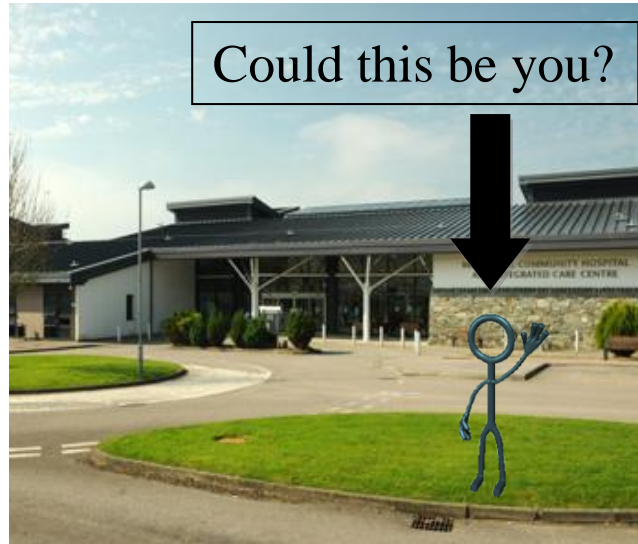


# NES Rural Fellowship in General Practice

## Lochgilphead Medical Practice

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[www.lochgilpheadmedicalcentre.co.uk](http://www.lochgilpheadmedicalcentre.co.uk)



We are Lochgilphead Medical Practice, a team led by 7 (soon to be 8) GP Partners in Mid Argyll on the west coast of Scotland.

To work alongside us, we directly employ a Practice Manager, a Business Manager, 9 reception staff, a lead Practice Nurse, 2 Advanced Nurse Practitioners, 4 Practice Nurses, 2 Healthcare Assistants, 1 Phlebotomist and a Practice Pharmacist. Our practice has a list of 6600 for GMS but we are so much more than GMS!

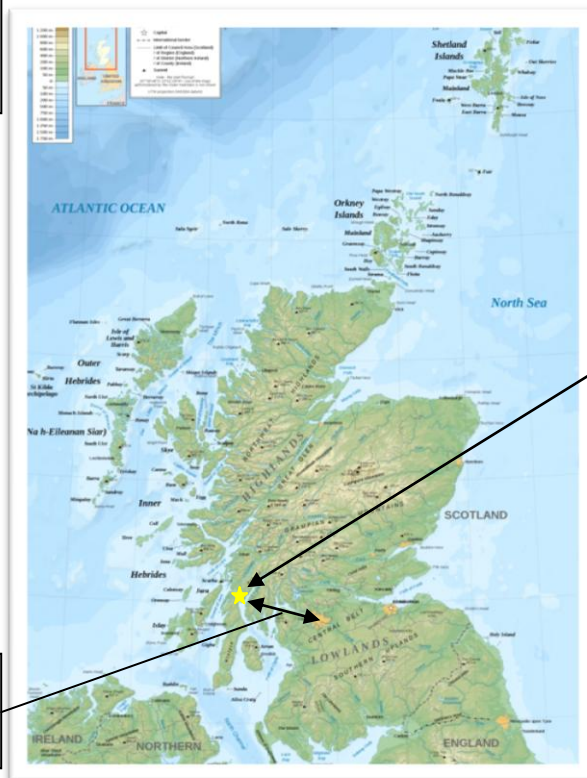
- We took over responsibility for our neighbouring practice of Inveraray and Furnace in 2015 and provide daily surgeries in both locations- another 1300 patients for GMS.
- We are responsible for our 15 bed community hospital, where we admit around 600 patients each year, keeping around 75% of our patients close to their own homes whilst safely managing a whole range of acute medical problems. Near patient testing is available for Troponin I, D-dimer, full blood count, U&Es, INR and blood gases and our 2 Radiographers are on-call 24/7.
- We, assisted by our experienced team of Emergency Nurse Practitioners and Radiographers, provide round-the-clock medical cover for our A&E department which serves our practices and neighbouring practice in Tarbert, meaning that around 10,000 people rely on this vital emergency service.
- Out-of-hours GMS? Yes, that's us too, with our week nights on-call starting at the end of a normal day and continuing, with the added responsibility of seeing all our patients on the hospital ward-round, through to 5pm the next day.
- And weekends? Yes, us too- on-call from 9am-9am, but spending at least some of that time at home.
- We act as Police Casualty Surgeons and provide our colleagues in the Police service with vital support in dealing with forensic medical issues.

- Our community midwifery team run a small birthing unit and we are occasionally called upon to assist our expectant Mums.
- We run a weekly fracture and minor injury review clinic, saving many of our patients from travelling long distances to the nearest general hospital.
- We run a community hospital Chemotherapy service, delivering day-case treatment for patients who would otherwise have to drive for 2-3 hours to our nearest oncology centre.
- And we also offer all the usual chronic disease monitoring services, minor surgery, contraceptive implants and IUDs.
- The practice has a strong and proud history of teaching and training going back 25 years. We have hosted rural fellows, intermediate care fellows, paediatric higher professional training fellows and registrars.
- Our GPs have been involved as trainers, tutors, lecturers and instructors in BASICS, ATLS and ALS.

### So what would I do as a Rural Fellow?

We encourage our fellows to be an integral part of our team. All the requisite leave is provided to allow professional development in line with your personal development plan but on a day-to-day basis we would expect you to do everything we do. You would join our telephone triage team, see patients face-to-face, cover our community hospital ward and A&E and participate in our on-call rota. All fellows will be provided with a second on-call doctor who will be available at all times to provide practical support when on-call and also a practice mentor to support you through the programme. All out-of-hours work would be remunerated separately by the practice and in addition to any Fellowship income- please contact us if you would like more detail.

Where in the world is Lochgilphead?



We are here!

Rural? That doesn't look that far?! Read on...

By Eric Gaba (Sting - fr:Sting) [GFDL or CC BY-SA 4.0-3.0-2.5-2.0-1.0 via Wikimedia Commons

*But you're not that far from Glasgow are you? Why are you doing all this stuff?*

Because we enjoy it and our patients' need it!

As the Retrieval Service helicopter flies, yes, we're only 25 minutes from Glasgow, but our roads take a slightly different course... Driving time to our receiving general hospital is at least 2 hours and that's assuming a) there's an ambulance available to take you there and b) the roads are in ideal condition.

We do also have links with our Rural General Hospital colleagues in Oban, where there are resident General Physicians, General Surgeons, Radiologists and a CT scanner. However, this is still an hour away on a winding coast road and they too have rural challenges.

Obviously, we do have excellent links with the Emergency Medical Retrieval Service (EMRS) and their Paediatric sister service based together at the Scottish Specialist Transport And Retrieval (ScotSTAR) base in Glasgow. When everything seems to be going wrong, there's always a medic in a flight suit to call!

*You're still talking this up a bit aren't you?*

Maybe, we can't pretend to be working alone- we have a fantastic facility in the Mid Argyll Community Hospital and Integrated Care Centre (MACHICC, opened 2006) which houses every allied health professional you could imagine:

- We have a fantastic Macmillan nurse who provides huge support to our Chemotherapy and Palliative care services
- The Community Nursing Team are highly experienced and provide so much more than district nursing- frequently acting as a first medical assessor for the acutely unwell or frail elderly and consequently reducing the number of house visits we are called upon to perform.
- Our health visitors provide an excellent service to our local families.
- The physiotherapy team have an enviable time-to-first-assessment measured in weeks rather than months and work closely with our visiting Orthopaedic surgeons.
- Speaking of which, we also have visiting consultants in General Medicine, General Surgery, O&G, ENT, Dermatology, Ophthalmology and Paediatrics with clinics every 2-6 weeks.
- We also have a Dietician, Speech and Language therapist and Podiatrist working from the hospital and a Dental service.
- Our local Psychiatry team have an inpatient ward in the hospital and provide outpatient clinics through the former Psychiatric hospital in the town.
- Our local social work department have a large office in our building making liaison and integrated team working that much easier.

Ok, so you get to do all the fun things but have plenty of support, what's not to like?

Our point exactly!

And we're also not just involved in the day-to-day clinical work- within the team, we also provide clinical leadership in the Community Health Partnership in the form of a Clinical Director post, the Cluster Quality Lead role and have previously organised a Rural GP training week twice annually for community hospital GPs in Argyll and Bute.

Surely there's a down side?

Well, our scenery's not that special:



And there's never anything to do:



*(All images courtesy of Drs R Helliwell and S Romans)*

## **Final thoughts**

This is a time of great change in Scottish General Practice. While most have, understandably, focussed on the threats to rural practice in the 2018 GMS contract, we try to focus on the significant opportunities which may, with the right engagement, present themselves.

Many are concerned regarding recruitment and retention- we believe that the answer to this significant problem in rural areas lies in developing more high quality, appropriate services for patients locally, generating the need for more staff to provide these services. The more staff there are, the less onerous the on-call rotas become, and the more satisfying and rewarding the job is. Developing training and teaching needs more staff too, as does the development of research in rural practice. Teaching and training attracts more young graduates to rural practice, and research will enhance the perception of rural practice in the country at large.

Even after years of experience, rural GP often extends new clinical dilemmas. We firmly believe that rural practice has a positive future if the excitement and satisfaction it can give are transmitted to students and those in training in a consistent and realistic way from an early stage, combined with a realistic workload and remuneration for those delivering a demanding level of service.

We look forward to sharing our vision for the future with the Rural GPs of tomorrow!

Please do not hesitate to contact the practice or one of our partners directly if you have any questions or to talk over what we would be able to offer:

[lochgilphead.surgery@nhs.net](mailto:lochgilphead.surgery@nhs.net)

[andrew.strain@nhs.net](mailto:andrew.strain@nhs.net)

Video featuring Dr Gemma Munro, (now former) Rural Fellow:

<https://www.youtube.com/watch?v=i1hIdOOdMCc>

Rural GP Fellowship Facebook page:

<https://www.facebook.com/ruralGpfellowship/>

RuralGP.com page on the Rural Fellowship (2017):

<http://ruralgp.com/2017/03/recruiting-now-for-scottish-rural-gp-fellowships-2017/>