europe from working excessively long hours. GPs do not fall within the remit of the WTD as they are self-employed.

http://www.dh.gov.uk

Notes regarding EWTD

The following points should be noted about the European Working Time Directive (EWTD) and GP on call.

1. GPs who are self-employed are immune to the legislation (because it only affects employees).
2. GPs that are employed to provide services (such as salaried GPs, employed locums, and GPs employed to work in Out of Hours services) are covered by the legislation. This is true even if the GP is normally self-employed. This plan provides both employed and self-employed options for the GPs providing on call.
3. The European Commission announced its proposal to update the EWTD in September 2004. This proposal states that time spent on call that is not worked would not be counted as working time. If this proposal is passed, then the EWTD will cease to be a problem for remote GP on call.
4. GPs on call from home are not affected by the SiMAP decision as the EWTD applies to resident on call only.

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