



INDEPENDENT EXTERNAL VIEW OF
SKYE, LOCHALSH AND SOUTH WEST ROSS
OUT OF HOURS SERVICES

May 2018

Chair's Foreword

This independent external view report has been prepared in response to a request from Dr David Alston, Chair of NHS Highland, to review the sustainability of Out-of-Hours (OOH) services in Skye, Lochalsh and South West Ross (SLSWR) - particularly North Skye. Our terms of Reference are listed in *Annex 1*. An independent External Panel was assembled, including health professional and public representation drawn from across Scotland (*Annex 2*). The process of the review is described in *Annex 3*.

As part of the external view, we were privileged to meet and talk with many health and social care colleagues, colleagues working for other agencies, including charities, individual members of the public and public representatives (*Annex 3*). We also received numerous written submissions from members of the public, health professionals, NHS Highland and other agencies. We are immensely grateful for the time, commitment and courtesy of all those we met with and for the submissions received.

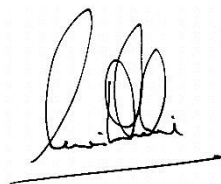
We also witnessed and were encouraged by the dedication and exemplary work of clinical, social care and support workers, delivering urgent and emergency care services on a 24/7 basis.

We found that current OOH services were not sufficiently sustainable, nor equitable. We offer 15 Key Messages and have made a number of recommendations under 15 issues.

It is now time to move forward at pace, in joint endeavour. To secure success, leadership and partnership working of a very high order will be required, with the full engagement of the public of SLSWR, its public representatives and other agencies.

Getting urgent and emergency care right is of paramount importance for the people of SLSWR and for those who provide care for them. This will need to be done well, done with resolve, and done together.

In closing, I wish to record my personal appreciation to my fellow External Panel members and support colleagues for their sterling professionalism and commitment throughout.

A handwritten signature in black ink, appearing to read 'Lewis D Ritchie', with a horizontal line underneath.

Lewis D Ritchie

Chair, Independent External View Panel



A view of Portree Bay, including *RNLB Stanley Watson Barker*, taken from Portree Hospital

Expert Panel's View

Key Messages

- We were tasked to assess the sustainability of out-of-hours (OOH) services in Skye, Lochalsh and South West Ross (SLSWR), with a specific emphasis on North Skye.
- During this external view, we witnessed the dedicated commitment and exemplary work of clinical, social care and support workers, delivering urgent and emergency care services on a 24/7 basis.
- Future delivery of high quality sustainable urgent and emergency care services with and for the people of SLSWR requires a shared vision and co-production. Clinical leadership, multi-agency collaboration and meaningful engagement with the public, will be essential to realise this.
- Recruitment and retention difficulties for clinical and support staff are seriously impacting on the resilience of OOH services. This issue is not confined to SLSWR, nor to remote and rural Scotland.
- Individual members of the public and public representatives of North Skye have vociferously expressed their stark opposition to the removal of overnight OOH services in the Minor Injury Unit at Portree Hospital, the recent and substantial diminution of available in-patient beds therein and the threat of closure.
- Our Terms of Reference specifically excluded us from reviewing the major service SLSWR redesign programme presently underway. However, the availability and location of community beds and other hospital services clearly impact on the resilience of OOH services. We have endeavoured to take that into account, in our findings and recommendations. We also took into account the Independent Review of Primary Care Out of Hours Services: *Pulling Together: Transforming Urgent Care for the People of Scotland*.¹
- Whatever the antecedents, it is evident that in parts of SLSWR, the relationships between NHS Highland and the public are now crucially compromised. This particularly applies to the North of Skye and in some local communities, such as Glenelg & Arnisdale and Raasay. NHS Highland should carefully reflect on why this has happened and respond accordingly.

¹ <http://www.gov.scot/Publications/2015/11/9014>
<http://www.gov.scot/Resource/0049/00490556.pdf>

- This has materialized, despite ongoing efforts and engagement by the NHS Highland management team and the very evident and clear commitment of local communities to actively collaborate to realise and improve resilient local services. This pressing issue of public confidence needs to be addressed four-square and resolved together, with dispatch.
- We regard current and future planned service provision by NHS Highland for OOH services in SLSWR as neither sufficiently sustainable nor equitable, and have framed our recommendations, in that light.
- Some of the recommendations here will take some time to fully implement and flexibility and understanding will be required.
- These recommendations can only be delivered by the combined endeavour of NHS Highland working intimately, fully and continuously with the public and with other care agencies in a genuine partnership to shape and deliver services – pulling together.
- We hope that the recommendations will not only support OOH services but will also promote 24/7 sustainability of urgent and emergency care. Getting this right will be of paramount importance not only for those who receive care but for those who provide care.
- We recommend that a shared and agreed implementation plan should be developed with robust governance and accountability, to assure delivery of these recommendations.
- SLSWR has the potential to become a centre of excellence for developing and evaluating new models of 24/7 remote and rural health care, including digital innovation.
- Multidisciplinary and multiagency learning and training opportunities should be also maximized and will further reinforce sustainability of services. If realised well, this will bring enduring benefits not only for the people in SLSWR, but also for the whole of Scotland and beyond.

Key Issues and Recommendations

Models of Care

1. **Portree Hospital Out of Hours Service and Minor Injury Unit:** We heard or received numerous submissions from individual members of the public, Save Our Services NHS (SOS-NHS),² local councillors, community council members from the North of Skye, the three local MSPs and the local MP. They consistently expressed serious concerns about Out of Hours (OOH) Service and Minor Injury Unit at Portree Hospital not being open overnight and frequent closure at short notice, the significant recent diminution of in-patient bed numbers and the threat of closure of all in-patient beds there.

We visited both Broadford and Portree Hospitals and observed excellent and compassionate person-centred care provided by clinical and support staff.

We were made aware of misunderstandings and differences in perception between the public and NHS Highland about what services are presently provided at Broadford and Portree Community Hospitals. They both work together to deliver high quality urgent and emergency care for the people of SLSWR. According to clinical need, timely transfer of acutely and critically ill patients may be required to secure secondary or tertiary care, consultant-led services. This is primarily, but not confined, to Emergency Departments (EDs) and acute services at Raigmore Hospital, Inverness or the Belford Hospital, Fort William and mental health care services at New Craigs Psychiatric Hospital, Inverness. Broadford Hospital operates 24/7 but Portree Hospital presently is designated as a part-time unit, closing between the hours of 2300 and 0800. In reality, it is normal practice for the small numbers who present directly to Portree Hospital seeking urgent help between 2300-0800, to be allowed access and for assistance to be offered. This is therefore regarded as a 24/7 service by some, if not all the public.

After careful consideration, we take the view that the proposal to provide all OOH urgent and emergency care services at one community hospital site in Broadford, are neither sufficiently accessible nor equitable, for all the population served. The proposed closure of OOH services at Portree Hospital overnight is disadvantageous to the people of north Skye, with its larger population, socioeconomic and geographic hinterland, growing tourist numbers, travel costs burden and volume of service requirement.

² <http://www.sosnhsskye.co.uk/who-we-are>

We recommend that:

- a) Out-of-hours urgent care access at Portree Hospital should be provided 24/7 -- there should be no closure of Portree Hospital in the out-of-hours period
 - b) Enhanced, and sustainable models of urgent care should continue to be developed and delivered in the Minor Injury Unit at Portree Hospital, involving combined teams and other agencies (see also Recommendations 3-6 below).
 - c) The services at both Broadford and Portree Hospitals should continue to work synergistically together to add resilience and to provide optimal services, provided by multidisciplinary teams for the whole of SLSWR.
 - d) It is essential that in the event of acute illness, services are used properly – dial 999 in the event of an emergency 24/7 (time-critical, immediate response required). If urgent OOH care is required (care that requires a response that cannot wait until the next routine service is available), contact NHS 24 by phone – dial 111 or via their website: <https://www.nhs24.scot/>.³ Only in this way will the safest and most effective care be delivered and received. This must be clearly understood by the public of SLSWR (see also Recommendation 14).
 - e) The excellent care provided by clinical and support staff at both sites must continue to be nurtured and supported.
 - f) Possible confusion about the nature and level of urgent and emergency care services provided at Minor Injury Units and Community Hospitals is unlikely to be confined to SLSWR. We offer a supplementary recommendation here for consideration by Scottish Government to review nomenclature, service definitions and signage of Minor Injury Units, throughout Scotland.
2. **Future community bed provision:** During the ongoing SLSWR major service re-design process, in-patient service provision at Portree hospital has declined from a peak of 12 beds in 2009 to four beds currently. This also needs to be seen in the context of a significant and rapid decline in nursing and care home provision in SLSWR, particularly in North Skye. Maintaining and caring for people at home where appropriate is essential to avoid unnecessary hospital or institutional care. This is already NHS Highland policy and should be reflected in the sufficient provision of urgent health and care at-home services during both in-hours and OOH periods. Such provision needs to be buttressed by adequate community bed provision for

³ NHS 24 is a 24/7hour service. In hours/daytime urgent care needs are normally provided by local GP services and community pharmacies. Community pharmacy opening hours extend beyond hours when GP services may be closed.

ongoing nursing and care requirements, including rehabilitation and palliative/end of life care needs.

We recommend that:

- a) In-patient bed availability at Portree Hospital must continue until sufficient alternative resilient provision is provided in North Skye. This transition, which will take time, must be informed and shaped through co-production with the community.
 - b) Difficulty in recruiting nurses and support staff to work in Portree Hospital may be exacerbated by ongoing service redesign uncertainties and the offer of short term contracts in the recent past for prospective staff in a facility that is perceived to be closing. We understand that for the last 12 months or so contracts have been offered on a substantive basis. This latter policy should be maintained, and we note that with greater certainty recruitment may become easier.
 - c) A rapid review of care at-home and community bed provision for SLSWR should be undertaken, taking account of present requirements, transfer activity to out-of-area secondary care facilities and future socio-demographic factors. Such a review should also take account of current and potential partnership developments, including statutory and voluntary provision such as contributed by the Howard Doris Centre in Lochcarron and Skye Cancer Care.
 - d) NHS Highland has already committed to procure additional services in the form of a new ten-bedded community unit in the Portree area. We understand that negotiations are underway to deliver on this commitment. This should be progressed at pace, with any bed capacity and capability revision informed by the above community bed review.
 - e) NHS Highland plans to co-locate Portree Medical Centre into the present Portree Hospital premises. The timing of this must be subject to the above recommendation about in-patient beds retention. Such a combined Unit might be renamed Portree Community Hospital and Medical Centre, or similar, to signify its dual and complementary role.
3. **Closer Inter-agency and public participation:** Service provision must meet the changing and growing 24/7 care needs of SLSWR and take full account of projected demographics and population density, socioeconomic factors, transport constraints and expanding tourist/visitor numbers. To realise a shared vision for co-production of sustainable services in the years ahead:

We recommend that:

- a) NHS Highland must collaborate much more closely on an ongoing, agreed basis with members of the public, public representatives, front line staff and other emergency and urgent care providers. Those who receive and those who deliver services are entitled to shape them. This is a joint endeavour with joint obligations - all must rise to the occasion.

4. **Collaboration with the Scottish Ambulance Service (SAS):** We heard and received written evidence about increased ambulance journey travel times and utilisation with current OOH services mostly provided in Broadford. Ambulance availability may also be compromised by vehicle(s) being retained in the Inverness area for other local emergencies, following transfer of patients from SLSWR. As part of the External View process, we have instigated positive discussions with SAS to develop and evaluate new models of care for SLSWR.

We recommend that:

- a) The Scottish Ambulance Service (SAS) should increase its paramedical staff (paramedic) capacity and capability in SLSWR, in line with its present strategy: *Towards 2020: Taking Care to the Patient*.⁴ This is particularly relevant for North Skye where SAS staff should be co-located at Portree Hospital as part of the wider Rural Support Team, jointly working within multidisciplinary teams, including the Rural Practitioners based at Broadford.
- b) SAS should review the availability, capacity and capability of all units in SLSWR, including fast response vehicle (FRV) provision.
- c) SAS paramedics should be deployed on-shift rather than present on-call arrangements.

These proposals encapsulate the role of ambulances as mobile urgent care centres, as mooted in the National Review of Primary Care OOH Services: *Pulling Together: Transforming Urgent Care for the People of Scotland*.⁵ We envisage that the recommendations made here will buttress SAS support not only for OOH services but also daytime primary care.

5. **Collaboration with NHS 24:** An issue for staff working in remote and rural areas is the maintenance and development of clinical skills, where workload volume might be low during OOH periods, set against the need for continuous availability for urgent and emergency cases.

⁴http://www.scottishambulance.com/UserFiles/file/TheService/Publications/Strategic%20Plan_Online%20pdf.pdf

⁵<http://www.gov.scot/Publications/2015/11/9014>
<http://www.gov.scot/Resource/0049/00490556.pdf>

We recommend that:

- a) To optimise utility for staff on OOH shift patterns, dual roles should be considered and developed with NHS 24. The involvement of SAS paramedics, should also be explored and evaluated.
- b) NHS 24 should work with NHS Highland to develop a hybrid staffing role, based at Portree Hospital.

By working in this way, appropriately trained staff based in SLSWR could be contributing to the resilience and service provision of NHS 24, helping the urgent care needs of people on a Scotland-wide basis.

As part of the External View process we have instigated positive discussions with NHS 24, to take this forward.

6. **First Responders:** A number of community voluntary first responder schemes are already in place in SLSWR. We commend this approach, but difficulties have been experienced including provision of equipment, ongoing support/training, communication and co-response issues. These voluntary schemes can augment but must not supplant statutory urgent and emergency care provision. We recognise that first responder schemes may not be feasible in some communities, owing to lack of individuals prepared or available to act as first responders. This will also be adversely impacted by the ageing demographic and sparsity of the population. In addition, the Scottish Fire and Rescue Service (SFRS) has recently aspired to take on a first responder care support role,⁶ assisting the Scottish Ambulance Service (SAS), when available, and are already engaged in responding to out-of-hospital cardiac arrest (OHCA) events in some locations in Scotland.⁷

We recommend that:

- a) A review of all present first responder schemes in SLSWR to identify deficiencies, remedies and support requirements.
- b) That the feasibility of a systematic development plan should be explored for all statutory and voluntary first responders, with a view to ongoing collaborative working and mutual support. This would involve NHS Highland, SAS, SFRS, Police Scotland, HM Coastguard, the RNLI, Mountain Rescue Scotland, other third sector organisations, including *Lucky2BHere* and local community representatives.

⁶http://www.firescotland.gov.uk/media/1005163/scottish_fire_and_rescue_service_strategic_plan_2016_19.pdf

⁷<http://www.gov.scot/Resource/0047/00474154.pdf>

Workforce Planning

7. **Workforce capacity and capability:** Sustainability of 24/7 urgent care and emergency services is predicated on a high-morale and well-led staff, of sufficient capacity and capability. Present capacity deficiencies have adversely affected continuity of OOH care provision, including intermittent closure of the Minor Injury Unit at Portree Hospital and the suspension of community midwifery services.

We discussed OOH workforce issues with colleagues including nurse practitioner members of the Rural Support Team, Rural Practitioners, General Practitioners, community and hospital nurses, midwives, social care support staff and SAS personnel. We heard of concerns with on-call arrangements, contractual issues, high turnover rates in some cases and serious accommodation difficulties. Workforce planning was a key recommendation in the National Review of Primary Care Out-of-Hours Services,⁸ and a National Health and Social Care Workforce Plan (Part 3) - *Improving Workforce Planning for Primary Care in Scotland*, was recently published.⁹

We recommend that:

- a) The capacity of the Rural Support Team and the numbers of Rural Practitioners should be reviewed and fully staffed, accounting for new models of joint working with SAS paramedics and NHS 24, to support 24/7 urgent care, as described above.
- b) Going forward, ongoing clinical leadership and engagement will be essential for the development and delivery of future service provision, including a sustainable OOH service. We are encouraged that clinical colleagues recognise this imperative and NHS Highland must facilitate and support that.
- c) As indicated for SAS, we suggest that shift working should supplant on-call working for members of the Rural Support Team.
- d) While this External view was asked to focus on OOH services, we recommend that a comprehensive 24/7 Urgent and Emergency Care Workforce Plan should be developed, including inter-agency working and contractual arrangements which promote recruitment and retention of staff - with sufficient capacity and capability.

⁸ <http://www.gov.scot/Publications/2015/11/9014>
<http://www.gov.scot/Resource/0049/00490556.pdf>

⁹ <http://www.gov.scot/Resource/0053/00534821.pdf>

Accommodation

8. **Housing solutions:** We heard clear and recurring concerns and recognition by healthcare staff, the public and public representatives of refractory accommodation issues. Accommodation constraints undermine recruitment and retention of staff.

We recommend that:

- a) Novel staff accommodation solutions should be sought with Highland Council (lead agency for housing), public representatives, housing associations, the independent sector and local communities.

This is a pressing matter, which should also take account of temporary accommodation for undergraduate and postgraduate health care worker training, which requires flexibility (see Recommendation 13). Such training accommodation, when not in use for training purposes, might be re-deployed to give temporary accommodation to growing numbers of visitors and tourists, particularly in Skye. These accommodation solutions are also relevant for the resilience of other public sector organisations and should be pursued in common endeavour.

Infrastructure, Transport and Digital Innovation

9. **Road issues:** We heard concerns expressed about road surface issues and significant potholing on many single-track roads but also on the single carriageway A road system throughout Skye. This makes urgent and emergency patient transport more hazardous and may result in more lengthy journey times for patients, whether by ambulance transport or by private vehicles. The tourist season has recently been rapidly expanding both in duration and number of visitors. Single track roads can become temporarily blocked because of volume of vehicle numbers. The main A87 road between the North of Skye and Broadford can occasionally be blocked by snow or road traffic accident (RTA) for extended periods - we took this into account as part of our conclusions for Recommendation 1.

We are conscious that significant road surface issues and repair requirements are not confined to healthcare transport needs nor to the SLSWR area alone.

We recommend that:

- a) Expressed concerns about adverse road surfaces and congestion issues should be shared with Transport Scotland and other relevant agencies with transport responsibilities. This should help to inform key road maintenance priorities.

10. **Transport and accessibility:** Ready accessibility to 24/7 urgent and emergency care services should be equitable. This is particularly telling for all remote and rural areas whether by private, public or Scottish Ambulance Service transport. Transport is not confined to road accessibility alone. Air evacuation of urgent/emergency cases is normally undertaken by SAS via fixed wing aircraft from Broadford Airfield or by SAS helicopter, including the charity-funded dedicated helipad at Portree. Air evacuation of critically ill patients is also undertaken by Scotland's Emergency Medical Retrieval Service (EMRS).¹⁰ Air evacuation procedures may be compromised at times by severe weather conditions. The UK Search and Rescue (SAR) Helicopter Service deployed by HM Coastguard has nearby bases in Stornoway and Inverness, which may be of assistance to augment response resilience.¹¹

Sea evacuation of patients from Raasay is undertaken via CalMac ferry to Sconser, during its year-round timetabled services. During OOH periods and during adverse weather conditions when the ferry might not be running, the crew of the Portree RNLi Lifeboat, *RNLB Stanley Watson Barker*, willingly and unfailingly assists, when requested to do so. This is voluntary and like other third sector organisations, provides distinguished service to the community. The remote community of Glenelg and Arnisdale is serviced by part-time ferry from Glenelg to Kylerhea during summer months only and when timetabled. Approach roads from the mainland to Glenelg and on Skye to Kylerhea are single track and treacherous in adverse weather conditions and subject to blocking by snow. This renders impractical and difficult ferry evacuation by sea to Skye and onwards to Broadford Hospital and is unlikely to be feasible. However, this and other options merit consideration.

NHS Highland has convened a Transport Group, as part of its Major Service Redesign Programme. Consideration of the latter was placed outwith our remit.

We recommend that:

- a) The Terms of Reference and membership of the SLSWR Service Redesign Transport Group should be reviewed in the light of wider inter-agency considerations and the recommendations from this External View.
- b) A review of air evacuation services of patients should be considered, involving inter-agency discussions between NHS Highland, SAS, EMRS and HM Coastguard, to determine whether any improvements can be made.

¹⁰ <https://www.emrscotland.org/>

¹¹ <https://www.readyscotland.org/media/1166/preparing-scotland-philosophy-principles-structures-and-regulatory-duties-20-july-2016.pdf>

- c) A review of sea evacuation procedures should be undertaken, involving inter-agency discussions between NHS Highland, SAS, CalMac and the RNLI.
- d) The Memorandum of Understanding between SAS, HM Coastguard and the RNLI, recommended in the National Primary Care Out-of-Hours Review,¹² should be finalised and implemented.

11. **Digital Innovation:** Looking to the future, digital innovation will be increasingly important for the delivery of healthcare, including OOH and 24/7 urgent and emergency Care. This aspiration has been underpinned by the recently published: *Scotland's Digital Health & Care Strategy – Enabling, Connecting and Empowering*.¹³ This will be underpinned by superfast broadband being implemented via Digital Scotland Superfast Broadband.¹⁴ Coverage is expanding rapidly, and is presently available, for example on Skye, in the communities of Ardvassar, Broadford, Dunvegan, Portree, Raasay and Staffin. In Kyle and South West Ross superfast broadband is presently available, for example, in the communities of Applecross, Lochcarron, Kyle of Lochalsh and is due to become available in Glenelg and Arnisdale soon. As for other places in both rural and urban Scotland, technical difficulties are delaying short term comprehensive superfast broadband coverage for SLSWR.

Digital innovation has the potential to revolutionise healthcare provision, including: remote monitoring of frail older and vulnerable people, maintaining people at home, avoiding unnecessary hospital and residential/nursing home admission, and assisting earlier hospital discharge. In new build homes, NHS Highland and Highland Council are working with the Digital Health & Care Institute (DHI), Albyn Housing Society and academic partners on the *Fit Home* project¹⁵. Further work is being considered for retrofitting sensing technology to existing homes.

Digital technology also offers the potential to avoid unnecessary travel for clinical assessment, through video-linking. DHI are developing a videoconference service into people's homes called: *Attend Anywhere*,¹⁶ which is being rolled out across Scotland by the NHS 24 based Scottish Centre for Telehealth and Telecare. NHS

¹² <http://www.gov.scot/Resource/0047/00474154.pdf>

¹³ <http://www.digihealthcare.scot/wp-content/uploads/2018/04/25-April-2018-SCOTLANDS-DIGITAL-HEALTH-AND-CARE-STRATEGY-published.pdf>

¹⁴ <https://www.scotlandsuperfast.com/>

http://www.audit-scotland.gov.uk/uploads/docs/report/2016/nr_160818_broadband_update.pdf

<http://news.hie.co.uk/all-news/fibre-broadband-for-skye/>

¹⁵ <http://www.in0v8.scot.nhs.uk/fit-homes/>

¹⁶ <https://www.attendanywhere.com/>

<https://sctt.org.uk/programmes/video-enabled-health-and-care/attendanywhere/>

Highland are supporting adoption of this technology – the *NHS Near Me* programme.¹⁷

Effective deployment of digital technology will help to underpin 24/7 urgent and emergency care, particularly for remote and rural communities. As part of this External View we have had positive discussions with the Digital Health & Care Institute (DHI) to promote further collaboration.

Reliable video-linking is essential between care sites within SLSWR and with secondary care facilities elsewhere, particularly Raigmore Hospital, Inverness and the Belford Hospital, Fort William. This will facilitate optimal professional-to-professional communications and enable specialist medical advice to be rapidly provided to remote and rural locations, when required.

We recommend that:

- a) Ongoing collaboration with the Digital Health & Care Institute should continue to explore and evaluate emerging digital technology to enable remote monitoring and video consultations from people's homes.
- b) A review of video-conferencing facilities at all relevant care sites should be undertaken to provide reliable 24/7 professional-to-professional communications.

Specific Localities

12. During the External View process, we received submissions and held discussions about the needs of specific communities within SLSWR. We are conscious that all local communities are unique with a need for tailored requirements. Two local communities in particular: Glenelg & Arnisdale and Raasay, expressed much dissatisfaction about their current emergency and urgent care, which they regarded as a significant deterioration from former provision. Extensive discussions between NHS Highland and each of these communities, expectations have not been met and have not yet led to shared and meaningful agreed outcomes for the wellbeing of either. The present situation in both communities is unsatisfactory and must be remedied, by mutual agreement.

We also discussed ongoing excellent care provision at the Howard Doris Centre in Lochcarron,¹⁸ a voluntary-statutory care collaboration.

¹⁷ www.nhshighland.scot.nhs.uk/Services/Pages/NHSNearMe.aspx

¹⁸ <http://ionalister.co.uk/HowardDoris/home.htm>

Glenelg & Arnisdale: This community until four years ago, was served by two general medical practitioners (GPs), providing 24/7 in-situ cover from Glenelg Health Centre. One GP left in October 2011. Since then, until end July 2017 that post was covered by locums to preserve 24/7 cover. From August 2017, part-time daytime cover has been provided by the remaining GP, with advanced nurse practitioner cover one day a week, and Broadford Medical Practice covering one day a week from Broadford with no capacity to make home visits, or to consult in Glenelg. OOH cover is presently provided by the remaining GP part-time, and by clinical staff based at Broadford Hospital for the remainder. Fears were expressed that NHS Highland was intent on further downgrading the service by failing to provide adequate support for the remaining GP. Community representatives were also adamant that a downgrading of services provided a threat to the safety and future viability of the community itself. NHS Highland has since confirmed that there is no intention to undermine - but rather to shore up and support - existing GP provision. We were informed that present air evacuation methods were unreliable in severe weather conditions. We have sought to address this in Recommendation 10. The community of Glenelg and Arnisdale continue to press for the reinstatement of another GP, to restore the former complement to two GPs.

Recently, a constructive pre-Christmas (2017) desk top exercise took place, involving partner agencies, to rehearse care scenarios and solutions for the community. We consider that the present care provision for Glenelg and Arnisdale to be unsatisfactory and should be improved.

We recommend that:

- a) NHS Highland should continue to work with the Glenelg and Arnisdale community to agree jointly and rapidly a solution which is not only desirable, but feasible and sustainable. Independent external third party facilitation should be considered to help achieve this.
- b) The present GP led service at Glenelg should continue to be underpinned by adequate multidisciplinary support via the Rural Support Team and SAS, on a 24/7 basis.
- c) Air and sea evacuation procedures for Glenelg and Arnisdale should be kept under review on a multi-agency basis, given the vagaries of road access in adverse weather conditions - see recommendation 10.
- d) The Scottish Fire and Rescue Service (SFRS) have a unit based at Glenelg. Statutory first responder status should be pursued, in concert with the additional potential of a voluntary first responder scheme - see Recommendation 6.
- e) The imminent availability of superfast broadband should be exploited for the succour of the Glenelg & Arnisdale community. This community should be

considered as a potential development site for digital innovation - see Recommendation 11.

Raasay: This island community until recently has been served for many years by a resident district nurse, which lapsed on retirement of the former incumbent. The Raasay community had expectations that this post would be maintained. This did not materialise. After a protracted delay and a number of meetings with NHS Highland, the Raasay community agreed to compromise on their initial expectation when a support worker was offered instead. Understandably the Raasay community representatives were anxious to be assured that this role had the required skill set. NHS Highland agreed to share and agree the job description but this did not happen before the appointment was made, after significant delay. This and other failed expectations has led Raasay community representatives to lose confidence on the management of NHS Highland. We would ask NHS Highland to reflect carefully about this and respond accordingly. We understand after significant delay an appointment of a support worker has been made. A part time vacancy (22.5 hours) presently remains. The job description used for this vacancy includes First Responder and on call duties NHS Highland have made a commitment to develop the support worker to an enhanced level with the assistance of SAS. SAS are currently reviewing this level of enhanced service which is impacting on the resilience of workers on Raasay as well as on Eigg. In the interim, NHS Highland has made available daytime nursing cover on a Monday to Friday basis. OOH cover is provided through the NHS 24 (phone 111) service for urgent care or by 999 calls for emergency care.

Raasay residents with urgent or emergency care needs requiring sea evacuation to the Skye mainland can only do so by timetabled year-round ferry transfer to Sconser when operational. When the ferry is not operational and during OOH periods, the crew of the Portree RNLI lifeboat invariably respond. We have discussed this in Recommendation 10 above. Raasay presently has access to superfast broadband.

We recommend that:

- e) NHS Highland and other partners should continue to engage with the residents of Raasay in a meaningful way and to rapidly develop an agreed and sustainable service on the island that provides safe and resilient care 24/7. Independent external third party facilitation should be considered to help achieve this.
- f) As part of the review of sea evacuation procedures in Recommendation 10, Raasay is a key priority. Discussions should take place with CalMac whether the Raasay-Sconser ferry can be deployed on demand for urgent/emergency

care transfers. Irrespective of these discussions and possible agreements, the ongoing role of the crew of the RNLI Portree Lifeboat is respected and appreciated.

- g) The Scottish Fire and Rescue Service (SFRS) have a unit based at Raasay. Statutory first responder status should be pursued, in concert with the additional potential of a voluntary first responder scheme - see Recommendation 6.
- h) The present availability of superfast broadband should be exploited for the support of the community. Raasay should be considered as a potential development site for digital innovation - see Recommendation 11.

Lochcarron: We also discussed ongoing excellent care provision at the Howard Doris Centre in Lochcarron,¹⁹ a voluntary-statutory care collaboration.

We recommend that:

- i) The Lochcarron Centre should continue to be nurtured and supported.

Learning, Education and Training

13. Centre of Excellence for Learning, Education and Training: SLSWR has the potential to become a centre for excellence for multidisciplinary undergraduate and postgraduate learning and training. The National Review of Primary Care Out of Hours Services²⁰ recommended that OOH and Urgent Care Services should be regarded as important venues for learning and training, as well as for service delivery and this is supported by other publication/presentation including: *Remote & Rural Education and Training*.²¹ This should help future recruitment and retention of care staff to the area, aiding sustainability. International research confirms that local training provision encourages recruitment and retention of health care workers.²²

A number of education and training providers are relevant here: including: NHS Education (NES), SAS, NHS24, Medical Schools and relevant academic partners, for example, the University of the Highlands and Islands (UHI). UHI has growing

¹⁹ <http://ionalister.co.uk/HowardDoris/home.htm>

²⁰ <http://www.gov.scot/Publications/2015/11/9014>
<http://www.gov.scot/Resource/0049/00490556.pdf>

²¹ MacVicar R, Mckerrow W. Remote & Rural Education and Training
http://www.nes.scot.nhs.uk/media/2681823/1145macvicar_carrick.pdf

MacVicar R, Nicoll P. Supporting Remote & Rural Health Care, NES Board Paper 2013
<http://www.rrheal.scot.nhs.uk/media/185252/remote%20and%20rural%20healthcare%20updated.pdf>

²² Strasser R. Rural health around the world: challenges and solutions.
<https://academic.oup.com/fampra/article/20/4/457/625248>

ambitions for Remote and Rural Healthcare learning, teaching and research, and wishes to promote more distributed learning opportunities, including at the West Highlands College UHI, Portree. Highlands and Islands Enterprise (HIE) is also be a key partner in this endeavour.

Increased based-community training for medical undergraduates and postgraduates and other healthcare professionals is a high priority for Scottish Government.

Optimised training and learning opportunities within SLSWR should also foster future workforce capability and capacity for the remainder of NHS Highland and for other remote and rural areas throughout Scotland.

We recommend that:

- a) NHS Highland should engage closely with education and training providers and including: NHS Education (NES), Scottish Ambulance Service (SAS), NHS24, Medical Schools and relevant academic partners, for example, the University of the Highlands and Islands (UHI). Highlands and Islands Enterprise (HIE) should also be included.

Making Best Use of Services – Know Who to Turn To

14. **Best use of services:** It is imperative that whatever services are provided they should be used responsibly and appropriately. NHS Highland has already conducted developed and distributed materials to the public of SLSWR²³ and have in place a *Know Who to Turn To* website:

<http://www.nhshighland.scot.nhs.uk/Services/KWTTT/Pages/welcome.aspx>

NHS 24 website resources may also be helpful:

<http://knowwhoturnto.org/> and accessing services through NHS 24's national directory which is accessed through NHS Inform:

<https://www.nhsinform.scot/national-service-directory>

We recommend that:

- a) A programme of assisting the public to make best use of available services should be developed and implemented, including *Know Who to Turn To*. This will need to be done on a systematic and advocacy basis, with the full engagement of and advocacy by local communities and their representatives. Social media may be helpful.

²³ <http://www.nhshighland.scot.nhs.uk/Publications/Pages/KnowwhoturntoSLSWR.aspx>

Making it Happen – Pulling Together

15. **Making it Happen:** Major service redesign and transformation is complex and challenging as will be implementation of the recommendations in this report. Transformation and translation will neither be easy nor quick. Some recommendations will bear fruit in the short term but others will take longer to come to fruition - flexibility and understanding will be required.

These recommendations can only be delivered by the combined endeavours of NHS Highland working intimately, fully and continuously with the public and with other care agencies in a genuine partnership to shape and deliver services – by truly pulling together. High quality leadership and ongoing commitment will be required, at all times.

We recommend that:

- a) All future service development and delivery must be done in partnership with the people of SLWRS with a focus on co-production.
- b) The National Standards for Community Engagement²⁴ must be observed by all.
- c) All relevant partners should participate, including all emergency services, the third sector and those that control wider infrastructure.
- d) An implementation plan with realistic timescales, adequately resourced, making best use of public funds and robustly governed - with clear accountability, reporting to the Highland Health and Social Care Committee.
- e) Independent external third party facilitation should be deployed as required and agreed.
- f) In view of the aspiration in these recommendations and the Major Service Redesign Programme underway, Scottish Government should seek regular and robust assurance that satisfactory progress is being made.

²⁴ <http://www.scdc.org.uk/what/national-standards/>

Expanded Footnotes from within the Report

1. Pulling Together Transforming Urgent Services for the People of Scotland. Main Report of the National Review of Primary Care Out of Hours Services:
<http://www.gov.scot/Publications/2015/11/9014>
Summary Report of the National Review of Primary Care Out of Hours Services
<http://www.gov.scot/Resource/0049/00490556.pdf>
2. Save Our Services NHS (SOS NHS)
<http://www.sosnhsskye.co.uk/who-we-are>
3. NHS 24 is a 24/7 service. In hours/daytime urgent care needs are normally provided by local GP services and community pharmacies. Community pharmacy opening hours extend beyond hours when GP services may be closed. <https://www.nhs24.scot/>
4. Scottish Ambulance Service (SAS). Towards 2020: Taking Care to the Patient.
[http://www.scottishambulance.com/UserFiles/file/TheService/Publications/Strategic%20Plan Online%20pdf.pdf](http://www.scottishambulance.com/UserFiles/file/TheService/Publications/Strategic%20Plan%20Online%20pdf.pdf)
5. See Reference 1.
6. Scottish Fire and Rescue Service (SFRS) Strategic Plan 2016-2019.
http://www.firescotland.gov.uk/media/1005163/scottish_fire_and_rescue_service_strategic_plan_2016_19.pdf
7. Out of Hospital Cardiac Arrest: A strategy for Scotland
<http://www.gov.scot/Resource/0047/00474154.pdf>
8. See Reference 1.
9. National Health and Social Care Workforce Plan Part 3 – Improving workforce planning for primary care in Scotland <http://www.gov.scot/Resource/0053/00534821.pdf>
10. Emergency Medical Retrieval Service <https://www.emrscotland.org/>
11. Bristow operates from 10 coastguard helicopter bases around the UK on behalf of Her Majesty's Coastguard to respond to all Search and Rescue incidents for the whole of the UK.
<http://www.bristowgroup.com/uk-sar/>
12. Preparing Scotland - Scottish Guidance On Resilience - Philosophy, Principles, Structures And Regulatory Duties <https://www.readyscotland.org/media/1166/preparing-scotland-philosophy-principles-structures-and-regulatory-duties-20-july-2016.pdf>
13. Out-Of-Hospital Cardiac Arrest - A Strategy For Scotland
<http://www.gov.scot/Resource/0047/00474154.pdf>
14. Scotland's Digital Health & Care Strategy <http://www.digihealthcare.scot/wp-content/uploads/2018/04/25-April-2018-SCOTLANDS-DIGITAL-HEALTH-AND-CARE-STRATEGY-published.pdf>
15. Digital Broadband – Where and When <https://www.scotlandsuperfast.com/> Superfast broadband for Scotland - A progress update – Audit Scotland http://www.audit-scotland.gov.uk/uploads/docs/report/2016/nr_160818_broadband_update.pdf Fibre broadband for Skye - The roll-out of high-speed broadband on Skye has started, and more than 3,000 more homes and businesses are the next to be drawn into the new fibre network as work continues on the island. <http://news.hie.co.uk/all-news/fibre-broadband-for-skye/>
16. The vision for Fit Homes is to create a new way of living which has potential to transform the way health and social care services are delivered. The concept supports residents to take charge of their own wellbeing as well as having access to an enhanced, more personalised level of support at home. The model is aimed at creating a viable, lower cost alternative to full-time residential care and prolonged stays in hospital, designed in partnership with service users, that can be replicated throughout Scotland. <http://www.in0v8.scot.nhs.uk/fit-homes/>
17. Attend Anywhere provide a suite of services and solutions that enable 'business-as-usual' video call access to existing health services. <https://www.attendanywhere.com/> and a link

- to Scottish Centre for Telehealth & Telecare <https://sctt.org.uk/programmes/video-enabled-health-and-care/attendanywhere/>
18. Attend Anywhere in NHS Highland is there NHS Near Me programme. <http://www.nhshighland.scot.nhs.uk/News/Pages/Newservicewillprovideeasieraccesstoappointments.aspx>
 19. The Strathcarron Project is the company that manages The Howard Doris Centre which provides supported accommodation. <http://ionalister.co.uk/HowardDoris/about.htm>
 20. See reference 19.
 21. See reference 1.
 22. Remote & Rural Education and Training, NHS National Education Scotland. http://www.nes.scot.nhs.uk/media/2681823/1145macvicar_carrick.pdf
 23. NHS Education for Scotland : Supporting Remote and Rural Healthcare - Board Paper August 2013 <http://www.rrheal.scot.nhs.uk/media/185252/remot%20and%20rural%20healthcare%20updated.pdf>
 24. Rural health around the world: challenges and solutions. Roger Strasser, Family Practice, Volume 20, Issue 4, 1 August 2003 <https://academic.oup.com/fampra/article/20/4/457/625248>; NHS Highland guide published 2015 on what to do if you become unwell or are injured. <http://www.nhshighland.scot.nhs.uk/Publications/Pages/KnowwhototurntoSLSWR.aspx>
 25. The National Standards for Community Engagement, Scottish Community Development Centre <http://www.scdc.org.uk/what/national-standards/>

Annex 1 – Terms of Reference

Context

Primary Care out of hours and urgent care is of key importance to the board of NHS Highland. It has been continuously evolving following the GMS contract in 2004. Most recently, NHS Highland Board agreed an approach and direction of travel for out of hours and urgent care services in 2015. This was considered to be in line with the multi-disciplinary approach and recommendations set out in the report *Pulling Together -Transforming Urgent Care for the People of Scotland*.

A more detailed paper was presented and agreed at the NHS Board meeting in September 2016. Work to implement the recommendations continues. Specifically, in Skye, Lochalsh and South West Ross, work on building a sustainable model has most recently been ongoing since 2014. Significant effort has gone into developing Advanced Practitioners to be part of a multi-disciplinary service (including Rural Practitioners and GPs) to address these challenges. Nevertheless, some significant concerns remain from members of the public, NHS Save Our Services –NHS and elected members, particularly in North Skye. In particular these concerns relate to aspects of delivery, and access to, emergency care, urgent primary care out of hours care, minor injuries and illness. Taking these concerns into account, the Chair of NHS Highland has invited a team, led by Sir Lewis Ritchie to provide an external professional view of the urgent care services in the area.

Remit

The specific remit is to assess the resilience of urgent primary care out-of-hours provision.

Out of scope

The remit will not cover the redesign of wider health and social care services currently underway, with Ministerial approval, which will progress to an Outline Business Case for a Hub and Spoke model incorporating a new-build facility in Broadford as part of a wider redesign.

Objective

To ensure that the present and planned delivery of urgent primary care out-of-hours provision is in line with the recommendations set out in the report *Pulling Together - Transforming Urgent Care for the People of Scotland*.

Governance

Sir Lewis Ritchie, assisted by a small team of independent colleagues, including representation from NHS 24 and the Scottish Ambulance Service, will report to the Chair of NHS Highland, David Alston, and the Chair of the Highland Health and Social Care Partnership, Melanie Newdick.

A work plan will be created for the external view including meetings with:

- representatives of the local community including action group, SOS-NHS
- local clinical staff who provide the service, service managers and any other staff as deemed necessary.
- with local GPs and other clinicians in the area,
- As part of the work plan, meetings will be arranged with service users and providers including political representatives.

The external view team will be asked to provide peer opinion on the safety, sustainability and organisation of the service and be invited to make recommendations if necessary for further action or developments.

Deliverables

A report of the external view will be produced by Sir Lewis Ritchie for NHS Highland by the end of April 2018.

Annex 2 - External View – Panel Members

Margaret Anderson is from Ayr and has been volunteering with NHS Ayrshire & Arran since 2003 and NHS 24's Public Participation Forum since 2008. Margaret has been involved in some key projects as a public representative during this time, including the creation of NHS Inform and the 111 number change. Margaret recently completed a three year term of office as Vice-chair of the NHS 24 PPF, having served as Chair for the preceding three years. She was the Public Representative on the Public Holiday Review published in December 2017. Margaret joined the Board of NHS Ayrshire & Arran as a Non-Executive Director and she also serves on her local Integrated Joint Board in that capacity. Margaret takes a very keen interest in how services are delivered ensuring that 'person-centeredness' is at the heart of all discussions.

Kate Bell is Head of Service Change & Transformation at NHS Lanarkshire. Kate has worked in the public sector for many years, starting out in voluntary organisations, local authorities and now in the National Health Service. Kate is passionate about engaging the public in designing and shaping the services they receive. Kate's work is system wide and includes working with the Scottish Government, other NHS Boards, and Health & Social Partnerships in large scale, often complex service change, service redesign, systems and process improvement which involves working at a national, regional and local level with a range of people and across a mix of organisations.

Garry Fraser joined the ambulance service in 1997 as an ambulance care assistant moving to Technician and becoming a Paramedic in 2001 which he has maintained. Garry worked as an air ambulance Paramedic out of Glasgow serving remote and rural communities around Scotland. He became an Area Service Manager for Clyde, Head of Service for Argyll and Clyde and onto General Manager for South West Scotland. Garry is now undertaking the role of Regional Director for the West of Scotland and is a member of SAS's executive team.

Linda Harper has worked in the community for many years, firstly as a district nurse, midwife and health visitor. Linda then became a practice nurse progressing to an Advanced Nurse Practitioner. In 2000 Linda took up the post of Associate Nurse Director for Practice Nursing and the lead for Non-Medical Prescribing in NHS Grampian whilst maintaining a clinical role. In 2004 Linda was asked to develop a team of practitioners to work in the Out of Hours service, she started with 5 nurse and paramedic practitioners. Linda now has a team of 23 substantive staff and 14 bank staff working OOH across NHS Grampian alongside the GP's. Linda is now lead nurse for the Moray Health & Social Care Partnership. Linda has enjoyed secondments with the Scottish Government and the Royal College of Nursing.

Dr Angus McKellar completed his GP training in Stornoway, then worked in Nepal for eight years, involved in service development and clinical leadership. He became a GP partner in North Harris in 2002, delivering GP training, chaired the AMC and served on the Area Clinical Forum, taking up the post of NHS Western Isles Medical Director in 2014. He does

occasional GP sessions, retains an interest in overseas work, and serves on a number of Regional and National committees.

Fergus Millan joined the civil service in 1997 following a career as a scientist. He has held a number of posts across education, local government and health. He recently moved from Public Health Division in the SG where he had responsibility for policy on a wide range of subjects including national screening programmes, obesity and health inequalities. In his current role he leads one of three teams in the Primary Care Division with responsibility for the sponsorship of the Scottish Ambulance Service and NHS 24. In addition, he is responsible for policy on Out of Hours and optometry.

Dr David Pedley is a consultant in Emergency Medicine and Clinical Director of emergency care in Dumfries and Galloway. Training as a registrar in Tayside and Grampian, David spent a year working as a rural fellow helping to establish one of the UK's first telemedicine networks. He represents Emergency medicine to the Royal College of Physicians of Edinburgh and, until recently was a member of the Scottish board of the Royal College of Emergency Medicine representing the rural district general hospitals.

Sir Lewis Ritchie is presently James Mackenzie Professor of General Practice, University of Aberdeen and Honorary Professor of Primary Care and Public Health, University of the Highlands and Islands, Honorary Professor of General Practice, University of Edinburgh and Honorary Consultant in Public Health, NHS Grampian. He is a former Principal General Practitioner, Peterhead Health Centre and Community Hospital. He has also held posts as Director of Public Health, NHS Grampian and Consultant in Public Health Medicine, Grampian Health Board.

Dr Laura Ryan has been a doctor for 20 years. She has worked in Scotland since 2001. She is the Medical Director for NHS 24 and works in the Out of Hours Service in NHS Borders. She was the Clinical Lead for OOH in NHS Borders for 7 years and is well versed in the challenges of covering a large area of diverse geography. She chaired the National OOH Operational Group for three years and was part of Professor Sir Lewis Ritchie's reviews of Urgent care OOH and covering OOH during the Public Holiday period. Recognizing the need for joint working to best serve our communities, as part of her OOH work in Borders she developed a professional to professional line for SAS staff (supporting a safe alternative to admission in 85% of cases) and also developed the OOH nursing staff to allow them to carry out home visiting.

Dr Charlie Siderfin is the Lead GP for NHS Orkney and has lived and worked there, with his family, for the last 17 years. As part of the role, he works as a 24/7 single-handed GP on the outer island of Westray for 3 out of 9 weeks and 6 weeks in Kirkwall. In 2009 he was involved in redesigning the delivery of services to the outer islands of Orkney, working with individual island communities to develop and refine systems of care. He has worked closely with the island communities to recruit and retain staff to the islands. Prior to taking up his

current role, he worked for 14 years in the Balfour Hospital providing A&E and acute medical inpatient care, in combination with General Practice work in the community. He has a particular interest in the development of systems to support the recruitment and retention of practitioners to challenging remote and rural practice.

Dr Sian Tucker is a GP; she has been Clinical Director of Lothian Unscheduled care service for the last 5 years. Other roles include National Clinical Lead Urgent Care program for NHS Health Improvement Scotland. Sian is co-chair of the National Operations Group for OOH and RCGP Scotland's executive officer for OOHs and interface. She works clinically one session a week in OOHs.

Annex 3 - Process and meetings

During the process of the review, Sir Lewis visited Skye on 5 occasions, supported by members of the Scottish Government Primary Care Transformation team and Expert Panel. The programme of engagement developed as issues were brought to the review team's attention and resulted in around 70 meetings with staff from NHS Highland, other public agencies and third sector organisations, local representatives, clinicians and local residents (including phone discussions). In addition to meetings the review team received many documents and letters from a wide range of organisations and individuals. The expert panel was convened with members drawn from across Scotland Boards with a wide range of knowledge and expertise in remote and rural medicine, OOHs and emergency and urgent care as well as public representation. A timeline of meetings is noted in the table below.

Friday 2 February	
NHS Highland Managers	Portree Hospital
Councillors and SOS-NHS Secretary	Council Offices, Portree
Portree Medical Practice Staff	Portree Medical Practice
NHS Highland Clinicians and Managers	Dr MacKinnon Memorial Hospital
Monday 26 February	
NHS Highland Managers	Assynt House, Inverness
NHS Highland – Non Exec Board Member	Teleconference
SFRS and SAS Managers	Assynt House, Inverness
NHS Highland Managers	
Councillor	
Tuesday 27 February	
Raasay Community Council	Raasay Community Centre
Councillors	Council Offices, Portree
Lucky2bhere	Lucky2bhere office, Portree
NHS Highland Nurses and SAS Paramedics	Portree Hospital
SOS-NHS Skye Representatives	
Wednesday 28 February	
Members of Rural Support Team	Portree Hospital
Portree Medical Practice Staff	Portree Medical Practice
Police, Scottish Fire and Rescue Service, Scottish Ambulance Service, Royal National Lifeboat Institution and Third Sector	Portree Fire Station,
Dunvegan Medical Practice Staff	Dunvegan
Working Group Health	Aros Centre
Thursday 1 March	
Broadford Clinical Team	Dr MacKinnon Memorial Hospital
NHS Highland Chair	Teleconference
Parliamentarians	Teleconference
Community representatives South Skye and Lochalsh	Dr MacKinnon Memorial Hospital
Glenelg Patient Representatives and GP	Glenelg Health Centre
Wednesday 7 March	
NHS Highland Chair	Telephone

Wednesday 21 March	
HM Coastguard	Coastguard base, Portree
Mountain Rescue Team (MRT) Medical Director	MRT base at Sligachan
GPs and RPs from across SLWRS	Broadford Medical Practice
Strathcarron Project Representative	
Thursday 22 March	
Member of the Public	Glendale
Members of the Public	Royal Hotel, Portree
Community Nurses	Portree Hospital
Parliamentarian	Teleconference
Members of the Public	Royal Hotel, Portree
Members of the Public	
North Skye Community Councils	Council Chamber, Portree
Friday 23 March	
Councillors	Council Offices, Portree
Midwives	Dr Mackinnon Memorial Hospital
Members of Public	Royal Hotel, Portree
Chief Executive, NHS Highland	AROS Centre
Parliamentarian	
Saturday 24 March	
NHS Services	Portree and Broadford Hospitals
Wednesday 28 March	
Parliamentarians	Scottish Parliament
Friday 13 April	
NHS Highland Staff	Teleconference
NHS Highland Staff	Teleconference
Monday 16 April	
South Skye and Kyle Community Councils	Kyle Health Centre
Tuesday 17 April	
NHS Highland Senior Management Team	Jans Centre, Portree
SOS-NHS Skye representatives	
Glenelg & Arnisdale representatives	
NHS Highland clinical staff	
Raasay representatives	
Community Councils	
Emergency Services	
NHS Highland Senior Management Team	
Member of the Public	Teleconference
Member of the Public	Teleconference
Wednesday 18 April	
Member of the Public	Teleconference
Members of the Public	Dunollie Hotel, Broadford
Skye Cancer Care	

Friday 20 April	
NHS Highland Chief Executive and Team	Teleconference
Monday 30 April	
Chair and Chief Executive NHS Highland and senior staff	St Andrew's House Edinburgh
Tuesday 7 May	
Councillors	Jans Centre, Portree
Glenelg & Arnisdale Representatives	
SOS-NHS Skye Representatives	
NHS Highland Clinicians	
Raasay Representatives	
Community Councils	
Chair, NHS Highland and Senior Team	



A view from the A87 between Broadford and Portree, near Sligachan