

## PE1924/Q Petitioner submission of 11 February 2023

Thank you for taking the time to review my petition further.

Since the last committee meeting, Mr Yousaf has agreed to and instructed NHS Highland to begin an EQIA into the gynaecology services within the Highland area.

This is fantastic news and we have spoken to NHS Highland management and have been assured that there are three extra consultants visiting in rotation to support the resident gynaecologist in place.

My main concern, is that the current full time consultant is not trusted by the women within the North Highlands. He has had several very serious complaints filed against him through the NHS feedback system and yet retains his full time post for 30 weeks a year. This has been raised with NHS Highland and Mr Yousaf. It has been assured that if a Caithness woman wishes to see a different consultant in CGH, they can, but it may be a longer wait.

The lack of response to the Scottish Human Rights Commission's letter and questions was put to NHS Highland at a recent meeting and I am assured that there will be a reply by 17.02.23. The delay in this reply was supposedly due to "a miscommunication". Given that the letter was sent on the 31.10.22, SHRC have waited a long time to hear the reply and it will be much appreciated when it comes.

I would also like to take this chance to say that I completely back the call for a new EQIA into Maternity Services in Caithness General Hospital. If there is an EQIA review into gynaecology going ahead, and the current 'quick fix' is to add more consultants to the rotation, surely the idea of having more obstetrics coverage isn't completely out of the question?

The 2016 EQIA stated;

"The main impact that the conclusions of this report will have, if adopted by NHS Highland, is a small reduction in the number of local births but overall safer care for mothers and babies"

**+90%** of births by Caithness mothers now take place in Raigmore Hospital, over 100 miles away. Expectant mothers who are given the choice of CGH are being told there's a risk to that delivery route. That not only is that unsafe, but it's unethical to put that decision on the parents shoulders.

With midwives in short supply country-wide and some of the current CGH maternity team nearing retirement, it won't be long before 100% of births are in Raigmore if

something doesn't change soon. There's currently no incentive for midwives to join CGH. They are trained professionals who have a CPD to uphold and this is impossible without babies to deliver.

With regards to the gynaecology care coverage, Kirsteen, Claire and I will continue to push for a full return of services to CGH. Before the maternity downgrade in 2016 the hospital ran a very busy service with 8 gynaecology beds, 2 surgical days a week and a waiting list. The demand is very much there for this care in the county. NHS Highland currently covers the following hospitals;

Dunbar Hospital Thurso

Caithness General Hospital Wick

Lawson Memorial Hospital Golspie

Migdale Bonar Bridge

County Community Hospital Invergordon

Ross Memorial Hospital Dingwall

Town & County Hospital Nairn

Badenoch & Strathspey Community Hospital

Raigmore Hospital Inverness

Portree Hospital Skye

Broadford Hospital Skye

Belford Hospital Fort William

Mull & Iona community hospital

Lorn & Islands hospital

Mid argyll community hospital & community care centre

Cowal community hospital

Islay Hospital

Victoria Rothesay Hospital

Campbeltown Hospital

New Craigs Hospital

Across all these hospitals and an estimated 103,199 women (15-90+ yrs) within the NHS Highland area. There are 8 Gynaecology beds and 1 emergency gynae bed allocated to cater for all of these women [FOI 2023].

That is a ratio of;

**1 bed : 11,467 women**

**(including the use of the emergency bed 100% of the time)**

I am by no means a medical expert but how can that be safe, ethical or logistically sound? Given that 8 beds used to be allocated in Caithness alone, the downgrading of women's healthcare in the last 6 years is scandalous.

In conclusion, the three extra rotational consultants are welcome, but are a temporary solution to a permanent problem and I think it's fair to say I'm concerned that after a review has taken place, the service will slowly centralise again. We need a return of the service we had up until 2016 as soon as possible.

As such, I would like to ask that this petition is reviewed again in a few months time, to assess the outcome of the EQIA and the impact on Caithness Women's care.

Thank you in advance for your time at committee.