

Councillor Deirdre Mackay

"Northern Times" column

11 November 2011

"People in Edinburgh are not very nice," so said my son as a little boy while traveling through the capital city many years ago.

Puzzled I asked him what he meant.

He pointed to the many "To Let" signs in gardens advertising property and translated this into "too late"

The same boy, now grown up, was recently home for the weekend.

Driving south through Golspie he remarked, "When's the hospital's closing?". I nearly went off the road. "It most certainly is not," I responded, "what on earth gave you that idea?"

Matthew had noticed the sign in a garden near the hospital proclaiming, 'What Must I Do To Be Saved'!

It was with no small amount of relief that I was able to set the record straight!

Hospitals and schools are facilities very close to the hearts of communities.

Any hint of threat brings an immediate response from communities and quite rightly so.

We are without doubt creatures of habit and, as a rule, we don't like change.

On the other hand, life does not stand still, circumstances and situations change, and it is important that communities are involved as much as they can be in seeking local solutions to problems

What troubles people most is uncertainty and the absence of hard facts.

We like to know exactly what change will look like, how it will affect us.

In response to recent local concerns I have been involved in the setting up of a local community group which will meet with management on a regular basis to look at future development of health services in East Sutherland.

This group is made up of reps from Golspie and Brora CCs and also the League of Friends.

The purpose is to learn about service developments at first hand and to be able to constructively comment and contribute to the debate.

At the initial meeting the group learned about the work required on the fabric of the Lawson buildings.

Remedial work is very expensive so there was discussion on how the space throughout the hospital estate might be used differently and imaginatively.

The emphasis however was not only on maintaining existing services but how, using technology, additional services can be delivered from the hospital site to the advantage of local patients.

We also spoke about people who have had to travel long distances for hospital appointments which may only last a few minutes.

This is nonsense in this day and age.

I am also working with people with diabetes who because of staff shortages are currently are having to travel to Caithness or Inverness for their check ups.

NHS Highland is faced with very tight budgets and this is compounded by challenges in recruiting specialist staff.

So, what is NHS Highland doing to address these issues?

Technology is at the heart of addressing travel and transport issues as well as improving accessibility to specialist services.

Audit Scotland's review of telehealth in Scotland, published in October of this year stated that telehealth is used to best effect in the north of Scotland.

Clinical staff now have access to video conferencing which allows them to consult and engage with patients and fellow professionals from their workplace without the necessity of travelling the long distances associated with living in a rural area.

An example is the Psychological Therapist for Children, who is based in the Lawson, but covers Caithness and Sutherland, uses videoconferencing with some of the children, particularly when doing joint reviews with the child and other professionals involved in their treatment.

Once the initial consultation and treatment plan is in place ongoing appointments take place by video conference.

The great advantage is that the child's education is not disrupted by travel.

In addition parents do not have the disruption involved with taking time off work, spending a full day travelling to and from Inverness or having to arrange for other family members to be looked after in their absence.

Video conferencing is also allowing Speech and Language Therapy to be delivered to very remote communities which previously had little option but to travel for this service and again the advantages for patients in terms of travel and time are immense.

Staff can also benefit in other ways by having the opportunity to participate in national training or development opportunities which otherwise might not be accessible due to cost or time factors.

The Cambusavie Unit has recently installed an additional videoconferencing unit which underlines the importance of telehealth to our community.

Units are also being installed at Kinlochbervie, Durness and Bettyhill in addition to those already in place at Armadale and Lochinver.

So how comfortable are people with video conferencing?

Telehealth consultations in the diabetes service is currently being piloted Caithness and my eye is on this.

The clinic is being trialled to reduce consultant travelling time thus enabling them to see more patients which in turn reduces the time patients have to wait for return appointments.

Patients involved have felt comfortable with the service and felt it an acceptable way to meet their specialist as well as having sufficient time to discuss their problems.

I would love to see this pilot rolled out to the Lawson but currently it is proving very difficult to recruit the clinical staff required.

NHS continues in its efforts and we hope that diabetes sufferers in Sutherland will be able to enjoy the same new opportunities as patients elsewhere.

Whilst telehealth should not be viewed as a replacement for face to face consultation it is certainly set to play a key role in meeting many of the challenges faced by patients in rural areas.

So yes, times are changing and it remains incumbent upon us not only to continue to scrutinize change but also to play an active part in ensuring our local health services continue to develop and grow in a way which meets local needs.