Fetlar Community Council

MINUTES OF A REMOTE PUBLIC MEETING HELD ON TUESDAY, 2ND MARCH 2021 AT 7PM

PRESENT
Murray Cooper
Mike Fogarty, Vice Chair
Julie Maguire
James Rendall, Chair
Tom Thomason

IN ATTENDANCE
Tom Allen, Co-opted Additional Member
Frances Browne, SIC Community Development
Roy Buckland, Co-opted Additional Member
Alec Priest, North Isles Councillor
Bridgette Thomason, Clerk
Ryan Thomson, North Isles Councillor
Edna Mary Watson, NHS Shetland
4 members of the public

1. APOLOGIES

Apologies had been received from Duncan Anderson and James Smythe.

The Non Doctor Island Service Review for Fetlar had been circulated ahead of the Public Meeting. Ms Watson shared the presentation and outlined in detail the 4 nursing model options alongside the strengths, weaknesses, opportunities and threats within each model whilst noting that the previous nursing service on Fetlar which had a resident nurse with 24/7 on call commitment is no longer compliant with the Working Time Directive/Regulations with a need now to create working conditions and patterns that provide a legally compliant work/life balance for post holders.

The following points were highlighted and discussed:

- Recruitment challenges and the potential for skills decay for post holder and in maintaining a broad range of clinical skills for working in an island setting where there is a small population, low level of health needs reducing the opportunity to maintain skills leading to an increased need for regular training in order to maintain competence and confidence in skills;
- Workforce issues around senior experienced staff retiring with a diminished pool of experienced staff from which to recruit;
- Professional training and preparation for nurses working in specialist areas of practice rather than broad generalist areas and therefore professional preparation is not supporting a move to working in generalist areas such as the outer islands;
- 10 weeks off per annum – 8 weeks annual leave entitlement plus 2 weeks per annum to support regular CPD opportunities for skills maintenance;
- Rotational models based on working a number of weeks on a 24/7 basis and then having the equivalent number of weeks as compensatory rest;
- Nursing model based on post holders rotating between working in the District Nursing service on either mainland Shetland or Yell, Unst or Whalsay and the non-doctor islands;
- Relief cover would be provided either on a rotational basis if this option is chosen or a relief post holder would provide nursing cover from within the wider DN team;
- Removal of the ongoing costs associated with the reliance on an agency post holder to be the second post holder on Unst (5 rounds of recruitment have not attracted an applicant to date);
- On call commitment/service (in the past has generally been during weekdays between 5pm and midnight) – resident, rotational, nursing service availability Mon to Fri, on a 9-5 only basis or **v**ariable split between clinic based time and on call time depending on clinical demands (within 48hrs limit)
- Nursing model for access to health and care services overnight or at weekends via NHS Inform for self-care advice/information;
- Nursing model using NHS 24 for clinical advice, support, intervention or 999 for clinical emergencies;
- Nursing skills required at Senior Practitioner (DN) Level 6 and Advanced Nurse Practitioner (ANP) Level 7;
- Salary Scales for Senior Practitioner (DN) Level 6 - £39,560k pa and Advanced Nurse Practitioner (ANP) Level 7 - £46,467k pa with 25% on costs within each scale;

- ANP skills level would not require the GP to visit as often;
- Advantageous for the nurse to undertake social care tasks – questionable whether an ANP would undertake personal care, whereas this would be a part of the DN role;
- Risk profile and emergency response – need for a nurse to attend with the support of First Responders and Scottish Fire & Rescue staff in an emergency situation;
- There can be time delays with a medevac if the helicopter is being used somewhere else;
- Blended nursing model with FR's providing cover in any emergency situation and/or a model based on SFRS staff being asked to increase skill set and participate in provision of on call service;
- Nursing model based on trial of technology supported care between SFRS staff and SAS Paramedics for access to professional advice in the out of ours period;
- Nursing skills are generally basic life support, with intermediate or advanced skills needed living on a remote non doctor island for both nursing care and notably in acute and emergency response situations;
- FR's are unable to undertake paramedic training (3 years) within their role;
- FR's and SFRS do not have the necessary skills, level of competency, experience and skill set within these roles to undertake an emergency response, particularly in the event of a cardiac/stroke situation. FR's and SFRS should be used in a support role and risk assessments undertaken;
- Issues with skills decay, practice, experience and training with FR's and SFRS staff as highlighted previously for nursing;
- Digital support could work well although there are current challenges with technology owing to broadband and mobile coverage which would impact on service delivery and care support at the present time;
- Housing – availability at the Stakkafletts and the house adjacent to the surgery needs improvements;
- Consider ways in which Fetlar can be marketed as an attractive place to live and work - Promote Shetland, finalise the "Welcome Pack" and have a local point of contact for enquiries from applicants;
- Recruitment could potentially take between 3 to 6 months

The feedback from the community had highlighted a preference for 24/7, 365 days resident cover on a rotational basis which provides resident nursing cover working 2 weeks on, 2 weeks off (based on NHS Orkney's ANP outer island service). Discussion followed on the potential challenges of an ANP whereby a highly skilled postholder would have limited clinical demand alongside the potential for recruitment/retention challenges due to low volume of clinical activity leading to underutilisation of time and skills decay. There were questions raised on whether any applications would be received at an ANP level following no uptake in Unst or if successful post holders may then leave the post owing to limited clinical demand and skills decay. Following discussion, it was therefore agreed to consider the rotational model but at a Senior Practitioner (DN) level instead which everyone felt could provide a more sustainable and robust nursing model. It was agreed that a nurse who can both prescribe and provide intermediate/advanced life support in an emergency situation would be advantageous and desirable when recruiting.

Ms Watson agreed to draft a "broader" advertisement for a 24/7 rotational resident nursing model which is to be shared with the community for further comment and feedback.

The Chairman thanked everyone for joining and since there was no further business the Meeting was brought to a close.