

## Petitioner submission of 8 June 2022

### PE1924/C: Complete an emergency in-depth review of Women's health services in Caithness & Sutherland

Thank you for letting me speak today, I had hoped to highlight the following information during the Committee's consideration of my petition on 8 June. I co-run the Endometriosis North Highland Group and the North Highland Women's Wellness Hub. I have Endometriosis and PCOS.

I'm not a politician, nor will I pretend to be, yet I can give an honest and realistic picture of the situation the Women of the Highlands are living with.

I would like to take this moment to thank the Gynaecology consultants who have worked with us over the last year and are working overtime to make the very best of a bad situation. The Gynaecology cases from the North Highlands, alongside the added pressure of the Obstetrics cases now not seen in Caithness General is causing immense strain. But they will burn out with the current format and then where will we be?

Access to a gynecologist in an emergency is a fundamental right no matter your postcode. 51% of the population are assigned female at birth and Women's health should not be a niche, but a necessary service.

The vast majority of women from Caithness and Sutherland are forced to travel to Raigmore for care. These are often routine appointments, check-ups and examinations that should be taking place in Caithness General Hospital or Golspie Memorial.

I dread the day that a woman loses her life because an emergency gynaecological situation couldn't be managed without a specialist on site. A fantastic and true example of this can be seen on the TV adaptation of Adam Kays "This is going to Hurt" where a young girl haemorrhages in A&E.

With the added strain on overworked Raigmore staff, waiting lists are more than double the length in 2020 for Caithness Gynaecology patients. Many patients have taken out loans or mortgaged their homes

in desperation, to have private care in Aberdeen, Edinburgh or Glasgow. Endometriosis for example can spread faster than cancer and cause permanent damage to organs if diagnosis is delayed.

In Scotland, the Women's Health minister role is twinned with Public Health and Sport. Although Maree Todd has been very supportive of our cause, surely with Women being the majority of the Scottish population, a Women's Health Minister should be a single role, even England has managed that!

For those of you who haven't visited the area, as a one way journey the trip is the same as Holyrood to Newcastle upon Tyne and as a combined return journey, the milage equates to Holyrood to the City of York. On far worse quality roads of course! Would it be acceptable for the vast majority of women in Edinburgh to travel this far for routine scans, appointments or clinics? Perhaps worst of all, in all active miscarriages over 12 weeks gestation, mothers from Caithness are expected to travel this journey for care during an already traumatic time.

The NC500 route is busier than ever and Mr Yousaf seems focused only on planned closures, rather than taking into account the countless "near misses" and smaller accidents, which cause harm to patients but not a full closure.

Mr Yousaf's statistics are also based on a timeframe which INCLUDES covid lockdowns, where the vast majority were not travelling. Not an accurate picture of reality.

Road surfaces are awful and the disabled facilities along the route are often locked, even with the use of a RADAR key making the journey inhumane.

With train timetables now restricted to the 2pm leaving Inverness at the latest, many will be moving, delaying or missing important appointments they now can't attend. Another massive blow to diagnosis times & quality of life care.

The expense of staying in Inverness for an appointment is on average £120 a night for 1 person. With NHS only refunding up to £50 of this and only in certain circumstances, it's not feasible for many to attend, especially to attend more than one appointment a month, which is not unusual.

NHS Highland's mobile MRI machine has been located permanently at Raigmore since 2020 and is being used to work through the waiting lists

there. If this was being used for its original purpose, in my opinion, lists would move quicker as more patients could attend closer to home.

Over the past year myself and Kirsteen Campbell gathered feedback from women across Caithness and Sutherland, ranging in ages from 16-70. These opinions range from good to awful. However, the majority feel desperate and many say they are considering moving from the area to a better care infrastructure as they don't feel safe.

This incredibly powerful document of stories is available to read in full and I urge you to please contact me.

MP's have said that the patient numbers make it infeasible to have a gynaecology unit in Caithness or Sutherland full time. Surely this is the chicken & the egg?

With the majority of patients travelling to Raigmore for the service, no wonder there's not enough left to need a dedicated unit. If you build it, they will come.

Recruitment shouldn't be too difficult, according to Mr Yousaf's boast on Twitter yesterday (7 June 2022) that NHS staffing levels are at a "Record High".

The discussion around a "National Centre for Remote and Rural Health and Social Care" is welcomed but my question around where and when this will be based remains unanswered.

This lack of care infrastructure would not be deemed acceptable in the borders, it shouldn't in the Highlands.

Please don't let a woman lose her life before the system changes.

Thank you for letting me speak and I look forward to hearing the result of this meeting.