

CONSIDERATION OF PETITIONS

I write on behalf of NHS Highland to respond to the above petitions we have been asked to consider. The petitions highlight the challenges faced by rural communities and the possible need for support to ensure access to rural healthcare.

As a Board we aim to ensure equitable access for all our communities working in a people and place approach aligned to improving outcomes for our population. This involves working in partnership with organisations to create sustainable, resilient and best value approaches to our services and recruitment challenges.

Please find below our response to the individual petitions raised. We have incorporated the supplementary questions into our overall response to each.

I trust this gives a comprehensive response to the petitions raised however if you wish any additional information then please do not hesitate to contact us.

Yours sincerely,

Pamela Dudek
Chief Executive

[PE1845: Agency to advocate for the healthcare needs of rural Scotland: 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.](#)

Given our geography this is of particular interest and significance to NHS Highland. As a board and within our integrated systems in both Argyll and Bute and Highland we recognise the importance of ensuring fair and reasonable management of health and social care issues in remote and rural areas. We also recognise the importance of fair and reasonable service provision in all areas of Scotland, both urban and rural.

The Board and partner organisations across the Highland region are designed to ensure that we are working with local communities to provide consistency as well as locally adapted services based on local need and specific issues and challenges. There are several organisations such as Highlands and Islands Enterprise (HIE), Highland and Island Transport Partnership (HITRANS) and NHS Education for Scotland's (NES) Remote and Rural Healthcare Educational Alliance (RRHEAL) that work in close collaboration with health and social care to support the aim of providing fair and reasonable responses to the issues in our varied communities and as partners provide appropriate challenge in achieving this.

NHS Highland is signed up to The Convention of the Highlands and Islands (CoHI). CoHI seeks to strengthen alignment between the Scottish Government and member organisations in order to 'support sustainable economic growth'. It seeks to enable the exchange of ideas on strategic issues affecting the people of the Highlands and Islands. We are very sighted on and responding to promoting health, social care and wellbeing in line with the Scottish National Islands Plan and ensuring that we respond to specific community need such as our work in line with the Gaelic Plan. Within our own governance structures, we and the wider Board members hold us to account on our performance across all our areas and we have regular and routine dialogue with our communities in several formal and informal forums. They certainly and rightly hold us to account for the services that we provide. As part of our regular dialogue with all parts of the Scottish Government (SG) including our MSP's we routinely discuss remote and rural challenges and our responses to them.

Whilst an agency for remote and rural issues would give a focus to this particular area of challenge in a pressured health care system a standalone agency focussing only on remote and rural provision would not necessarily be aligned to the existing SG oversight of our provision and there is a risk of being pulled in different directions in terms of fairness and equity depending on postcode. In addition, in the current financial climate there is a concern that to create an agency as described in the petition has the potential to take up funding that is very much needed in order to provide services for people and communities.

On balance, as a board, we would advocate for utilising and strengthening existing internal and external mechanisms for ensuring fair and reasonable response to remote and rural issues rather than creating a new agency.

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

Creating training opportunities locally with clear qualification pathways locally is a key concern and priority action in our strategy. But national decisions on where courses are offered mean for example that we have lost the ability to train midwives within our board area with the removal of the course from UHI.

One of the biggest barriers is the lack of local courses at professional degree level in a number of different job families. We know from HIE research that increasingly young people are keen to remain in the local and work in professional roles but in small job families, AHPs, Pharmacy, Healthcare Science, Social Work, there is just no local training provision or, in most cases, the option of distance/flexible learning. Where we can provide placement opportunities for education providers we do so and have some success in turning these into employments in the future.

Where they are unable to train locally but are committed enough to follow a healthcare profession they move out of area, develop a social network and life in the central belt and often do not return until later in life, if at all.

We have made use of, for example, the Open University access to healthcare and nursing courses, and some provision for social worker trainees to use the OU as well.

We continue to work medical education providers to increase the number of training placements within NHS Highland, knowing that placements usually result in a positive employment outcome in Highland.

We are working with UHI to map training pathways with career pathways enabling the gaps in local education provision to be identified and plugged enabling both recruitment and retention for NHS Highland.

Our nursing and talent colleagues are going to meet with UHI in the new year to discuss nurse recruitment, training and retention. We are working with UHI to introduce the Practice Development Award and HNC in Health and Social Care as a distance learning opportunity for Band 4 support workers as a career pathway into nursing. We are offering all UHI Nursing graduates a job guarantee and are linking with other HEI's regarding similar development opportunities for 3rd year students accessing placement and graduate employment in Highland.

The development of the NES led National Centre for Remote and Rural Health and Social Care will be helpful in developing mitigations for the risks posed service delivery due to unsustainable workforce pipelines.

Improving access to affordable housing for the local healthcare workforce in hard to recruit areas is a significant concern for us across the Highlands and Argyll & Bute however it is an area that we have limited leverage to address without national support. We would welcome collaborative working across the public, private and third sector as the housing

issue doesn't just impact health and social care and we would urge that more focus is given to increasing the supply of affordable accommodation for let or purchase, prioritising accommodation for key workers across the public sector, increased investment in availability of long term rental accommodation and greater control on short term / holiday lets which takes many properties out of local housing capacity.

We are working in key areas with public and private sector partners and housing associations but by its nature this is mainly where we identify a specific need in a community that is particularly challenging or urgent. Addressing across the whole of the key services is essential as we need emergency services and council personnel as much as we need health and social care colleagues.

This issue disproportionately impacts our lower and entry graded roles, we have been quite successful in attracting medical and more senior colleagues, who can afford to purchase in the area.

We offer financial support for relocation and some temporary accommodation, but this is short term and can only realistically be for single occupancy in most cases, to get people started and in a position to look for their own solution. Especially those with families will want to move to their own home and get settled and we cannot offer this longer term as it's not fair or sustainable and doesn't solve the core issue of availability.

We also need a balance of attracting people to relocate versus growing and keeping our own talent. The biggest issue is about availability and affordability of accommodation and our support package doesn't solve this. I also think we need to be careful not to set up internal competition across boards as that's not a long-term solution.

We need a significant increase in the building of affordable properties for key workers, for both rental and purchase and this needs to be coordinated across the public sector.

With regards to enhancing pay and conditions of employment the main terms and conditions and pay in the NHS via Agenda for Change isn't really an issue as this is consistent nationally and there is an excellent pension and benefits structure, that we need to make more of, which significantly exceeds any private sector offerings, even if base pay is higher.

There would be some merit in looking at whether some framework could be put in place similar to London weighting / distant islands allowance but the criteria would need to be well thought out. It's probably some of our more populated areas where costs are significantly higher (Inverness and Skye especially,) but also probably Oban / Fort William. The challenge we have is that in areas where city centre housing is expensive like Edinburgh and Glasgow, there is a huge range of central belt housing a bit further out with good transport links that make it more affordable and accessible, especially for the core Band 5 / 6 roles which isn't really the case here.

The challenge with this is that it's not permanent and could apply to a number of areas. It also would only be a few thousand pounds at most and doesn't make more housing available or affordable.

We do have a concern that the current approach of offering different % cost of living increases with a focus on the lower grades could impact on the premium for qualifications / advanced practice and make training and progression less attractive. The current agenda for change structure also does not offer any / much salary progress until about 5 years in post in most cases, meaning that good performance is not well rewarded in a timely way.

We fully support the work looking at supplementary staffing nationally includes looking at how we might use premium rates for our own colleagues to try and reduce agency and external locum use which incurs significant charges

[PE1924: Complete an emergency in-depth review of Women's Health services in Caithness & Sutherland: 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.](#)

NHS Highland is working closely with CHAT and the local Caithness community to ensure sustainable and locally delivered gynaecological services can be delivered.

A team of consultants provide a local gynaecology service in Caithness through a regular rotation to Caithness for a minimum of 40 weeks a year. Our 3 consultants aligned to Caithness provide the following procedures locally on site at Caithness General Hospital: hysteroscopy, laparoscopy, insertion of marina coil, anterior & posterior repairs, hysterectomy, oophorectomy, laparoscopic sterilisation, dilatation and curettage, diagnostic hysteroscopy. In 2021/22 of the 761 elective gynaecology procedures carried out 128 of these were in Caithness which is around 17% of procedures and this would be comparable with the percentage of population of the total Highland population.

In addition: gynaecology out-patient clinics are held weekly, face to face by the visiting consultants in addition to telephone or near me consultation. Of the 5572 new and return outpatient appointment carried out in 2021/22 443 were carried out in Caithness. We also do virtual clinics for gynaecology which will reduce the health miles travelled by these communities.

Gynaecology patients who have been seen at a Caithness General Hospital clinic have in general shorter waiting times compared to those waiting to access Raigmore Hospital. Patients local to Caithness who are seen at a clinic in Raigmore may be listed for their procedure in Caithness General Hospital where appropriate.

In addition, there is collaborative working with NHS Orkney to develop a service level agreement (SLA) to provide additional service capacity locally in Caithness from NHS Orkney employed Gynaecology Consultants for Caithness patients.

To ensure rapid local access to expert opinion 24/7 Caithness Out of Hours staff have access to an On-call consultant in Raigmore for any emergency Gynaecological presentations.

A Gynaecology Specialist Nurse is employed to run Colposcopy clinics in Golspie, this service has been located in Golspie to allow for a wider geographical catchment area. For

Caithness women this is a more locally based service that travelling the full return journey from Caithness to Inverness.

Work continues to ensure as much clinical service as possible is delivered as locally as possible in Caithness however we have a much wider geography in other areas of Highland, and we need to consider how we work in a people and place approach to our whole population in an equitable way.