Health, Social Care and Sport Committee

6th Meeting, 2023 (Session 6), Tuesday, 21 February 2023

Public Petitions

Note by the clerk

Purpose

1. The purpose of this paper is to invite the Committee to consider and agree how it wishes to proceed with scrutiny of three public petitions which have been referred to the Committee.

Background

2. A its meeting on 15 June 2022, the CPPP Committee agreed to refer the following petitions to the Health, Social Care and Sport Committee under Rule 15.6.2 of Standing Orders, to ensure that consideration can continue:

    - PE1845: Agency to advocate for the healthcare needs of rural Scotland
    - PE1890: Find solutions to recruitment and training challenges for rural healthcare in Scotland
    - PE1924: Complete an emergency in-depth review of Women's Health services in Caithness & Sutherland

3. The Health, Social Care and Sport Committee considered the petitions at its meeting on 25 October 2022 and agreed to write to rural health boards seeking evidence on the issues raised within the petitions before inviting the Cabinet Secretary for Health and Social Care to give oral evidence to the Committee.

4. The Committee subsequently wrote to some health boards which have remote or rural areas. The following submissions were received: NHS Ayrshire and Arran, NHS Borders, NHS Grampian, NHS Highland and NHS Western Isles.

5. The Committee further considered the petitions on 17 January and took evidence from the Cabinet Secretary for Health and Social Care. Following this meeting, the Cabinet Secretary wrote to the Committee providing further information.

6. Since last consideration, submissions have been received from the petitioners for PE1845 and PE1924. The Cabinet Secretary's letter and these submissions can be viewed at Annexe A.

7. Further details of each petition are detailed below.

Petition details

Petition PE1845: Agency to advocate for the healthcare needs of rural Scotland

Petitioner: Gordon Baird on behalf of Galloway Community Hospital Action Group

Petition summary: Calling on the Scottish Parliament to urge the Scottish Government to create an agency to ensure that health boards offer 'fair' and 'reasonable' management of rural and remote healthcare issues.

Date published: 23 November 2020

Petition PE1890: Find solutions to recruitment and training challenges for rural healthcare in Scotland

Petitioner: Maria Aitken on behalf of Caithness Health Action Team

Petition summary: Calling on the Scottish Parliament to urge the Scottish Government to find ways for localised training, recruiting and retaining healthcare staff in difficult to recruit positions in Scotland.

Date published: 19 August 2021

Petition PE1924: Complete an emergency in-depth review of Women's Health services in Caithness & Sutherland

Petitioner: Rebecca Wymer

Petition summary: Calling on the Scottish Parliament to urge the Scottish Government to complete an emergency in-depth review of Women's Health services in Caithness & Sutherland. Women's health services are now breaching basic human rights and we fear someone will lose their life due to the lack of gynaecology care.

Date published: 20 December 2021

Conclusion

8. The Committee is invited:

- To consider the evidence heard and to agree next steps.

Annexe A

Cabinet Secretary for Health and Social Care submission dated 31 January 2023

Dear Convener,

Thank you for your correspondence, following my recent appearance at committee. I have provided written answers to the questions raised by committee members below.

Information on access to the South East Cancer network and whether cancer pathways in Stranraer, for instance, can go to Glasgow rather than Edinburgh

In September 2019, NHS Board members agreed a strategic position in relation to cancer care and treatment pathways for people in Dumfries and Galloway, and work began to realign existing cancer pathways from the South East Scotland Cancer Network with the West of Scotland Cancer Network. This was halted in mid-March 2020 due to the Covid-19 pandemic.

The Health Board has assured the Scottish Government that for those cancer patients wishing to travel to Glasgow instead of Edinburgh, they will support them to use the Glasgow pathway, subject to available capacity and access to their appropriate treatment. These decisions will be made through discussions with the patient and their clinical team. We remain committed to cancer patients being treated as close to home as clinically appropriate.

Further detail on the budget inflation calculation

The £650 million figure for the health and social care budget was based on CPI/GDP deflators at December 2021 and August 2022 when inflation was at a peak. The equivalent figure for the total Scottish Government budget was £1.7 billion. Over time, this figure will clearly adjust depending on the most recent CPI/GDP deflators.

It is also important to note that the actual calculation is dependent on what inflationary index is used. There is much debate about what is most appropriate in the current circumstances, with the Finance and Public Administration Committee also highlighting the difficulty in measuring the real terms impact of inflation, and assessing what is the most appropriate measure, in their 2023-24 Budget report. In addition, there are specific pressures affecting the Health budget that do not necessarily correspond to any particular index – the specifics of NHS pay being one of those.

However, even once all of this is taken in to account, what remains a clear indisputable fact is that the value of our budget has been significantly eroded by inflation, by whatever measure is used.

Update on the appointment of a women's health champion and range of initiatives/actions that have already been taken forward

The First Minister has announced the appointment of Professor Anna Glasier OBE as the first Women's Health Champion for Scotland. The Women's Health Champion will be central to driving improvement in women's health, through the Women's Health Plan and beyond.

Professor Glasier has had a long and distinguished career in women's reproductive health, and is focussed on improving health outcomes for women and girls across Scotland. Her appointment coincides with the publication of the first report on the Women's Health Plan, detailing the progress made so far on raising awareness around women's health, improving access to health care and reducing inequalities in health outcomes for women and girls. This report can be found on the Scottish Government website at the following link: Women's Health Plan : A Report on Progress - gov.scot (www.gov.scot)

Update on the return of midwife-led maternity services to Stranraer

NHS Dumfries and Galloway has proposed an independently chaired local service review of maternity services in Wigtownshire. This proposal was approved by the local Integrated Joint Board on 8 December 2022. On 18 January 2023, NHS Dumfries and Galloway announced the commencement of this local service review and outlined the initial opportunities as part of the review's engagement programme. From mid-February onwards, the Chairs will be reaching out to communities to discuss maternity services, to hear from individuals' experiences and understand the challenges, before developing a route map for the future. The Chairs have encouraged participation in the review from local communities and I welcome the review's commitment to public and service user engagement in informing this work.

The local service review will be Chaired by Crawford McGuffie, Medical Director of NHS Ayrshire and Arran, and Jennifer Wilson, Executive Nurser Director NHS Ayrshire and Arran. They will be supported by Angela Cunningham, a retired Associate Director for Women's and Children's services and current Midwifery Clinical Lead for the Scottish Patient Safety Programme Maternity and Children's Quality Improvement Collaborative. My officials will remain in dialogue with NHS Dumfries and Galloway as the local service review progresses and ensure I am kept updated as the work develops.

An update on the Chief Medical Officer's views on Scottish library networks for digital clinical care services

The Collective Force for Health and Wellbeing Action Plan aims to improve access in libraries to health and social care services, promoting greater choice and independence. There are eight key pathfinders currently identified as part of this programme, many of which relate to increasing digital access to health and care and increasing skills and health literacy understanding to support people in libraries.

Pathfinder One has seen nine of the ten libraries identified for funding have live processes for booking Near Me video consultation spaces established. This work increases the number of community hubs (non-library) now established across Scotland to 60. Local library staff have embraced the initiative, and have commented that training and communications have been easy to understand. Whilst uptake of

Near Me for video appointments remains modest, 45 library staff have now received digital training in supporting people coming into the library, which opens further opportunities to support better management of health and wellbeing, utilising existing resources online (eg ALISS, self-help guides and NHS Inform). We expect to receive a six monthly progress report in Spring 2023.

Confirmation of the numbers of mobile MRI and CT scanners

Seven mobile MRI and five mobile CT scanners will help people get the diagnostic tests they need and additional activity, such as weekend Endoscopy sessions, will help reduce diagnostic waits. Our £70 million Endoscopy and Urology Diagnostic Recovery and Renewal plan is increasing capacity and supporting workforce training. Mobile Endoscopy Units are also providing access to an additional six endoscopy rooms in Scotland.

Request for clarity on how the Scottish Government and NHS boards ensure that services are delivered to the whole population in an equitable way?

The Public Sector Equality Duty (PSED) places a duty on public authorities, including Health Boards, to have due regard when exercising their functions, of the need to: eliminate discrimination, harassment and victimisation; advance equality of opportunity; and to foster good relations between persons who share a protected characteristic (and those who do not). To help implement the PSED, the Scottish Government introduced regulations in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 which place a number of requirements on public authorities. These include requirements to assess the impact of policies, report on the work being done to mainstream equality; set equality outcomes; publish and use employee information and to encourage the integration of equality considerations into public authorities' core business.

Our National Clinical Strategy sets out the evidence for supporting the planning of national, regional or local services on a population level rather than geographical boundary basis. However, whilst the Scottish Government sets the strategic policy direction for the NHS in Scotland, service delivery and patient care are the responsibility of Health Boards and healthcare professionals locally. It is the responsibility of the Health Boards to ensure access for all people in Scotland to services that best meet their needs.

NHS Scotland's National Services Division enables patients to access nationally commissioned or cross-border services, where patients require access to treatment or investigation of a highly specialised nature. This ensures that they obtain the care that they need, while seeking to ensure that the highest possible standards are delivered within available resources. Sometimes treatment has to be provided out with a local area to help respond to short term capacity issues and this is managed locally by NHS Boards. Outside of specialist and highly specialist treatments, health boards can also agree to fund treatment of patients out with NHS Scotland through their own arrangements.

Request for how confident I am that equality and human rights impact assessments (EQHRIAs) are meaningfully undertaken by health boards when planning services? How is compliance and effectiveness of these monitored?

As outlined above, the PSED includes regulations setting out a duty to assess and review policies and practices. It also requires public bodies, including health boards, to regularly report on progress against equality outcomes and on mainstreaming the equality duty. Responsibility for oversight of compliance with the 2010 Act, including compliance with the 2012 Regulations, rests with the Equality and Human Rights Commission. The Commission is independent and cannot be directed by Scottish Ministers.

Our Planning with People, Community Engagement and Participation Guidance (co-owned by Scottish Government and COSLA, published March 2021) supports NHS boards, Integrated Join Boards and Local Authorities to carry out meaningful public engagement that adheres to current legislation and acknowledges that participation is also a key element of a human rights based approach. It requires that people are supported to be active citizens and are involved in decisions that affect their lives. The current Planning with People guidance offers support, advice and information to public bodies (including NHS Boards) on all aspects of public engagement, including impact assessment. It has recently been updated (due to be published early 2023), taking account of recommendations from people working and using health and social care services, community and equality groups and the third sector.

Request for information on the discussions I have held with petitioners in relation to PE1924 on women's health services in Caithness and Sutherland? What steps are being taken by NHS Highland and the Scottish Government to address the issues raised in the petition around gynaecology, miscarriage, menopause and fertility services?

In relation to PE1924 discussions, Mike Hayward, Deputy Chief NHS Highland, and myself, met with the North Highland Women’s Hub in August 2022 to discuss the gynaecology services in NHS Highland, which geographically covers Caithness. A follow-up meeting was initially arranged for November 2022 and has now been rearranged for February 2023. A summary of actions being taken to address the issues raised in the petition is below:

Gynaecology: NHS Highland is undertaking a review of Gynaecology services and is currently at the planning stage. The Board have set up additional capacity for both outpatient and theatre treatment which will provide much needed capacity across Belford General Hospital, Caithness General Hospital, Lawson Memorial Hospital and Raigmore Hospital. Further recruitment of two Gynaecology Consultants and one Specialty Doctor is planned in early January 2023. Support has also been provided by NHS Orkney to deliver increased activity in Caithness General hospital for outpatients and surgery.

Miscarriage: All NHS Boards, no matter where they are located, should provide tailored care and support to women who experience miscarriage within best practice guidance, including National Institute for Health and Care Excellence and the Royal College of Obstetricians and Gynaecologists guidelines.

As set out in https://www.gov.scot/publications/fairer-greener-scotland-programme-government-2021-22/ published in September 2021, the Scottish Government is committed to establishing a dignified and compassionate miscarriage service. As part of this work, a scoping exercise across all 14 Health Boards into the availability of services within NHS Boards for miscarriage and unexpected pregnancy complications, has been carried out. The first phase of the scoping exercise is complete and results currently being analysed will help inform improvements to these services. The Scottish Government also held the first of a series of roundtable events on 14 March 2022 to discuss with stakeholders what more can be done to improve miscarriage care and support for women who experience complications during pregnancy.

Women living in the NHS Highland area who experience miscarriage are treated at Raigmore hospital, Inverness and Caithness hospital, Wick. All in-patient miscarriage management takes place at Raigmore hospital. Early Pregnancy Unit services, which include scanning services, are offered four days a week at Raigmore and two days a week at Caithness.

Menopause: Menopause care and support is a top priority in our Women's Health Plan, which was published on 20 August 2021. The Scottish Government is determined to ensure that women are able to access the care and support they need for menopause through primary or specialist care. There is now a specialist menopause service in every mainland health board and a 'buddy' support system in place for the Island health boards, helping to ensure that all women have timely access to specialist menopause support and services when required. A national Menopause Specialists Network has also been established which meets regularly to provide peer support, and support to Primary Care teams, by providing access to a menopause specialist for advice, support, onward referral, and training. Further information on the progress made on the Women's Health Plan's menopause actions can be found in the recent progress report at this link: Women's health plan: progress report - gov.scot (www.gov.scot)

Fertility treatment and IVF: The Scottish Government has invested around £40 million over five years to improve and maintain NHS IVF waiting times, ensuring that the LDP standard of 90% of couples screened for treatment within 12 months of referral is met. Public Health Scotland statistics published on 29 November 2022 show that this waiting time was exceeded across Scotland, including for those patients living in rural areas, for the quarter ending 30 September 2022 with 100% of eligible patients from all NHS Boards being screened within 12 months. The Scottish Government is working with centres to ensure this standard continues to be met. NHS IVF treatment is carried out at four NHS Assisted Conception Units in Aberdeen, Dundee, Edinburgh and Glasgow. Patients living in the NHS Highland area who require IVF treatment are referred to the NHS Assisted Conception Unit in Aberdeen. Patients travel to Aberdeen for most aspects of their treatment however, ten week scans can be carried out at the early pregnancy units at Raigmore and Caithness hospitals, if clinically appropriate.

Request for information asking for the reason for the variance in levels of payment of distant islands allowance for different categories of public service worker? Members outlined that their submission from NHS Western Isles

stated NHS workers receive £1,117 compared to £2,000 for local authority employees.

It should be stressed that there is no overarching system which covers all public sector workers. Where variations in pay do occur, this is likely because each employer has its own independent system developed over time to suit its particular needs within the context of the full package of terms and conditions provided by that employer.

The NHS Scotland Scottish Distant Island Allowance provides an annual non-superannuable payment for staff working in our Islands to compensate for travel to and from the mainland. This allowance has historically been uprated in line with every Agenda for Change pay deal. After the record-breaking 2022/23 Pay Deal for Agenda for Change staff, the allowance for NHS Scotland Western Isles staff is now £1,201.

I trust that these responses to your questions are helpful. I look forward to further engagement from the committee as we continue to work to tackle the challenges facing the health and social care system going forward.

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 midwifes 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.

PE1845/JJ Petitioner submission of 14 February 2023

I am very grateful for the committee giving time to consider our petition further.

I hope that the committee will take further evidence from the petitioners and academic representatives of Rural Healthcare who have helped us prepare our case. During your meeting with the Secretary of State, at least one fundamental misunderstanding of our motion was expressed. The support of Sir Lewis Ritchie for advocacy enhancing the work already commissioned for the proposed centre for excellence was again expressed. The other petitioners have confirmed that an independent agency would aid resolution of their issues. Thus, even if only to clarify the facts, a hearing by the committee is requested.

Our petition has raised widespread interest from rural lay and groups from Galloway, Caithness and Skye alongside professional support through the Rural GP Association of Scotland. NHS England formally acknowledged the crisis of health in coastal communities in their 2021 annual report. The new National Centre of Excellence for Remote and Rural Health and Social Care is welcome and, supporting the petition in his written submission, Sir Lewis Ritchie stated “there are potential synergies in relation to the planned National Centre of Excellence for Remote and Rural Health and Social Care, including consideration of the potential role of a Rural Health Commissioner.” Those most engaged and informed are therefore in support.

At your previous meeting a committee member seemed to consider that such an agency would deal with individual cases. This is incorrect. Indeed, the current complaint arrangements, including the Ombudsman, seem to be a good example of equitable provision for rural individual issues. Our submission has shown that the current system systemically fails rural populations and that academic centres, which

have an essential role as providers, lack the ability to engage at local levels. This is well documented in all our submissions.

The provision of an agency (such as a Rural Health commissioner) is an essential and proven adjunct to the other excellent efforts of central organisations. Other rural countries, in particular Australia find this devolved responsibility efficient and cost effective through reducing expensive and inefficient centralisation.

For example, in Galloway, we are currently in the process of an external review into the absence of an out of hours local maternity service, taking up the time of senior medical and midwifery management staff from another board. History predicts limited success. Experience of commissioners is of a more consensual nature with a greater likelihood of good clinical outcomes and cost efficiencies, without depriving other boards of clinical management during a critical period.

I hope that the committee will take further time to take evidence from me as a retired clinician and clinical lead, supported by the opinion of a senior academic, to help create a more efficient approach through a long-term, cost-effective and sustainable solution.