

PE1924/K: Petitioner submission dated 31 December 2022

In advance of the next committee meeting please find below some information I would like to put to the members.

["We", refers to: Kirsteen Campbell, Claire Clark & I, through the North Highland Women's Wellness Hub, our not-for-profit community organisation - [full info here](#).

"CGH" = *Caithness General Hospital*]

On 31.10.22, The Scottish Human Rights Commission (SHRC), penned a letter to Pam Dudek (NHS Highland) and Cab Sec Humza Yousaf.

It stated;

Under human rights standards, for health services and policies to be considered adequate they need to be accessible. This implies that they need to be both physically and financially accessible. In particular:

- *Physically accessible requires for services to be within safe physical reach for all sections of the population, especially vulnerable or marginalised groups, such as women, ethnic minorities, children and young people, older persons and persons with disabilities, among others.*
- *Financially accessible requires for health services to be affordable for all. This includes ensuring that everyone, and particularly those most vulnerable, do not incur unaffordable expenses in order to access medical services, such as through the payment of fees, accommodation and transport.*

Mr Duddy also asked if a "human rights-based analysis has been carried out to determine the impact on women in these regions?"

No reply has been received by SHRC from either party as of the 31.12.22.

[Full letter here](#)

The committee has been told by NHH that **3** consultants work across a minimum of **40** weeks a year in CGH, when our FOI showed:

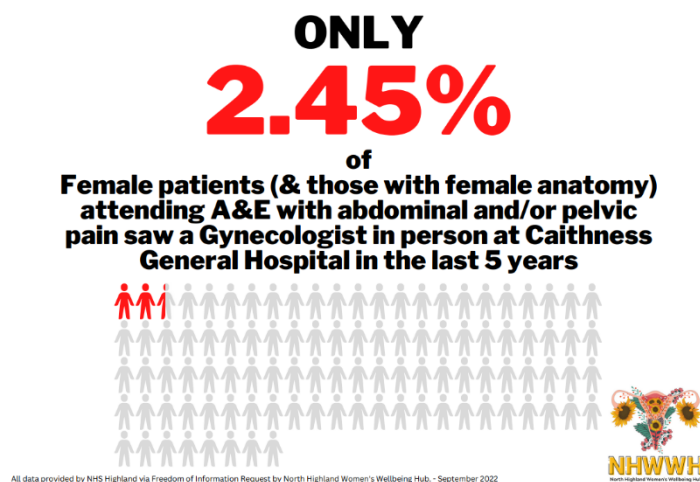
217 days of consultant care (09.11.21-09.11.22) = **31** weeks of the year

I am awaiting FOI response for; Hysteroscopy, Laparoscopy, Insertion of marina coil, Anterior & posterior repair, Hysterectomy, Oophorectomy, Laparoscopic sterilisation, Dilatation + Curettage and Diagnostic hysteroscopy (2021/22).

According to NHH, these all took place in CGH. A very different picture to what we see day-to-day.

The downgrading of maternity removed gynae care without assessment of human rights or risk to women's health. Earlier this month I spoke to a retired CGH nurse. I heard how we had a full gynae ward, with 2 surgical rotations a week and the beds were always full. If we could provide a wonderful service like this then, surely there is a demand now?

Sonography is accessible only **23.8%** of the week at CGH, with no on-call service for emergencies. In my experience & anecdotally, women are discharged with painkillers (often opioids) far more than scanned due to the expense of patient transport to Inverness and the lack of a consultant to decide on the course of action in A&E.



The Royal College of Obs & Gynae state in their Good Practice no.9 that;

It is essential that there is ready and timely access to the following [\[doc here\]](#) :

Diagnostic support services, Operating theatres, Critical care facilities, Specialist or tertiary level services, Psychological support services & Governance.

They also state that

Patients' views must be taken into account when developing emergency gynaecology services.

When raised at our most recent meeting with NHSH management, the response was that the islands 'manage' and we should too. When questioned on if "managing" is the best we can strive for, they answered; no death had been directly caused by access to services, then it's safe. Why wait for the death? I would also argue that affected fertility due to lack of care, is indeed, a loss of life.

The A9 north of Inverness was closed with no road diversion +5 times in December. When this happens, Caithness becomes an Island.* Yet our 'island' has a fraction of the facilities of Orkney. Caithness has become the neglected middle-child between Orkney and Inverness where funding & access to care are forgotten.

Patients often forced to travel the same distance as Holyrood to Newcastle (104 miles) and back again, even for basic care.

It's dangerous and discriminate.

Freezing fog makes air transfer extremely challenging if not impossible. The lack of de-icing facilities in Wick Airport was voiced by the SCAA/SAS during a meeting with us a few weeks ago.

Ongoing communication with Humza Yousaf had to be rearranged in November and unfortunately our 2nd meeting is the day following this evidence deadline. We will be asking why the SHRC are yet to receive a reply and stressing why Women's Health is important, even when they are not pregnant, as the focus is often on Obstetrics and Gynae is left behind.

***Photographs taken at various points along the route to Raigmore from CGH. December 2022**



