

# Manahealth/CAWT European Professional Seminar Accessing cross border primary care after hours (GP Out of Hours)

Carlingford, Co Louth  
Ireland  
15<sup>th</sup> and 16<sup>th</sup> of May 2006

Organised by Co-operation and working Together  
(CAWT)

Funded by the European Union INTERREG IIIA Programme for Ireland  
/ Northern Ireland 2002 - 2006

## CASE STUDY 1: REPUBLIC OF IRELAND TO NORTHERN IRELAND



Part financed by the European Union

# **GP OUT OF HOURS SERVICES ACROSS BORDERS: CHALLENGES AND OPPORTUNITIES**

## **INTRODUCTION**

The main purpose of these case studies is to describe the challenges and explore the opportunities of a GP Out of Hours service across borders. A range of scenarios are proposed which may typically occur during a busy weekend shift within a cross border GP Out of Hours centre. The cases focus on the patients living in the Republic of Ireland close to the border with Northern Ireland. It aims to demonstrate how the development of a cross border GP Out of Hours service can enhance accessibility and provision of primary health care to the resident population of the border region. The case also describes how regulations and differences in the two health systems can present major obstacles to creating cross border primary care services and to offering patients improved choice to quality healthcare. **A range of professional/legal, pharmacy, financial, social care and secondary services issues need to be explored in depth within the context of the cross border service.**

Agreement must be secured between Health Boards and Health Service Executive in the two jurisdictions to enable this cross border service to be initiated.

## **WHAT IS GP OUT OF HOURS?**

GP Out of Hours services are the health services provided to people when their own General Practitioner/medical centre is closed, that is, in the evenings and during the night from 6.00pm to 8.00am, at weekends and over public holidays. Out of hours services are provided for patients who may need urgent – but not routine – advice or care.

## **GLOSSARY OF TERMS**

**SAUCS** – Southern Area Urgent Care Service (NI)

**NEDOC** – North Eastern Doctors on Call (RoI)

**WUC** – Western Urgent Care (NI)

**NOWDOC** – North Western Doctors on Call (RoI)

**RoI** – Republic of Ireland

**NI** – Northern Ireland

**OoH** – Out of Hours

## **SOME QUESTIONS:**

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**For each of the following three case studies, the following questions must be addressed:**

1. Within the context of the cross border service what problems/obstacles may be encountered in offering the patients a 'seamless' service?
2. How can these problems / obstacles/ issues be overcome?
3. Who needs to do what?
4. What protocols need to be agreed to overcome the problems / obstacles/ issues?

## **CASE STUDY 1 - MRS ANGELA KELLY**

Mrs Angela Kelly is a 76-year-old woman living in Bridgend, a small village in County Donegal, which is in the North West region of the RoI. Bridgend is approximately 1 mile from the border with NI and 5 miles from Derry City, NI. She is retired and lives with her husband, who is partially disabled and uses a wheelchair. Mrs Kelly's daughter Maria lives nearby and is an informal carer for her parents.

Mrs Kelly is a known diabetic who controls her condition through medication and diet. She also suffers from hypertension and raised cholesterol. She is currently undergoing treatment at Letterkenny General Hospital in Donegal, RoI, for a venous ulcer on her left leg.

### **INITIAL CONTACT**

Mrs Kelly's daughter, Maria contacts the GP Out of Hours Service in Letterkenny, RoI, at 1.00 am hours requesting to speak to a nurse or doctor, stating that her mother is complaining of dizziness and feeling weak all day. The triage nurse calls back at 1.05 am and following triage advises Maria that her mother should be seen by a doctor. Maria is offered the opportunity to take her mother to the Out of Hours service in Derry City, NI (across the border) known as Western Urgent Care, which is nearer to her home. Maria is pleased at the opportunity to avail of this service closer to home.

On route to Western Urgent Care, Maria rings the NOWDOC Out of Hours service in Letterkenny, RoI again to say that her mother's condition has deteriorated and she is now slumped in the car and breathing assistance is required. The triage nurse advises her to keep on route and an ambulance will be sent to her for assistance. A doctor will also be in attendance.

### **PRESENTATION**

Mrs Kelly reaches Western Urgent Care before the ambulance reaches her. At this stage her condition has deteriorated and she is diagnosed a possible Left Cerebro-Vascular Accident (LT CVA). Immediate transfer to hospital is required. The ambulance takes Mrs Kelly to Altnagelvin Hospital in Derry City (NI).

## **SOME ISSUES TO CONSIDER**

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### ***Secondary Services***

- Which ambulance will be initiated? What are the implications for the ambulance service from the other jurisdiction?
- Which doctor will attend?

### ***Professional/legislative***

- Will the GP be registered to treat a patient from the other jurisdiction?
- Will the GP be covered by medical indemnity insurance to treat the patient?
- Nurses triaging in Letterkenny, RoI will advise home visits, treatment centre visits etc. Will GP's in Northern Ireland accept this practice?
- What are the implications for medical indemnity for the hospital care?

### ***Technical***

- How will triage details be sent? IT links, fax facilities, access to patient's history?
- Will the NI GP/doctor have access to Mrs Kelly's 'patient records' outlining her medical history?
- How will Mrs Kelly's patient records be updated after the Out of Hours consultation?

### ***Financial***

As Mrs Kelly is a Medical Card holder she is entitled to free healthcare in RoI. In this situation:

- Who will pay for the consultation? How will the NI Out of Hours (Western Urgent Care) service be reimbursed?
- Who pays for the secondary care treatment including the ambulance service?
- How can the service be 'seamless' to the patient? (i.e. the patient sees no difference to the service delivered within own jurisdiction)

### ***Pharmacy***

- Prescriptions for medications given on discharge. Where will the medication be dispensed? Who pays? Will the medication be compatible with Mrs Kelly's current medication (different drugs/brands for treating same condition in both jurisdictions)
- What arrangements need to be in place for Mrs Kelly to have her prescription dispensed in NI at no cost to herself.

### ***After Care***

- How will Mrs Kelly's discharge plan be managed?
- Regarding Mrs Kelly's leg ulcer, what liaison will take place between the hospital in NI and the patient's own GP and Letterkenny Hospital, RoI for a management plan for Mrs Kelly?

## **CASE STUDY 2 – MS PAULA MURPHY**

Ms Paula Murphy is a 19-year-old single parent living in a flat in the village of Killea, Co Donegal, RoI. Paula lives with her 18-month-old baby daughter, Sue. She has no family support and is on social security benefit and does not have access to a car. Paula has a boyfriend who sometimes stays with her at the weekends.

### **INITIAL CONTACT**

It is 11.30pm on Saturday night and Paula is concerned that Sue has a slight temperature and is extremely irritable. Paula notices what she believes to be a teething rash on the baby's body. She decides to contact the GP Out of Hours service NOWDOC, which is based in Letterkenny, Co Donegal, RoI. At 11.40pm the doctor calls Paula and following triage advises her that he would feel more comfortable if Sue was examined by a doctor. As Paula has no transport she insists on a house call. However as the Out of Hours transport car is out on another call and would also have to come from Letterkenny, she would have to wait approximately one hour before the doctor could conduct the house call. Paula is offered the option to take the baby to the Out of Hours service in Derry City, NI, (10 minutes travel time, across the border) known as Western Urgent Care. The Doctor agrees for a taxi to be arranged to take Ms Murphy and Sue to Western Urgent Care in Derry.

### **PRESENTATION**

Paula arrives with Sue at Western Urgent Care in Derry and following examination the doctor is very concerned about Sue's health. He suspects that the child is undernourished and is suffering from neglect. On closer examination of the rash on the child's body he diagnoses meningitis. He wants the child taken immediately to a paediatric unit. Paula becomes extremely agitated and needs to be sedated. He discovers that she has a history of acute and recurring mental ill health. The doctor calls an ambulance and the mother and child are taken to Altnagelvin Hospital, Derry, NI.

Sue is immediately started on a course of treatment on arrival at Altnagelvin Hospital based on the diagnosis of the NI doctor. She made a full recovery within 2 weeks.

## **SOME ISSUES TO CONSIDER**

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### ***Technical***

- How are the patient details sent to Western Urgent Care, NI?
- Are there electronic link ups between the two jurisdictions and are the systems compatible ?
- Is there personal contact between staff at the centres? If so, is it admin to admin, doctor to doctor or doctor to admin?
- How much detail is provided in the transfer of information ?

### ***Triaging***

- Will the Doctor in Derry, NI triage again? Experience would indicate yes, as doctors are accountable for their own practice.
- Given this likelihood, should the call handler have ascertained the patients preferred destination to determine where triage should be carried out?
- If yes, how could previous history be accessed to inform the triaging doctor?
- After the consultation how is information passed to the patient's GP the following day?

### ***Financial***

- Is Ms Murphy required to pay and if so, does her low-income status affect payment ?
- How will Western Urgent Care be reimbursed for the consultation ?
- Transportation to GP OOH's Centre – who pays?
- Cost of ambulance service - who pays?

### ***Social Care/Child Care***

- Does NI doctor have sufficient knowledge of how services are provided in the other jurisdiction – which specialities are where and how are they accessed e.g. Child Protection, Mental Health?
- What action can a NI doctor take in a situation where he/she believes that a child from another jurisdiction may be in danger?
- How can the GP ensure that Paula receives adequate treatment/support from Mental Health Services in RoI?

### ***Secondary services***

- Can the NI doctor admit a child to Letterkenny hospital, RoI in a non-urgent situation?
- How can the child be transported to the hospital – which ambulance service? There is a need to prevent changeover given the urgency.

### ***Pharmacy***

- Ms Murphy requires sedation. Can the NI doctor administer drugs from the drugs cabinet. Who will pay? If a prescription is required, can she present it in Letterkenny, RoI? Are there cost implications?

### **CASE STUDY 3—MR CARL BUCKLE**

Mr Carl Buckle is a 65-year-old man living alone in a caravan in Burnfoot, Co. Donegal, RoI, a small village 7 miles from Derry, NI.

#### **INITIAL CONTACT**

He telephones NOWDOC, the GP out-of-hours service which is based 17 miles away in Letterkenny, Co. Donegal, RoI at 4.15am. Mr Buckle is complaining of chest pain, he feels that it may be indigestion, due to something he ate or drank earlier.

He has no previous medical history of note, and is taking some tablets his GP has prescribed. He does not know what these are for and says that he takes them to keep his GP happy! He is offered the option of accessing Western Urgent Care based in Derry City, NI, which is closer to his home and says he is well enough to drive by himself.

#### **PRESENTATION**

Mr Buckle bursts into the Western Urgent Care centre in Derry, at 5.00 am complaining of severe chest pain, he is very agitated and he is crying. Mr Buckle also swears at the staff on duty and his behaviour becomes increasingly irrational. He talks very fast and is incoherent mostly, though agrees to have an ECG examination as the Doctor suspects that he may be suffering from a coronary event. He blames his doctor for his ill health and in particular the medication which he has had to take on his doctor's instructions.

Despite a normal ECG, the GP on-duty calls the Mobile Coronary Care Unit (MCCU) from Altnagelvin Hospital, Derry City, NI, which arrives within 10 minutes.

The MCCU team feel that there is no apparent cardiac cause, though suggest that Mr Buckle travels with them to Altnagelvin Hospital for further assessment.

Mr Buckle refuses to travel to Altnagelvin Hospital. Upon persistent questioning Mr Buckle admits that he may have deliberately ingested a poison known as Paraquat, and states that it is too late now, and that doctors cannot help him.

The duty Doctor (GP), arranges for immediate transfer to Accident and Emergency at Altnagelvin Hospital by ambulance. Mr Buckle threatens violence if forced to travel in the ambulance. The ambulance crew say that they are not allowed to force him to travel against his will.

The duty Doctor (GP) now contacts the Duty Approved Mental Health Social Worker (DASW) and the Police. The Police arrive first but say that they cannot take any action, as he has not broken the law and insist on the presence of the DASW, who arrives one hour later.

When the Duty Approved Social Worker arrives, Mr Buckle is expressing a wish to die, and there are obvious signs of a psychotic illness.

Under the direction of the DASW, and completion of relevant forms,( Mental Health Order Northern Ireland, Forms 2 and 3) Mr Buckle is admitted to Altnagelvin Hospital, with Police escort.

Mr Buckle survives to spend three weeks in the Intensive Care Unit in Altnagelvin Hospital, followed by three weeks in a Surgical Ward, followed by three months in Gransha Psychiatric Hospital in Derry, NI.

## **SOME ISSUES TO CONSIDER**

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### ***Secondary Services***

- Does Mobile Coronary Care exist and work in a similar fashion on both sides of the border?
- Could the MCCU, or Paramedic Ambulance cross the border if required?
- Mental Health Services are different on either side of the border. How could these differences impact on the 'seamless' service, provided to Mr Buckle?

### ***Technical***

- How will triage details, and details of any previous OOH contact be transmitted across to the other centre?
- Past Psychiatric History would be most helpful to those treating Mr Buckle, how can that be accessed?

### *Financial*

- Mr Buckle had only recently moved to Burnfoot, Donegal, RoI, from London. He is not entitled to a Medical Card in RoI.
- He has spent an expensive time in Hospitals in NI, who pays for this?
- Mr Buckle was not entitled to 'free' care in the Western Urgent Care base in Derry, NI - how is this cost re-cooped?

### *Aftercare*

- Who is responsible for Mr Buckles' aftercare, particularly now that he wishes to return to his caravan in Donegal, RoI?
- How will his Mental Health and Social Care needs be met and monitored once he goes back to living alone?