



# "CARING FOR YOU OUT OF HOURS" HUG RESPONSE

A response by members of HUG to the consultation on  
the new services being proposed to replace out of  
hours GP services

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## WHAT IS HUG?

HUG stands for Highland Users Group, which is a network of people who use mental health services in the Highlands.

At present, HUG has approximately 305 members and 13 branches across the Highlands.

HUG wants people with mental health problems to live without discrimination and to be equal partners in their communities. They should be respected for their diversity and who they are.

We should:

- ◆ Be proud of who we are
- ◆ Be valued
- ◆ Not feared
- ◆ Live lives free from harassment
- ◆ Live the lives we choose
- ◆ Be accepted by friends and loved ones
- ◆ Not be ashamed of what we have experienced

We hope to achieve this by:

- ◆ Speaking out about the services we need and the lives we want to lead.
- ◆ Educating the public, professionals and young people about our lives and experiences.

Between them, members of HUG have experience of nearly all the mental health services in the Highlands.

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## THE REASONS FOR THIS REPORT

For a long time Members of HUG have been speaking out about the need for specialised mental health crisis and out of hours services.

We have produced two reports on the subject:-

- ◆ Crisis services -1997
- ◆ Out of hours and crisis services - 2003

We became aware earlier in 2004 that with the re-negotiation of the GP contract, the out of hours services traditionally provided by general practitioners to the whole of the population across the Highlands, would be radically changed. This is of course a subject that also affects all of our members. We used the July round of our local HUG meetings to discuss this subject, and we based our meetings on the booklet:-

'Caring for you Out of Hours' produced by NHS Highland.

We discussed in principle the chapter, 'The new service – in a snapshot', and the table of what was proposed in each local area.

Around 85 people were involved in the discussions in a series of meetings across the Highlands during July and August 04. In the final report we have devoted a different chapter to each branch of HUG in recognition of the fact that each area has different plans. This means there will be some repetition in the report but, equally, it gives a more detailed and accessible reaction from each HUG branch.

## THE ORIGINAL PROPOSALS

The original proposals from NHS Highland are as follows:

The new service in a snapshot...

- ◆ The initial contact with the out of hours service will be by telephone contact through NHS 24, where highly qualified nurses will be available to deal with any minor problems over the phone.
- ◆ If, however, you are in need of clinical care you will normally be asked to attend an Out of Hours Treatment Centre where a healthcare worker will treat you. These Centres will usually be in a GP surgery, a health centre or a hospital.
- ◆ If you need transport to get to the Centre and back home this will be provided for you.
- ◆ Each of the Treatment Centres will have a range of staff (medical, nursing and others) working together.
- ◆ Patients will receive their care from the most appropriate member of the team – and that might not always be a GP.

## RESPONSES FROM HUG BRANCHES

### CAITHNESS

The original proposals for Caithness were as follows:-

Treatment centres where patients will be seen	Cover arrangements
Dunbar Hospital, Thurso Caithness General, Wick	1 GP on shift evenings and weekends. After midnight, patients attend either hospital. GP advice available by phone.

### WICK

NHS 24

Some of us have used this service and have a number of concerns about it:

We find it quite hard to get through the system and become linked to the person who will ultimately provide us with help and advice.

It could be hard to use a telephone service if we are alone, ill, in distress and having difficulty in communicating.

We worry that it could be hard to accurately assess someone over the phone, especially if our situation is complicated.

### TREATMENT CENTRES

There was a worry that people in rural areas would be disadvantaged. For example, how do people get help if they are too ill to use the phone or manage a trip to the treatment centre?

## TRANSPORT TO THE CENTRES

How will this be managed? Further, if taxis are used, how can confidentiality be maintained?

How would a crisis be managed if a person couldn't cope with the journey in. Would an escort be provided?

## TREATMENT FROM PEOPLE OTHER THAN A DOCTOR

This is not too big a worry as long as we can be sure that we have access to a person with the necessary skills.

We would, however, need to be sure that a doctor could be available if required.

It would be good to have some say ourselves in who we see.

When dealing with our mental health, it may be better to be seen by people with a mental health background rather than a doctor.

## THE LOCAL ARRANGEMENTS

We did not feel that the local arrangements were adequate, and felt that we needed a GP to be available all the time. However, if we knew we could see a GP in person, after a phone consultation showed the need for this, then we might feel reassured.

We could not see how medication could be provided without the presence of a doctor.

## THURSO

### NHS 24

The Thurso branch is worried about this service. We had heard that it can take quite some time to get through to a person able to give advice and, once through to them, that they did not always have a sound grasp of local services.

Concern was expressed that some groups, perhaps older people in particular, may not find it easy to use help lines such as these.

Some of us said we would feel easier using 999 rather than this service.

#### TREATMENT CENTRES

Surely this will put people in rural areas at a great disadvantage?

#### TRANSPORT TO THE CENTRES

What if we are unfit to travel? There must be some circumstances in which people would come to out to see us.

The transport must be free of charge if we need to use it.

How do we cater for the delay caused by arranging transport, and what do we do if someone goes in to crisis while travelling – will there be an escort?

#### TREATMENT FROM PEOPLE OTHER THAN A DOCTOR

In some situations a doctor is essential. Surely we should see a doctor first and then someone else? Who will make the decision in the first instance about who will see us?

We worried about some essential services such as prescribing medicine or admission to hospital, which cannot be done by anyone else.

#### THE LOCAL SITUATION

In most situations we agreed that this arrangement would be acceptable. There will be times, however, when advice over the phone or going to a treatment centre is not acceptable.

We need to be sure of a reasonable speed of response, and wanted to highlight the point that waiting a long time when very distressed can make it harder for us to cope.



## SUTHERLAND

The original proposals for East and Central Sutherland were as follows:

Treatment Centres where patients will be seen	Cover arrangements
Lawson Memorial Hospital (accommodation available at Migdale for patients from west to be seen)	1 GP on shift evenings and weekends. After midnight GP input will be from GP who will attend the Lawson as required

### NHS 24

We were worried because we had never seen any adverts for psychiatric nurses to join this organisation. Do they have enough expertise in mental health?

We are also concerned that, with assessment over the phone, there will be procedures to follow, but when in distress we can be very hard to fit into the appropriate categories that a procedure sometimes requires.

When in crisis we often find it hard to express how we are feeling. Ideally, we would be able to contact someone who knows us; someone who has the sensitivity and the first hand knowledge to pick up on what is left unsaid.

In an ideal service, there would be a specialist Highland mental health helpline staffed by CPNs who have access to local assistance.

### TREATMENT CENTRES

“Get away – how do you get there?”

Many of us have no access to transport, and many of us cannot manage journeys when in crisis.

We were aware of psychiatric teams in the central belt that respond to emergencies, and who will come to see you if necessary. We felt we need the equivalent here, and should not be penalised by the rural location in which we live.

## TRANSPORT TO THE CENTRES

The fact that transport will be provided is good, but we do have worries about it:

If they use a hospital car, then the delay in organising the journey, getting staff and then getting it to us, could be considerable.

If they use taxis, they may refuse to carry someone in a psychiatric crisis and may not even be insured for such a job. In addition, not every area in Sutherland has access to a taxi service.

## TREATMENT FROM PEOPLE OTHER THAN A DOCTOR

If we can have access to a GP who knows us and understands mental health, then that would be good. Many GPs, however, do not have this expertise and, therefore, access to a CPN would often be better.

We do worry how our records will be accessed out of hours.

## THE LOCAL SITUATION

We have grave worries about this.  
Are the figures accurate?

We are not aware of any mental health expertise in the Lawson Memorial Hospital.

How can a doctor cover such a large area, especially after midnight? What would happen with a call out in Golspie and Dingwall at the same time in poor weather?

Will Sutherland end up secondary to the needs of East Ross?

I ideally we would see a familiar doctor or even a CPN out of hours.

## EAST ROSS

The original proposals for East Ross (including Mid Ross) were as follows:-

Treatment Centres where patients will be seen	Cover arrangements
Ross Memorial, Dingwall County Hospital, Invergordon	1 GP on shift evenings and weekends. 1 on shift after midnight but area of cover would include East Sutherland.

### NHS 24

Some of us have had experience of NHS 24, and felt that it provided an excellent service when dealing with situations that are relatively 'clear cut', but was less helpful with the more subtle or complicated cases. We felt that sometimes the staff could not see the whole picture of what we were going through.

There was a worry that if we do not fit in easily with procedure, as can happen with people in distress, then the phone-line may be less helpful than it should be.

### TREATMENT CENTRES AND TRAVEL TO THEM

Generally, we were comfortable with this, but how will people manage in rural areas? Will they not be disadvantaged?

We worried about how long someone would have to wait for transport, and how quickly this can be made available during the night.

We worried about the length of journey people might have to make, where the transport would be based, and how people would qualify for transport.

### BEING SEEN BY SOMEONE OTHER THAN A DOCTOR

Initially, we worried about this, and also wondered how professionals would be able to access our notes out of hours.

When we considered the idea further, we thought that if we could see a community psychiatric nurse instead, then this could be an improvement on the present situation.

## LOCAL SERVICES

The help people would get after midnight seemed like a joke to most people. How can a situation be dealt with in Golspie and Dingwall at the same time by one person? We need to be sure that there will be back up for situations such as this.

## MID ROSS

### NHS 24

People have had mixed experience of this.

For some of us it was an excellent service, with help being provided and the complexities of the situation being well understood. After having to give out a fair amount of information, the nurse advisor was very helpful. For others, however, the 'rigmarole' of giving out information when in crisis was far too much, and calling 999 instead seemed a more attractive option.

There was a worry about the urgency of mental health issues being properly acknowledged, and a feeling that physical illness might be well catered for, but maybe not mental ill health. There was also a worry about talking on the phone when very distressed, which can be hard for many of us.

Some people can get great comfort from phone lines and they may phone repeatedly. It was felt that this might not always be a bad thing.

## TREATMENT CENTRES

Knowing there is a place that we can go to at any time of the day if we need to, is quite reassuring, although some of us worried about how to get to the treatment centre.

People highlighted the need for prompt treatment when ill or in crisis.

## TREATMENT FROM PEOPLE OTHER THAN A DOCTOR

This does not matter. We need people who have the ability to understand; they do not always need to be doctors.

We did worry, however, about how this service ties in with specialist mental health out of hours services, which we also need.

## THE LOCAL ARRANGEMENTS

This caused some concern.

How do we get help promptly when the doctor has to cover such a large area, especially after midnight?

Who will make up the team? We would like a CPN on call at any time.

Could the use of 'first responders' help the out of hours service?

## INVERNESS

The original proposals for Greater Inverness (including Nairn) were as follows:-

Treatment Centres where patients will be seen	Cover arrangements
Within A&E Department Raigmore, Town and County, Nairn	2 GPs working on shifts evenings and weekends with an additional GP on Sunday afternoon. 1 GP on shift after midnight where area of cover would include Badenoch and Strathspey.

## INVERNESS MEETING 1

### NHS 24

There was some concern about NHS 24 because some of us find that it creates an additional layer when seeking help. This can involve initially speaking to a nurse and then to a doctor, and then to a community psychiatric nurse.

These (sometimes long) delays and different professionals can create problems for us when we are phoning in.

We thought that the previous arrangement of phoning Ness Doc direct was a better one.

### TREATMENT CENTRES

This could be good for some of us. We will have access to a range of people with expertise to help with our problem.

There are some of us, however, (perhaps especially people with mental health problems) who would find treatment in such a setting too clinical. We may not be in a fit state to travel, and may have a need to be seen in the relative comfort of home where we may feel more safe and secure.

## TREATMENT FROM PEOPLE OTHER THAN A DOCTOR

This was not a worry, as long as the professional had an expertise in mental health. The preference was to be able to see a community psychiatric nurse rather than a doctor, as they often have more time and better understand the situation we are in.

There was some worry, however, about being able to access medication if a doctor was not present.

## THE LOCAL ARRANGEMENTS

The greatest concern was that cover after midnight by one GP would include greater Inverness and Badenoch and Strathspey. People at the meeting found this very hard to believe. On seeing the booklet from NHS Highland they decided that the idea was some sort of "sick joke".

## ADDITIONAL ISSUES

A number of other issues were raised that included:

When in distress and in need of help it can often feel that we are passed from person to person. This can be very frustrating.

There is a worry that nurses and other professionals do not appreciate how important it is to us to be understood, and how they respond to us when we phone up in distress. There is a need for greater understanding by professionals about the lives of people with a mental illness, and the need for a sympathetic response. There is also a need for practical and positive steps to help people get through the day. Mental health first aid training may be a way of providing this service.

When in distress, one of the critical needs we have is access to a compassionate and humane person who can acknowledge the importance of mental illness, and offer some solutions.

For some of us, access to a specialised, safe and therapeutic sanctuary would be the ideal solution.

## INVERNESS MEETING 2

### NHS 24

This has been a very good service for those of us who have used it. In one case, the staff assessed the situation very quickly and called out an ambulance. They were very efficient. In another case, the staff were friendly and approachable. They dealt with the problem, and quickly faxed notes to the person's GP afterwards.

### TREATMENT CENTRES

They might be OK, but we are uncertain about them.

It can be difficult to contact services or express the degree of distress we are experiencing at any given time.

In many cases, the current CPN out of hours service has been helpful.

We worried that the service will be very good for those who are calm and articulate and expressive, but perhaps many of us are not like this and may have great problems in speaking out or keeping it all together. We worried that this may put a barrier in the way of getting the help we need.

We also felt that many people with mental health problems do not naturally seek out help and, in fact, sometimes need to be encouraged and supported to ask for assistance. The barriers of treatment centres, travel and phone lines may put people off who are very much in need of help.

We worried that not all general staff understand mental illness, and may sometimes lack compassion for our situation.

We also need this to be a service that we feel confident about approaching, not one that we feel guilty about using.

### TRAVEL TO THE CENTRES

This could be hard; it could be difficult to travel across a dark city at night especially if we are walking.



## TREATMENT FROM PEOPLE OTHER THAN A DOCTOR

This is fine. Ideally, we would see someone down to earth and helpful; someone who helps us to feel 'normal'.

We do, however, not want to see a stranger, and would like to see someone with psychiatric training – ideally (for most) a CPN.

## THE LOCAL SITUATION

This sounds a bit dodgy. How can a small team cover such a big area, and what if the doctor is miles away at another treatment centre. Will there be back up for this?

How will they access our notes? How will they recruit skilled and committed staff to such a job as this? How will they cover sickness and other absences?

I ideally we would see our own doctor in our own surgery.

If we are waiting in A&E, how long will we have to wait? We worry that it may be quite some time. This may prove hard for a person with mental health problems, and we may need someone to sit with us in these circumstances.

## NAIRN

### NHS 24

We worried about phoning strangers out of hours. It can be very hard to communicate when in distress, and this can be made even harder when speaking to someone who doesn't know us.

I ideally there would be direct 24 hour access to the community mental health team, but not via answer phone.

Going direct to the local hospital may be easier and quicker, as would the opportunity to consult directly with our own doctor.

There is also sometimes a need for a quicker response in the daytime when it is still possible to wait for quite a while for help when in crisis.

We worried about who to phone and when. For example, how do we know whether to phone 999 or NHS 24, and will the emergency services get overloaded because of a lack of knowledge about which service to phone?

#### TREATMENT CENTRES AND TRAVEL TO THEM

We worried that people may have to wait a long time to be seen, which can be hard to cope with when distressed.

Going to Raigmore Hospital could be hard for some of us because the journey could be traumatic, and also because some of us may not be able to afford the trip or have cash on our person.

Transport can be hard to get in rural Nairnshire, and even harder out of hours.

We also wondered how we would qualify for free transport and how this would be provided.

#### TREATMENT FROM PEOPLE OTHER THAN A DOCTOR

For some of us this would be a great problem, but for the majority we just need to be sure that, whoever they are, they have a good understanding of mental health issues. Ideally they would be attached to the community mental health team.

#### THE LOCAL SITUATION

The proposals are not adequate to cover such a big area and may not be adequate even if more cover were provided, especially if it remained centrally based. Care should be local and include people with an understanding of mental illness.

The proposals for cover after midnight were seen as ludicrous by most people at the meeting.

## OTHER COMMENTS

The use of locums is not helpful and some of us, when very distressed, cannot describe our condition articulately. We need access to a person who we know and who can accurately assess what is happening to us. This person would probably be someone with an understanding of mental illness, either our own doctor or a mental health professional.

## BADENOCH AND STRATHSPEY

The original proposals for Badenoch and Strathspey were as follows:-

Treatment Centres where patients will be seen	Cover arrangements
Aviemore Health Centre, Ian Charles Hospital Grantown, St Vincent's Kingussie	1 GP on shift evenings and weekends. After midnight, Inverness GP will attend the treatment centres as required.

### NHS 24

We have heard good reports about them, however one person phoned at what must have been a busy time and heard a phone message saying not to call unless it was an emergency. This could have been very off putting, but in this situation it did not matter.

Do they have the mental health expertise that we require?

There must be people with a background in mental health, and nurses skilled in communicating when we find it hard to speak and express ourselves.

### TREATMENT CENTRES

We would normally see a doctor at home, but will now have to travel to a treatment centre. There was a worry that this is a more public arena, and the rest of the community would quickly become aware of why we were going to that centre.

We wanted to stress that, in the first place, there is still a need for community facilities that we can access within normal working hours, and that these also need to be developed.

### TRANSPORT TO THE CENTRES

If we go by taxi, how will they arrange a lift quickly and how will they guarantee confidentiality?

If we walk to the centre this could feel intimidating, especially at night-time.

## TREATMENT FROM PEOPLE OTHER THAN A DOCTOR

If they are dealing with our mental health, contact with a GP may not always be appropriate because we worry that some of them lack skills and training. We would prefer to be able to contact mental health services direct when necessary.

## THE LOCAL SITUATION

We worried about this, especially about services after midnight:

The distance we have to travel and the fact that doctors have to travel may be very hard to manage. This may be dangerous at times, especially if the doctor is travelling in poor weather conditions in winter.

We worry that this signals a lack of respect for the importance of rural areas such as Badenoch and Strathspey.

I deally we would still have access to a doctor who can also make home visits if necessary. In addition, we need access to CPNs, 24 hours a day.

## LOCHABER

The original proposals for Greater Fort William were as follows:-

Treatment Centres where patients will be seen	Cover arrangements
Belford Hospital Fort William	1 GP on shift evenings and weekends. After midnight, patients would attend an A&E doctor at Belford. GP advice available by phone.

## NHS 24

We need to be sure that it is a free telephone service, as even calling at local rates is not acceptable.

Some people are very worried about such a service. They feel that it would be close to impossible for them to seek help, via the phone, to a relative stranger when in crisis even if this crisis were life threatening. For some people building up trust with a professional can take many years and this close relationship can be crucial to the care that they are willing to accept.

Some of us have used the service and found it unhelpful. This was because of both the time taken to get help and explain the situation, and the fact that we did not ultimately get the help we needed. There was a feeling that they were better at dealing with physical problems than with mental health, and that speaking to a stranger was hard to cope with sometimes. However the attitude of staff was said to be very good; they tried hard to help and were very reassuring, but it did not feel as if they could do more than this. They were also good at passing on contact details and doing what they said they would do, such as calling people back.

We worried about contacting such a service, especially when very ill and when it is hard to speak to *anyone*, let alone a stranger.

I deally we wanted to be able to speak to someone who knows us already, preferably our own doctor.

## TREATMENT CENTRES

Might we be seeing someone who does not understand mental health or know us? Ideally we need access to a known face.

A home visit can be better and more reassuring and, moreover, travelling a long way can be difficult.

Instead of a service such as this, what is really needed is a specialist mental health out of hours service.

Direct contact has been made to New Craigs in the past with mixed results. Some have found staff incredibly helpful, while others have found them quite the opposite.

It could be hard to get to the treatment centre if you live quite far away.

Perhaps this could be even harder for other groups, such as the frail and elderly.

## TRANSPORT TO THE CENTRES

How do we get there if we do not have a car? Do we have to pay and how do we do this if we have no money on us or have a low income?

For some of us, travelling when distressed can be quite traumatic.

## TREATMENT FROM PEOPLE OTHER THAN A DOCTOR

For some of us, access to a GP is not helpful. Although some are good there are others who do not understand the world of mental illness.

If we could have access to someone with skills and understanding of mental illness, such as a CPN, this could be a great improvement on the present situation.

## THE LOCAL SITUATION

We wanted to make the point that mental illness, as with many other illnesses, is a 24-hour reality, there is no such thing as 'out of hours' for patients only for professionals. We are looking at it all the wrong way round.

We worried about the local situation. We wanted to make the point that it can be difficult to get to the Belford Hospital, and that this is not necessarily an ideal place to get treatment as it can feel very clinical.

What we need is access to a doctor when we need it at any time of the day.

We worried that this was an exercise aimed at cutting costs, rather than providing a quality service. We found the figures for call outs hard to believe and despite the publicity so far, worried that not enough people were aware of the proposals.

### **ARDNAMURCHAN**

We worried about how the two GP practices could link together and wanted to make the point that, at present, we go direct to the nurse or doctor (we know them and know what to expect and when to phone). This is fine, but if we add in NHS 24 it could just create a barrier between services and us.

We need to be sure that there will be enough staff available to provide cover for the out of hours service.



## SKYE AND LOCHALSH

The original proposals for Skye and Lochalsh were as follows:-

Treatment Centres where patients will be seen	Cover arrangements
Portree Hospital Dr MacKinnon Memorial Hospital, Broadford	Broadford OOH Treatment Centre, 1 GP including rural practitioners, on each shift evenings, weekends and overnight. Portree Centre being covered by GPs being available.

### NHS 24

Our impression is that they are good. They are efficient and professional; they give a quick response and are well trained.

Initial contact, however, can be difficult because of the amount of details they need to gather.

What happens with the information they gather about us and who sees it?

We need NHS 24 to be easily accessed whether or not we are already registered with them.

### TREATMENT CENTRES

It is reassuring to know that a service will be available at any time. However, perceptions about the degree of urgency of psychiatric crisis can vary from professional to professional, and user to user. Some of us cannot travel and, when in these situations, we would need a home visit. This needs to remain an option.

### TRANSPORT TO THE CENTRES

How are we assessed in relation to our entitlement to transport? Will the fact that we are on benefits and have no money qualify us for transport?

If we use taxis, how will they maintain confidentiality?

## TREATMENT FROM PEOPLE OTHER THAN A DOCTOR

We need to ultimately have the right to see a GP if we believe our circumstances merit this.

The professional we see must have a background in mental health.

When do we ignore this service and use 999 instead?

We need to know we can use such services for basic reassurance when life is too difficult.

I ideally there would be 24-hour mental health services.

## THE LOCAL SITUATION

Despite appreciating the pressure on rural GPs, we do not feel these new arrangements give adequate cover for such a large area.

We need recognition that mental illness can be a form of emergency just as much as physical problems.

The availability of the new 'first responders' service is a welcome development, and may help our situation.

## WESTER ROSS

As the changes here are minimal we just have the following comments:-

In simple situations, having someone to talk to on NHS 24 could be good for everyone, because it avoids unnecessary work for the GP and helps us with our problems quickly.

If there is a new system, could this put more pressure on the 999 service as people may phone them in preference to NHS 24?

Who will have access to our notes and knowledge about us as people?

We cannot safely replace the local connection, which can be very important. Talking to a stranger on NHS 24 can be difficult, especially if they do not have knowledge of geographical areas such as this, and also of mental health problems.

I deally we should continue to have direct contact with our GP and, even better, we should have access to direct contact to a professional with a mental health background. The existence of 'Breathing Space' is very helpful in this context.

## CONCLUSION

In conclusion, many of our members have great concerns about these proposals.

We are especially worried about transport and how it will be arranged, how we will access it, how long we will have to wait and how we will pay for it. In many areas, we worry that the cover that is being arranged, especially after midnight, is not adequate and would not work in such big areas.

We are very keen that any service has staff with a background in mental health and, in fact, many of us see a need for a dedicated mental health out of hours service to complement these proposals.

We have had mixed results from NHS 24. Some of us are very happy with the help they provide, but others were upset by the time it takes to get help and also with the assistance they offer.

Most of us have no worries about being seen by someone other than a GP, especially if they are someone that we know and who understand mental ill health.

We would recommend that readers also read our reports on Out of Hours and Crisis Services, which are available on our website, [www.hug.uk.net](http://www.hug.uk.net), or from the office.

Since we first discussed these proposals and made our initial comments, there have been changes made to them. These will be contained in a subsequent appendix.

## ACKNOWLEDGEMENTS

With thanks to all the members of HUG, and other mental health service users, who contributed to this report.

*(Please feel free to photocopy this Report)*

For more information on HUG, or an information pack, call:

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