

Citizen Participation and Public Petitions Committee

4th Meeting, 2022 (Session 6), Wednesday 9
March 2022

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

Note by the Clerk

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.

Webpage <https://petitions.parliament.scot/petitions/PE1924>

Introduction

1. This is a new petition that was lodged on 17 January 2022.
2. The petition seeks to request that the Scottish Government conducts a full review of Women's Health Services in Caithness and Sutherland. The petitioner does not believe the services currently offered are adequate and risk putting the physical and mental welfare of women at risk. A full summary of this petition and its aims can be found at **Annexe A**.
3. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.
4. While not a formal requirement, petitioners have the option to collect signatures on their petition. On this occasion, the petitioner elected to collect this information. 2752 signatures have been received.

5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered. A response has been received from the Scottish Government and is included at **Annexe C** of this paper.
6. A submission has been provided by the petitioner. This is included at **Annexe D**.

Action

7. The Committee is invited to consider what action it wishes to take on this petition. Options include:

Clerk to the Committee

Annexe A

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

Petitioner

Rebecca Wymer

Date Lodged:

20/12/21

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.

Previous action

Following several digital meetings with Maree Todd MSP (Women's Health Minister) we feel that this vital message is not reaching a wide enough section of Parliament to achieve any real change.

Scotland's Women's Health is bundled into a single job title along with "Sport". As 51% of Scotland's population, we think women deserve more.

Ms Todd also covers Public Health and this is her constituency, yet not enough is being done urgently to highlight this very real risk to lives in the area.

Background information

The Highland gynaecology crisis was happening before Covid, with funding funnelled into Orkney or Inverness. Care should be equal to all women in Scotland and I believe serious conditions (e.g. Endometriosis, Ovarian Cancer) are being missed. GP's are not trained in specific Gynae conditions and pain management is poor. In my view Women are given morphine repeatedly rather than being treated for the condition,

creating a drug reliance crisis. Mental health decline is being ignored, women are disbelieved or left in pain. Shockingly, There are no miscarriage/menopause/fertility services.

The A9/A99 are often closed or dangerous to drive, making emergency transport to Raigmore (100+ miles) unreliable, sometimes impossible (e.g. Ectopic pregnancy could be fatal). Ambulance transport to Inverness takes vital units from the area and causes enormous distress to patients.

I understand that many are taking out large loans to cover private Gynae care in the cities and families are moving away for adequate gynaecology services. The economic impact of this is huge for the area.

Annexe B

The logo for SPICe, featuring the text 'SPICe' in a white, sans-serif font on a dark purple background.

The Information Centre
An t-Ionad Fiosrachaidh

Briefing for the Citizen Participation and Public Petitions Committee on petition PE1924: [Complete an emergency in-depth review of Women's Health services in Caithness & Sutherland](#), lodged by Rebecca Wymer

Brief overview of issues raised by the petition

The petition calls on the Scottish Parliament to urge the Scottish Government to complete an emergency in-depth review of Women's Health services in Caithness & Sutherland. The petition highlights issues with gynaecology, miscarriage, menopause and fertility services.

Background

The Caithness Health Action Team (CHAT) are a community campaign group, founded in 2016 to campaign on local healthcare services in Caithness, one of the remotest parts of Scotland. One of the group's main concerns is the long distance residents have to travel to access many health services. It has [recently called on the Scottish Government to undertake an independent review of health services in the North Highlands](#).

NHS Highland is undertaking a redesign of Caithness health and social care services. [The Cabinet Secretary for Health and Sport approved the redesign plans for Caithness in May 2019](#) and the initial agreement was approved by the [NHS Highland Board in November 2021](#).

NHS Highland had a [Women's Health Network from 2006 to 2009](#) when it was disbanded and replaced with the Maternity Services Committee. The membership of the Women's Health Network from comprised a multidisciplinary team and members of the public which represented maternity, sexual health and gynaecological services.

Scottish Government's Women's Health Plan

In August 2021 the Scottish Government published the [Women's Health Plan](#) this sets out the following priorities:

- ensure women who need it have access to specialist menopause services for advice and support on the diagnosis and management of menopause
- improve access for women to appropriate support, speedy diagnosis and best treatment for endometriosis
- improve access to information for girls and women on menstrual health and management options
- improve access to abortion and contraception services
- ensure rapid and easily accessible postnatal contraception
- reduce inequalities in health outcomes for women's general health, including work on cardiac disease.

This was accompanied by an [Equality Impact Assessment](#). The implementation of the plan is overseen by the [Women's Health Group](#).

Maternity services

A report by NHS Highland into the [maternity and neonatal service provision at Caithness General Hospital](#) was published in 2016.

Following this the consultant-led maternity unit became a Community Midwifery Unit Service. A Caithness [maternity and gynaecology group](#) was established in 2017 to influence the new arrangements at the community maternity unit at Caithness General Hospital.

Only certain types of births can now take place in Caithness Hospital, with higher-risk births which may require greater intervention being transferred to other obstetric units.

Waiting times for gynaecology treatments

A [freedom of information response from NHS Highland](#), in August 2021, provides information on the waiting times and number of women from Caithness waiting for gynaecology treatments.

Caithness Gynaecology Patients Still Waiting (Ongoing Waits)	as at 31/12/20	as at 29/07/21
Number new Outpatients	136	214
Number new outpatients waiting less than 12 weeks	81	84
Number new out patients waiting more than 12 weeks	55	130

Number inpatient/day case (treatment time guarantee TTG)	52	52
Number TTG waiting less than 12 weeks	16	15
Number TTG waiting more than 12 weeks	36	37

Gynaecological cancer services in the North of Scotland

The North Cancer Alliance (NCA) brings together the six health boards in the North of Scotland and aims to improve outcomes for cancer patients. Gynaecological cancer services are available from three main centres Aberdeen, Dundee and Inverness. Surgery for advanced disease is carried out at Aberdeen Royal Infirmary for patients in the North. A [Gynaecology Pathway Board](#) has been established to facilitate regional working between the centres, ensuring a focus on improving patient outcomes. It has a number of objectives including:

- Highlight risk and support service sustainability and equitability across the North of Scotland.
- Contribute to the strategic planning of cancer services across the North of Scotland.
- Oversee the performance of Gynaecology services against national Quality Performance Indicators and progress regional actions to improve performance where required.
- To develop and maintain a work plan which will detail, prioritise and progress specific areas of service improvement in Gynaecology.
- To collate general issues affecting Gynaecology service delivery across North Cancer and undertaken an analysis of risk, escalating to the North Cancer Clinical Leadership Group where appropriate.

[Quality performance indicator](#) reports for the North of Scotland for gynaecological cancers (ovarian, cervical and endometrial) are available.

Other relevant petitions and reports

Several relevant petitions have been considered by the Scottish Parliament including:

- [PE1839: Review maternity models in remote and rural areas](#)

- [PE1890: Find solutions to recruitment and training challenges for rural healthcare in Scotland](#)
- PE1845: [Agency to advocate for the healthcare needs of rural Scotland](#)
- [PE1915: Reinstate Caithness County Council and Caithness NHS Board](#)

Audit Scotland has published the [2020/21 audit of NHS Highland](#).

Lizzy Burgess
Senior Researcher
17 January 2022

The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at spice@parliament.scot

Every effort is made to ensure that the information contained in petition briefings is correct at the time of publication. Readers should be aware however that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

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Annexe C

Cabinet Secretary for Health and Social Care submission of 25 January 2022

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

Thank you for your email of 20 December 2021 inviting me to respond to petition PE1924: Complete an emergency in-depth review of Women's Health services in Caithness & Sutherland.

The petition raises a number of important issues and I understand that as MSP for Caithness, Sutherland and Ross the Minister for Public Health, Women's Health and Sport is actively engaging with her constituents on these issues.

Women's Health is key priority for this government which is why we published an ambitious Women's Health Plan in August 2021. The Women's Health Plan underpins actions to improve women's health inequalities by raising awareness around women's health, improving access to health care for women across their life course and reducing inequalities in health outcomes for girls and women, both for sex-specific conditions and in women's general health.

The life course approach emphasises the importance of identifying opportunities to prevent disease and promote health at key stages of life from pre-pregnancy through pregnancy, childhood and adolescence, to adulthood and later life. Promoting health and disease prevention can include ensuring women have information about the benefits of building and maintaining a healthy lifestyle including being physically active and maintaining a healthy weight. It also recognises that the social determinants of health shape our health and wellbeing throughout life, and that if we can improve the conditions of daily life we can reduce health inequalities throughout a person's life. A Ministerial portfolio which is sufficiently broad to affect change across the areas which support our ambitions of building and maintaining a healthy lifestyle, and which includes physical activity and public health, is important in promoting a life course approach across healthcare services.

The Women's Health Plan sets out 66 actions to ensure all women enjoy the best possible health, throughout their lives. It takes on board the real life experiences of women who have told us what is important to them, including those issues highlighted in the petition.

Key actions include:

appointing a national Women's Health Champion and a Women's Health Lead in every NHS board;

commissioning endometriosis research to develop better treatment and management, and a cure;

developing a menopause and menstrual health policy and promoting across the public, private and third sector

Menopause is one of the top priorities of the Women's Health Plan. It is an important transition in women's lives, but one that many know little about. Women of all ages should know what to expect from menopause, what the symptoms are, and what can help them so they are not taken by surprise by any changes, either physically or mentally. One of our key priorities within the Plan is to ensure that women who need it have access to specialist menopause services for advice and support on the diagnosis and management of menopause.

A Menopause Specialists Network has also been established and is meeting regularly online to provide consistent advice and peer support to healthcare professionals. The Network supports primary care teams by providing access to a menopause specialist for consistent advice, support, onward referral, leadership and training. It is open to all NHS board areas and includes members from NHS Highland.

It is essential that women get the support they need, when they need it and for as long as they need it. Women must be provided with consistent information and care when they seek help for menopause symptoms – however they access this support. In October 2021 we launched a new menopause platform on NHS Inform, which is the first phase in the development of a comprehensive, women's health platform. We will also be taking work forward to ensure that support is available to women who cannot, or prefer not to, access information online.

Additionally the Scottish Government's 2021 Manifesto made a range of new proposals in relation to women's health, including establishing a dignified, compassionate miscarriage service tailored to the needs of women. Work is underway now to develop new actions connected to these proposals. While they are not addressed in this iteration of the Women's Health Plan, they will be progressed by the Scottish Government during this parliamentary term.

The Women's Health Plan rightly recognises some of the gynaecological conditions for which women need better mental health support, such as menopause, endometriosis, premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD).

We are currently exploring how best to meet the needs of people whose mental health is affected by long term physical health conditions. This includes signposting appropriate supports that individuals can access, to ensure that we provide the right level of support for individual needs.

Further to this, the latest edition of the International Classification of Diseases (ICD-11) includes the addition of premenstrual dysphoric disorder (PMDD). There are a number of benefits to this, including: PMDD being recognised globally as a legitimate medical condition; ensuring a shared language which will improve data collection and research and PMDD now being differentiated from the less severe collection of premenstrual symptoms known as PMS. The Scottish Government is working with key stakeholders, including the World Health Organisation (WHO), to implement and promote the use of ICD-11 across all mental health services. This is a commitment in our Mental Health Transition and Recovery Plan.

In Parliament, we continue to keep a focus on women's health by debating key issues. For example, in this new year, a members debate was held on 11 January 2022 shining a spotlight on improving the diagnosis and treatment of endometriosis.

In relation to the issues raised in the petition specific to the Caithness and Sutherland area, we expect all NHS boards to provide maternity services that are delivered as close to home as possible, but this has to be balanced with ensuring the safety of mother and baby.

All NHS Boards are making improvements to the delivery of remote and rural maternity services, including through the roll out of the Best Start programme, through the introduction of the model of continuity of carer and development of community hubs, and through innovations such as the increased use of Near Me technology that allows remote consultations and appointments.

The Scottish Government welcomes the Best Start North review, commissioned by NHS Grampian, Highland and the Island boards, which aims to examine maternity and neonatal services in the North of Scotland and, in consultation with local people, to develop the best possible sustainable model for the future.

In May 2020, the Scottish Government provided capital funding for the creation of a new build community midwifery unit (CMU) at Caithness General Hospital. This work is near to completion, with an opening date expected soon.

In addition, £2.4M was provided in June 2020 for the redevelopment of maternity and neonatal units at Raigmore hospital in Inverness. This will improve the birthing environment for women across NHS Highland, including those who travel from Caithness.

Additionally, within her capacity as MSP for Caithness, Sutherland and Ross, the Minister for Public Health, Women's Health and Sport has arranged to meet with NHS Highland senior management and clinicians to discuss the delivery of gynaecological services, and will feed back progress to her constituents.

Turning to the comments in the petition about the A9 and A99 roads, transport plays an important role in supporting patients' access to healthcare appointments. Removing transport barriers will help ensure that patients across Scotland are able to access the right care, in the right place and at the right time.

Scottish Government health officials are working with Transport Scotland, the Mobility and Access Committee Scotland, the Community Transport Association and others to explore how access to healthcare can be improved by removing transport barriers.

Transport Scotland have provided me with reassurance that they recognise the importance of the A9 as a lifeline for the Caithness and Sutherland community. Transport Scotland understand the reliance on this route in order to access vital services further afield such as healthcare and education as well as the daily community essentials provided locally by business and the service sector. As such, the organisation through its contracted Operating Companies manage the trunk roads so as to minimise disruption whenever possible and through Contractors manage improvements to the route where feasible.

I am assured that safety of the public and the workforce is the only reason the A9 and A99 are closed for works due in the main to restricted widths. Cost or convenience for the contractors are not deemed an acceptable reason for closing a road for maintenance. Planned maintenance works always provide for the passage of emergency service vehicles even when a road closure is required. Planned road closures are well publicised and only permitted at night when traffic volumes are extremely low. Where reasonable alternative diversion routes are not available, the work plan includes “amnesties” during which work stops at pre-publicised times to permit any waiting traffic to safely be escorted through the site to continue their journey.

In relation to unplanned incidents recorded by Transport Scotland’s Trunk Road Operating Company and generally attended by Police Scotland that caused the road to be closed, a high level review covering 2017 to 2021 has shown that between Inverness and Thurso/Wick the trunk road was closed for 0.4% of the time. This was on 66 occasions, 180 hours in 5 years due to Road Traffic Collisions (51 times), Fires (6), High Wind (5) and other Police incidents (4).

While being on the road affected when these incidents occur can be inconvenient and occasionally concerning in urgent circumstances, local diversions can be available and even when they are not, the passage of emergency vehicles is generally assured through the normal emergency services led processes.

Additionally, the notorious hairpin bend at Berriedale Braes, which caused delays and was the locus of many vehicle breakdowns, was removed when the £9M improvement of that section of A9 was completed in August 2020. Transport Scotland continue to look at further minor improvements on a national value for money basis when opportunities arise.

Finally, in relation to rural healthcare more generally, the Scottish Government is currently in the scoping stage for the creation of a Centre of Excellence for rural and remote medicine and social care. The Centre of Excellence is a manifesto commitment with a broad aim of improving key areas in rural health and social care. These areas include recruitment and retention, research and innovation, training and

education, and best practice and evaluation. I would also refer the Committee to the Deputy First Minister's recent response to petition PE1915 which sets out some of the work NHS Highland advise they are doing in relation to the delivery of high quality, safe and sustainable services in Caithness.

I hope that this information is helpful.

Annexe D

Petitioner submission of 2 March 2022 PE1924/B - Complete an emergency in-depth review of Women's Health services in Caithness & Sutherland

I only have two concerns with this:

8. Endometriosis diagnosis and management seems to be focused on those working in specific centres, rather than all Gynaecologists and GP's.
9. Rural health doesn't feature highly. My fear is that all the effort and funding will funnel to the cities rather than reaching the rural communities who are in crisis.

I truly hope I am wrong and would be happy to be proven so.

The Best Start North Review is fantastic news for obstetrics patients, and I hope it brings change to the maternity facilities in Caithness. Having to travel over 100 miles after a miscarriage, still birth or even to deliver your child is not something you expect to be the norm in a developed country.

All women will need to access a Gynaecologist, but not all women will require an obstetrician or a midwife.

The downgrading of the Maternity Unit in 2016 left the area with no Obstetrician and gynaecology centralised. To my knowledge we have had 0 in-person gynaecology clinics at CGH since 2019.

To have to travel a 200+ mile round journey for simple check-ups, often in pain, means women are often left with no choice but to miss vital appointments until a service comes back to the area.

Community hubs in Caithness are a positive step. I would like to know if the services planned for these hubs include a Gynaecology department. Considering that 51% of the population of Scotland is female, so surely it's a no-brainer to have a department to treat and manage women's health conditions?

Rotational clinics by Raigmore doctors in Caithness General would be a great first step, but as yet there have been no Gynaecology service changes for Caithness.

The Obs/Gynae team in Raigmore [wrote to the Cabinet Secretary, Humza Yousaf](#) recently to express how overworked they are with the rural areas from Moray and Caithness being centralised. This is the main reason there's simply no time for the Raigmore clinicians to do Gynaecology clinics, take part in professional development or visit Caithness.

Average waiting times for Caithness Gynaecology patients for surgery or outpatient appointments have risen from;

- 2019/20 = 10.10 weeks avg
- 2021/22 = 36.80 weeks avg

Road conditions:

Mr Yousaf seems to be unaware of how often our main and back roads are closed due to weather or accidents. My friend wrote her car off coming back from an Obstetric appointment while driving an icy diversion route home to Caithness. She was 28 weeks pregnant at the time and lucky to be alive.

Simply saying that "we plan closures carefully" [paraphrased], is NOT realistic.

100% of Gynaecology cases are being seen over 100 miles away and it's unethical and unsafe.

Gynaecology is not being treated in the North Highlands as a serious health matter. The distance we travel to access any Gynae service, including miscarriage, is the equivalent to Central Edinburgh to Newcastle upon Tyne. It simply wouldn't be acceptable in the Borders, so why is it acceptable in Caithness?

Gynaecology conditions can be fatal. On boxing day, a local woman lost her fertility and reproductive organs due to the lack of a gynaecologist in Caithness. Her ectopic fallopian tube ruptured, causing internal bleeding, yet she couldn't be transferred by road/air due to freezing fog. She could have very easily lost her life and the system gambles with patient safety.

Women have been suffering for anything up to 5 years for surgery for Endometriosis and to leave this condition means risking loss of organs or even life.

Increased "awareness of Endometriosis as a disease with substantial morbidity is vitally important" (Yeung et al., 2009)

A specialist nurse of 10 years pointed out to me that the medical description of Endometriosis is the same as cancer.

The ripple effect of this crisis on the economy, mental health, workplaces, financial strain and long-term health is frankly horrific.

So...what would I do about it?

The "Rural Unit" framework is incredibly successful for MRI machines, Breast Screening, Cancer Screening and more recently, Vaccination Clinics.

A rural unit could include appointments with a Gynaecology nurse or consultant, to filter out who needs to be on a surgical list and who could be treated in the short term, reducing waits across the board.

It would certainly ease the workload and waiting lists for patients in Caithness, and as a knock on effect, the patients attending Raigmore.

In a recent survey, I found the following results from 206 residents of Caithness: [Results here](#)

These results show a snapshot of the general feeling throughout Caithness. We have a good Hospital, let's use it!

Thank you for your time considering this petition, the thousands of Women in Caithness appreciate it more than you know.