

Panel Meeting on 3rd April 2006

7. Meeting with Dr. B. Perchard

a) Development of Proposals for an Out-of-Hours Service

The Panel was advised that proposals to establish a co-operative out-of-hours service had been repeatedly mooted during the previous ten years and that an unsuccessful attempt to introduce such a service had been made five years previously.

The Panel was informed that development of the present proposals had involved consultation with GPs as well as presentations on the service offered in the Isle of Wight.

The Panel was informed that members of the Jersey Medical Society had agreed by 45 votes to 9 for an approach to be made to the Department of Health and Social Services regarding the creation of a co-operative out-of-hours service.

The Panel was advised the involvement of 70% of the Island's GPs was required for the co-operative service to be viable. It was informed that this figure had been achieved.

The Panel was informed that one practice that had chosen not to join the co-operative had been split in its decision along generational lines. It was further informed that a second practice that had chosen not to join had done so due to its belief that the Department of Health and Social Services should not be involved.

The Panel was informed that all necessary staff had been recruited for the implementation of the service on 3rd April 2006 and that appropriate training would be given.

The Panel was informed that 84 FTE (full-time equivalent) GPs worked in the Island and that there was therefore approximately one GP for every 1,100 people. Dr Perchard estimated that 70% of the population would be covered by the co-operative service.

The Panel was advised that the Joint Working Party had first met the JCRA in November 2005. It was noted the JCRA had been unable to give a firm date for when it would finish its investigation of the co-operative service.

b) Consultation

The Panel was informed that the Department of Health and Social Services had taken lead responsibility for Public consultation. It was advised that the Joint Working Party had considered all responses made as part of the Public consultation. Dr Perchard expressed a belief that the lack of Public response to the consultation was surprising but indicated the Public was not opposed to the scheme.

The Panel was advised that no Patient Body existed in Jersey to present patients' views.

The Panel was advised that Dr Perchard had consulted with GP practices and that informal consultation had occurred between GPs and their patients. It was further advised that Dr Perchard had given a radio interview on the out-of-hours service.

The Panel was advised that participating GP practices had chosen not to advertise their involvement in the co-operative service due to concerns regarding Public perception and a desire not to be seen denigrating those who had chosen to remain outside the co-operative.

c) Operation of the Co-Operative Service

i) Access to the Service

The Panel was informed that patients of practices which chose to remain outside the co-operative would not have access to the co-operative's services.

The Panel was informed that, upon implementation of the service, patients would need to dial two numbers to access the service. It was advised that an integrated call system which would allow access with one telephone call was likely to be implemented within two months.

The Panel was informed that calls made between 6:00pm and 11:00pm would be answered by the receptionist at the co-operative surgery. It was further informed that calls after this time would be answered at the Emergency Call Centre on a separate line to that used for the 999 service.

ii) Driver Service

The Panel was advised that GPs would use a driver service for approximately 20% of on-call sessions although some 16% of the funding for this service would come from the Department of Health and Social Services. It was noted that not every GP desired to use the driver service. The Panel was advised that a driver service would help with finding the location of home visits.

The Panel was advised that on-call GPs would be able to operate from Peter Crill House but that some GPs preferred to operate from their home during their time 'on call'.

iii) Billing Arrangements

The Panel was advised that GP practices presently gleaned approximately 2% of their annual turnover from out-of-hours work.

The Panel was informed that fees for the co-operative service had been based on the average of fees charged prior to commencement of the co-operative service.

The Panel was advised that individual practices would remain responsible for billing arrangements and that the GP who had undertaken a home visit would be entitled to the full fee for this visit. The Panel was informed that conciliation of accounts would occur each month between individual practices and the co-operative surgery.

iv) Access to Patient Data

The Panel was informed that a visiting GP would not have access to the patient's records during the visit. It was advised that patient databases for individual practices were presently in a poor state and that work on a central database for the co-operative service was ongoing. The Panel was informed that provision for remote access to the database would eventually be possible and that such remote access was currently available in the United Kingdom through the Adastral system.

v) Quality Assurance

The Panel was informed that quality standards for the co-operative service would be based upon standards used in the United Kingdom. It was advised that GPs would not be required to meet the standards before entering the service and that to introduce such a requirement would be a highly contentious issue.

The Panel was advised that, upon implementation of the co-operative service, every patient would be asked to complete a questionnaire on the service but that subsequently every 30th patient would be given the questionnaire. It was further advised that this proportion could be subject to change.

vi) Language Services

The Panel was informed that the GP co-operative would have access to the language service at the General Hospital and that the cost for this use would not be borne by the Department of Health and Social Services.