PE1845/C
Caithness Health Action Team submission of 11 January 2021

Caithness Health Action Team (CHAT) support this call for an independent Agency designated to mediate healthcare issues within rural and remote Scotland. Initially a response to downgrading our maternity model we now support local health services for Caithness under threat from what we consider to be stealthy centralisation under various disguises, with continued broken promises, a non-executive Board that has been poorly informed and lack of corporate memory.

Over years many patients' emotional accounts of suffering the impacts of an increasingly centralised health care service to Raigmore have motivated CHAT. Decisions made by NHS Highland (NHSH) have been based on strategic plans for NHSH, a one-size-fits-all service, inappropriate for the rural and remote communities. Groups such as **Women for Independence** have repeatedly plead for the Scottish Government to review women's services in Caithness. NHS Highland's policy of standardising and centralising services has diminished Caithness maternity model. NHS Highland justifies it as, '*now in line with our other mainland CMUs*'. Since 2016, 85% of Caithness mothers give birth over 100 miles away, with many interventions to the birth process and mothers and families suffering associated risk, inconvenience and expense. At the same time, our Orkney neighbours had a maternity review, but the Health Board mediated to strengthen their maternity model to make it safer and community orientated. The majority of their mothers now deliver safely within their own community.

A damning NHSH report (2016) focussed on negatives of having an Obstetric led maternity model for Caithness but failed to consider the risks and inconvenience of travel, especially on advanced labour and frequent road closure. In 1993 a midwife, ambulance driver and an unborn baby were killed in such circumstances.

Promises of '*homely family accommodation and speedy transfers, less intervention rates for mothers'* remain undelivered. The NHSH Board minutes inaccurately documented '*there were no clinical objections to the maternity model becoming a CMU…'* whereas written concerns from senior staff in Raigmore appear to have been withheld from the Board, a situation highlighted in the Sturrock report.

In our view, the brief **NHSH impact report** avoided pertinent issues that impact on families and fragile community. These were identified in the independent Pion report (not presented to the Board) for impact of maternity models in the Caithness community (2004). It is therefore our view that there is a need for an agent/mediator to ensure Boards receive accurate information.

An independent **Caithness maternity survey** described '*Raigmore hospital being extremely busy, just a number, shipped in and then shipped out, induction is the norm …one woman described her stay in the ward as 'more stressful that having her caesarean section', lack of beds, lack of privacy… others describing the fear, concern and anxiety of the journey of over 100 miles…* ' We believe this describes a hospital not coping with additional workload, a concern already raised by senior staff in Raigmore but apparently not presented to the Board.

Following a significant event report that labouring women cannot be safely transferred by air, requests for a formal risk assessment for transport in labour have been rejected or ignored. Mothers stated '*the impact on their families cannot be underestimated, with significant additional expense and uncertainty of not knowing how long they will have to stay around Raigmore and the additional stress and anxiety on the whole family".* Within this independent survey it is stated by the researcher *'a significant number of women did not fully understand the reasons for the maternity service change.'* This reveals a failure in the presentation of evidence, community engagement and the management of change. These are surely basic management skills. Instead, there is fear, uncertainty and anger. Promises that '*gynaecology would not be affected',* were repeated. The reduction in obstetric services means more Caithness women attending Raigmore often elderly, with continence, pain, or discomfort or mothers with family responsibilities. Orthodontic treatments likewise, with teachers, parents and children stating: '*they have not achieved their potential due to having to attend so many orthodontic treatments in Raigmore'.* In comparison Orkney deal with all of their orthodontic treatments locally**.**

Over 12,000 patients a year attend Raigmore for appointments. Mental health in Caithness is in crisis, as is specialist paediatrics, which are all firmly based at Inverness. Empty promises that our rural hospitals will be utilised for more minor operations has not happened.

Even after the Sturrock report we believe that we do not receive fair or reasonable care in Caithness because of a failure to understand the issues facing rural and remote patients accessing secondary or tertiary care. We urge the Scottish Government to implement the Sturrock report recommendations of an agency who can mediate and ensure that our rural and remote areas, alongside all other Scottish rural and remote communities, receive health care that is fair and reasonable in our social context and we have a voice that is heard and more importantly listened to.