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Our Reference: 202600507523

Your Reference: Women's Health services in Caithness & Sutherland

5 March 2026

Dear Claire,

Thank you for your letter of the 12 February 2026 in regard to the following petition and issues the committee advise are outstanding:

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

Please accept my apologies for the delayed response.

I would like to provide information on the actions taken by the Scottish Government to address the issues you raised in your letter concerning women's health in Caithness and Sutherland.

I would like to begin by reassuring you that this government is committed to improving women's health, which is why Scotland was the first UK nation to publish a [Women's Health Plan](#) in 2021. This marked the beginning of an important journey, creating the conditions for meaningful change to improve health outcomes for all women and girls in Scotland.

Through the Women's Health Plan we have appointed Scotland's First Women's Health Champion and there is now a Women's Health Lead in every NHS Board. We have also taken steps to support both women and health professionals by improving access to information through the NHS Inform Women's Health Platform, developing eLearning on menopause and menstrual health for general practice and others working in primary care and funded women's health research projects. More information about the range of progress made in the first three years of the Plan can be found in the [Women's Health Plan Final Report](#).

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I am pleased to share that on 20 January 2026 the Scottish Government published the [Women's Health Plan: Phase Two \(2026 - 2029\)](#). Phase Two sets out the actions that we will take over the next three years to improve the health of women and girls in Scotland.

Phase Two builds on the priorities set out in the first Women's Health Plan with additional areas of focus where our partners, including women and girls, have told us change and improvement are needed to improve the health of women and girls in Scotland. I am pleased to highlight the transformation of gynaecology services is a priority program of work for Phase Two. You may be interested to read the chapter on gynaecology and reproductive health, which includes menopause, on pages 31 to 34.

Phase Two aims to address the inequalities that affect the health of all women and girls in Scotland. In the delivery of these actions, it will be essential to address the particular needs of women who may need additional help or support, including those managing the impacts of poverty, minority ethnic women, disabled women and women and girls living in rural and island areas of Scotland, including Caithness and Sutherland.

You raised an issue in regard to General Practitioners and identification of conditions and pain management. I can advise that women's health is embedded throughout the Royal College of General Practitioners (RCGP) GP Curriculum for General Practice Specialty Training. The curriculum sets out the role of the GP in gynaecology and breast health, including understanding the impact of gynaecological problems on a woman's life, managing gynaecological problems in primary care and being aware of presentations and issues relating to women's cancers.

In regard to identification of cancer including ovarian cancer. The Scottish Referral Guidelines (SRGs) for Suspected Cancer support primary care clinicians to identify those with symptoms suspicious of cancer and identify those who require urgent assessment by a specialist. A clinical review of SRGs has been completed with updated guidance published on 6 August 2025.

Additionally, the primary care cancer education platform – Gateway C – was launched in 2024 in NHS Scotland, funded by the Detect Cancer Earlier Programme and supported by NHS Education for Scotland. Gateway C provides innovative and tailored information to support earlier cancer diagnosis efforts and enable effective decision-making. This free online platform is accessible to all primary care clinicians including pharmacists, dentists, and optometrists.

We have looked to improve referrals by looking to reduce fear with our 'Be The Early Bird' campaign launched in March 2023 aiming to reduce fear of cancer and empower those with possible symptoms to act early. Following successful independent evaluation, the campaign re-ran several times (September 2023, August 2024, March 2025 and September 2025) to prompt health-seeking behaviour, targeting those aged 40+ from areas of deprivation.

Looking at miscarriage services the Scottish Government recognises miscarriage is a traumatic event that can have a profound and lasting impact on women and their families. The Scottish Government recognises this impact and is clear that women who have experienced pregnancy or baby loss must be provided with the right information, care and support taking into account their individual circumstances.

That is why we made commitments in our Programme for Government 2021 – 22, [A Fairer, Greener Scotland: Programme for Government 2021-22](#) published in September 2021 and Programme for Government 2023 – 24, [Equality, Opportunity, Community – Our Programme for Government](#) published

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on 5 September 2023 to improving miscarriage care.

The intention of these commitments is to introduce a graded model of care approach after a woman's first, second and subsequent miscarriage as recommended in the Lancet series, [Miscarriage matters](#) published in April 2021. Access to progesterone prescriptions and separate spaces in hospitals for women who suffer a miscarriage is also part of that commitment, as well as the launching of a Certificate and Memorial Book of Pregnancy and Baby Loss Prior to 24 Weeks.

As part of this work, the Scottish Government published a [Delivery Framework for Miscarriage Care in Scotland](#) on 6 February 2025. The framework outlines a plan for introducing the graded model of miscarriage care in Scotland and brings together professional guidance, including National Institute for Clinical Excellence (NICE) and Royal College of Obstetricians and Gynaecologists (RCOG) guidance with the recommendations in the Lancet Miscarriage Matters series. The Framework has 34 actions and outlines Now, Short, and Medium term objectives to help NHS Boards prioritise change locally and move to a 'One Scotland' approach.

The actions within the Delivery Framework provide NHS Boards with clear guidance on what they should provide within miscarriage services and provide patients with information on the care they should expect to receive, this includes those that have experienced a loss before 12 weeks. The actions can be found at pages 6-9 of the Delivery Framework.

The [Programme for Government 2025 to 2026](#) published on 6 May 2025 committed to ensuring that NHS Boards progress implementation of the Delivery Framework for Miscarriage Care.

Scottish Government has asked NHS Boards to assess what their service is delivering now, and report on their progress towards implementation. Annual and Local Delivery Plan guidance for NHS Boards for 2025-26 highlights improving miscarriage care and implementing the Delivery Framework as a specific planning priority. To help Boards with this, a monitoring framework document was issued to them on 28 August 2025. Initial responses show very positive progress on the "Now" status actions due to have been completed within 6 months of publication of the Delivery Framework.

In regard to NHS Highland specifically we can report that they have completed all the "Now" status actions and are additionally working to improve separate entrance and exit points for those experiencing a pregnancy or baby loss.

To support this important work, the Minister for Public Health and Women's Health announced funding of £1.5 million in the financial year 2025-2026 to help all NHS Boards implement the Framework.

To coincide with the publication of the Delivery Framework, on 6 February 2025 we also published updated and improved NHS inform pages to ensure availability of comprehensive information on miscarriage for patients. The page on early pregnancy units provides information to women on where to contact if they have any bleeding or concerns about their pregnancy. This information can be accessed here: [Miscarriage | NHS inform](#).

Three comprehensive miscarriage patient information leaflets were also published the same day. Hard copies of the leaflets have been distributed to NHS Boards and digital versions which provide the following information can be accessed here:

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- [I think I'm having a miscarriage](#)
- [After a miscarriage](#)
- [Miscarriage: Dads and Partners](#)

Access to fertility services is another issue that you raised. Scotland has the most generous countrywide provision of IVF in the UK, providing all new patients, subject to access criteria, up to three full cycles of treatment.

Access criteria for NHS IVF treatment in Scotland is set at a national level and initial discussions on any proposed changes to access criteria for NHS IVF treatment take place within the National Fertility Group. This group is chaired by an NHS Board Chief Executive and brings together experts in their field, including representatives from each of the 4 NHS Assisted Conception Units across Scotland, Scotland's Strategic Fertility Network, Public Health Scotland, Scottish National Blood Transfusion Service and the third sector organisation Progress Educational Trust. The group consider clinical research, evidence and data and make recommendations to Scottish Ministers.

Access criteria for NHS fertility treatment in Scotland is in place to prioritise patient safety and ensure that all eligible patients have equitable access to treatment no matter where they live. A link to access criteria can be found here - [Access Criteria NHS IVF Treatment Scotland – Fertility Network](#). All patients including those in NHS Highland will be referred to one of the four NHS Assisted Conception Units in either Aberdeen, Dundee, Edinburgh or Glasgow there are no other services providing NHS IVF treatment.

In regard to fertility preservation services, to preserve fertility to try in the future for a child using the above NHS IVF treatment. I can confirm that following the work of a Scottish Government, fertility preservation working group, I am delighted to let you know that the work of the group is now complete and the 'Guidance: Provision of Fertility Preservation in the NHS in Scotland' document published by Director's letter on 27 February 2026 and can be found at <https://www.publications.scot.nhs.uk/files/dl-2026-01.pdf>. Patient information to complement the guidance was published at the same time. The guidance provides recommendations and guidance for clinicians on which patient groups should be considered for fertility preservation treatment and individual eligibility criteria.

Fertility preservation is provided on an individual basis. All eligible patients in Scotland who may need fertility preservation treatment at one of the four NHS Assisted Conception Units (ACUs) must be referred via a specialist service, for example, Oncology, Rheumatology, Gynaecology or a Gender Identity Clinic. Upon referral to fertility services patients will be advised of their fertility preservation options and an informed decision will be made.

Mental health services for women and indeed all patients is recognised by the Scottish Government, in general GPs are best placed to advise and guide patients about the most appropriate treatment or management of symptoms, and are best placed to provide a referral to any additional services or support that they feel would be appropriate. Out of GP opening hours, telephone advice and support can also be obtained from NHS24 on the short code 111.

A small number of parents may require support for mental health problems in relation to complex pregnancy and/or birth including more complicated grief, following a pregnancy or baby loss. If a parent is identified as requiring Maternity and Neonatal Psychological Intervention (MNPI) services in Scotland,

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they would typically be referred by their midwife, GP or other healthcare professional.

Continued investment since 2019 has resulted in a substantial increase in services across Scotland, leading to all Boards having access to MNPI services, either from a local MNPI team or, for very small Board areas, via pathways to MNPI care in larger maternity hospitals where the patient is receiving inpatient care.

The way in which MNPI services are provided will differ across Boards, depending on population size and birth rate but we expect those who need the services to be able to access them in all areas of Scotland.

In recognising the distinctive challenges that services in the North of Scotland face in delivering care to the most severely ill women in the perinatal period, the Scottish Government has invested an additional £290,000 last financial year for more intensive specialist support for women, their infants and families in the North and specialist clinical support for rural and island Boards whose population cannot support a dedicated specialist perinatal mental health team.

In relation to women's health services in rural and island communities including Caithness and Sutherland, Scottish Government recognise that women in Scotland can choose where to give birth and all NHS Boards are expected to provide the full range of options for place of birth – obstetric-led unit, midwifery-led unit and midwifery-supported homebirth, in their area.

Safe maternity care as close to home as practicable is vital. I recognise the concerns that extreme weather events can bring, alongside the wider challenges facing rural health boards. The Scottish Government continues to work with NHS Highland and local groups to deliver more care closer to home. In maternity services, this means local antenatal and postnatal care and maximising the use of local facilities and technology to reduce travel. When women do need to travel for specialist care, NHS Highland provide support including local accommodation, travel costs, and the Scottish Ambulance Service.

The Scottish Government is also actively taking steps to support employers across health and social care in rural and island areas to overcome barriers to recruitment. The Centre for Workforce Supply (CWS) and the National Centre for Remote and Rural Health and Care (NCRRH) is in the later stages of developing a sustained model of direct support that will provide rural and island health and social care employers with the help they need to improve recruitment success. The model will operate as a living strategy and will consist of a recruitment toolkit, a library of resources and a recruitment network. The sustained model of direct support will take continuous cognisance of broader cross-government work such as the expansion of earn as you learn models and the development of education routes which support rural and island communities.

Finally I would like to come on to the Scottish Maternity and Neonatal Taskforce. The Scottish Maternity and Neonatal Taskforce has been established to provide strategic level oversight of the safety, quality, and improvement of early pregnancy, maternity and neonatal services across Scotland. I chair this group and Ann Gow and Professor Anna Glasier have been appointed as Vice Chairs of the Taskforce. The Group reports to the Cabinet Secretary of Health and Social Care. Membership includes clinicians, service leaders, professional organisations and third sector partners.

The Taskforce will define the scope of the national review, drawing on emerging themes and outcomes

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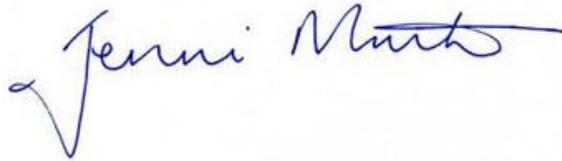
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from the Healthcare Improvement Scotland inspections and any other areas the Taskforce may identify. It will also consider and direct actions required for national level improvements based on findings from the HIS inspections and other sources of evidence and data. The Taskforce will specifically consider maternity and neonatal services in rural and island areas.

The voices of staff, women, families and third-sector partners are essential to the Taskforce's work, and careful consideration is being given on how to have meaningful, trauma-informed engagement embedded throughout the Taskforce's work. The Taskforce had its first meeting on 29 January 2026 and its second meeting on 26 February 2026.

I hope that this reassures the committee that the Scottish Government is taking action and looking to improve women's health services across Scotland including those women who live Caithness and Sutherland.

Yours sincerely



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