

Sir Lewis Ritchie Implementation Steering Group Meeting

Thursday 10 July 2025
11.00-12.30

At Portree & Bracadale Free Church and via TEAMS

Draft Minutes

PRESENT

Ruraidh Stewart (RS)	Councillor & Chair
Charles Crichton (CC)	Vice Chair
Louise Bussell (LB)	NHSH
Fiona Davies (FD)	NHSH
Karen-Anne Wilson (KAW)	NHSH
Arlene Johnstone (AJ)	NHSH
Neil Campbell (NC)	SOS NHS
Fay Thomson (FT)	SOS NHS
Lorna McCalman (LMcC)	SOS NHS
Myra MacLeod (MMcL)	SOS NHS
Caroline Gould (CG)	Carer
Anne Gillies (AG)	Raasay Community representative
Finella MacKinnon (FMcK)	Struan Community Council
Margaret Duguid (MD)	SOS NHS
Ian MacPherson (IMcP)	SOS NHS
Isobel MacDonald (IMcD)	Community representative
Drew Millar (DM)	Councillor
Alan Knox (AK)	Scottish Ambulance
Graham MacLeod (GMcL)	Scottish Ambulance
Marion Carson (MC)	SOS NHS
Marjory Naismith (MN)	Community representative
Julie Ronald (JR)	NHS24
John Finlayson (JF)	Councillor
Ronald MacDonald (RMcD)	SOS NHS
Helen Brown (HB)	Scottish Government
Jenny Munro (JM)	Glenelg Community representative
Pauline Bennett (PB)	Scottish Government
Marie McIlwraith (MMcI)	NHSH
Gillian Stock (GS)	Scottish Government
Leslie Cannon (LC)	NHSH (taking minutes)

1. Welcome & Apologies

Dawn Pridham (DP)	NHSH
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RS thanked Rev Donnie G MacDonald for the venue and hospitality and also thanked FD and the NHS team for all the work so far as well as thanking everyone for attending and their efforts so far. It had been some time since the last meeting which was held on 26th March 2025.

2. Comments from minutes of meeting held on 26th March 2025

RS confirmed he would chair the meeting on this occasion and that CC would be Vice Chair.

JM asked for an amendment to the minutes. It stated that Glenelg had lost their 24/7 which is not the case. There have been difficulties and it's still problematic but it has not been stopped.

CG noted that Skye and Lochalsh access panel has now been dissolved but CG has still been asked by SLR to attend these meetings. CG requested the minutes were changed to reflect this.

Action: NHSH to amend the previous minutes for both points

3. Next Steps

RS stated the meetings should be kept to quarterly meetings. All key stakeholders are keen to look forward to delivering sustainable high quality services.

SOS representatives discussed relationships of trust but feel we have just gone around in circles and very much appreciate FD efforts but would really like to see things start to happen.

RS would like this meeting to discuss and agree what we expect to see at the next meeting and feel that it is important the group does not get bogged down with the past.

FD acknowledged that Sir Lewis Ritchie has now stepped down, FD would like to thank him FD was also very grateful for RS and CC stepping forward in the positions they have. FD looks forward to working with the chairs and the group and to helping move this process forwards.

LB added that some people that have been within this process for many years as well as some relatively new individuals and LB understands that it has been challenging. She thanked people for their continued commitment to working together and the NHSH wants to continue moving forwards in a positive manner and to grow and take this forward.

FT Would like to thank RS, CC and FD for continuing with this process.

4. Terms of Reference

RS noted that it will be good to take stock of where we are within this process. The SLR report involves a lot of different groups and believes the only way we will be successful is to have good faith, trust and commitment, that is what is required to move forward and to get done what is required.

RS confirmed minutes will be distributed in a couple of weeks. There have been discussions for many years about gaining access to other minutes from the other groups. LB agreed they would be made available on the NHS website.

KAW confirmed these will be made available on line and paper/email copies sent out to all within the group. A request was made that the link to gain access with all at meeting was added to the minutes as well. Groups that agreed upon are Urgent and Unscheduled Care / Communication and Engagement / Recruitment, and District Planning Group. The link will be emailed to all and historic meeting minutes will be in the same place to make accessibility as easy as possible.

Action: Minutes of Steering group and associated groups to be added to the NHS website

IMcP believed it was really important for the group to learn from our mistakes. FD added that this all started from a business case and then the SLR report was commissioned, so this has been very well documented from the beginning and these documents are available on-line.

NC felt that there has been a lack of strategic planning since 2014. The SLR recommendations covered planning needs and these really need to be implemented. Websites for the council and the NHS do not seem to join together and that needs to happen. Organisations really need to work together and plan strategically.

FD was clear that the scope of this group is around the SLR recommendations but very aware there are other challenges for the Highland Council and NHS Highland. She is thoughtful on how we move forwards in the Highlands with help from the leadership within these organisations and also working with the community so we can bring future conversations about the implementation of decisions being made that's right for the community and the organisations.

JM reported feeling a little of an outsider representing Glenelg and very much appreciates the support so far. The NHSH Primary care manager is not in this group so queried how we link this person in as they are important to the 24/7 cover required in Glenelg.

RS and LB confirmed we do need to make sure we are bringing the right individuals into the meetings.

Action: Chair and NHSH to review the membership to ensure the right representation going forward.

5. SLR Recommendation plan

RS noted that all should all have a copy of the SLR recommendations now (handed out and posted online). There is a need to decide how we go forward at present. This tabled report is just a review of where we are currently and to consider if all recommendations have been taken as far as we can at present. He acknowledged that not everything is perfect but it's not always going to be, but there is a need for

confidence moving forward especially regarding urgent care. There are actions outstanding and RS and the Group do have expectations that they will be progressed.

LB reported that the development of the urgent care at Portree service is ongoing. There is a 24/7 service but the Board is still building the resilience of the service to meet local need. Individuals who walk in will be triaged and also directed there by NHS111 where appropriate.

There has been an appointment to the vacant team lead post and they are currently being on boarded by recruitment within NHSH. This role will be key to the ongoing development of the service. The ward staff are now feeling more confident about the process in place but continued development is required including ongoing training and development.

KAW reported that there are two new ANP's confirmed to start but that may take approximately 3 months to get them started within the role. This will take the ANP team to compliment. Ward staff have already received training to ensure there is an urgent care service when an ANP is not on site as part of the overall service model and more training is planned.

LMcCI feels that an ANP should be on site at all times at Portree. LMcCI keeps hearing that the ANP's are bored with not enough to do but feels that Portree is also under used.

KAW reported that the new team lead will be responsible for urgent care across Broadford and Portree. NHSH have looked at data and at present overnight the ANPs onsite are not busy. Afternoons are busier and also when a cruise ship docks in Portree and when events are taking place. NHSH are reviewing the data and the current service to optimise ANPs at Portree at times of greatest need by making changes to the times ANP and B6 staff are on duty. This is well underway and will be worked through with staff in the coming weeks.

NHSH has looked at leaflets information and guidance for the local community after talking to various groups. NHSH have committed to using a leaflet provided by NHS 24 and these will be dropped through letterboxes of the local community. NHSH are happy to take feedback and add any further information if its agreed its needed.

Action: NHSH to complete a leaflet drop for all properties on Skye

RS would like to look further into the fact that it seems Portree is underutilised. RS asked for information on the amount of calls that go into NHS 111 and understand where they are sending patients. KAW agreed to facilitate this.

Action: Data to be provided by NHSH and NHS 24 at the next meeting

NC was interested in statistics of patients seen at Portree and Broadford and he looked at May 2025. He said Portree is not covered from 8am - 6pm but covered by the GP's. His analysis reported that Portree is only covered 50 per cent of the time it should be.

NC believed the leaflets may be dangerous as people are phoning NHS 111 instead of calling 999. Surely a safer system would be just to call 999 and they can then advise the caller if they are getting an ambulance or to then call NHS 111. Reassurance was provided that the message will include if it's an emergency then dial 999 otherwise dial 111.

JM noted NHS 24 did a roadshow about 5 years ago and it was really very good and very informative and helpful. He asked if there was capacity to repeat that roadshow within the local community. JR will check, but confirmed the leaflet used for Glenelg is the same one now being used for Skye.

FT fully agreed on how to move forward as a group but last May noted the group were given reassurances from the First Minister but have not yet seen 24/7 cover in Portree. FT asked what NHSH expect to see in 3 or maybe 6 months' time and asked what is happening regarding staff and the hospital services. RS would like SMART (Specific, Measurable, Achievable, Realistic, Time bound) target and should agree what to expect going forwards.

FD reported that Urgent Care has progressed and the important thing is that it is a 24/7 service and when a patient arrives at the hospital they will get the correct care at the correct location and be seen by individuals who have the correct skill sets.

RS asked if we could find out what the average waiting time is for NHS 111 and JR reported that this was around 20 minutes but could be less or more depending on time of day/weekends/public holidays.

RMcD was aware that in Orkney they do not call NHS 111 but call the hospital directly, and asked why Skye cannot take on this model. RMcD would like this model looked at and considered. North Skye should have equitable access to services and was interested what the NHS believes is equitable access.

LB stated that the conversation for a model change regarding NHS 111 is for another time when the details of other areas can be brought together.

It was agreed that by the next meeting in 3 months' time the group are clear on what the model is and NHSH will have the new team lead in place, and band 6's will have started an enhanced level of training.

Action: NHSH to provide an update at the next meeting on the agreed actions

RS asked if NHS could outline how the urgent care model will run. FD agreed data can be interpreted in many ways but the NHS data is there for transparency and NHSH will look at making relevant data available for these meetings with NC asking for this to be sent to the group before the meeting. FD agreed that can be arranged.

Action: NHSH will provide relevant data about the service at the next meeting.

LB discussed the future community bed situation and health and care for the community as a whole. This work needs to be concluded with an agreed plan.

Action: AJ to report on plan to progress this work at the next meeting.

RS asked to see a paper and asked what happened to the Scottish Futures Trust. LB confirmed that working with the Scottish Futures Trust has been paused for the moment until there is a plan prepared then they will be in a position to support progress of this health and care plan in relation to the infrastructure.

KAW discussed housing in Skye. There was a question about NHSH turning down properties. She stated that NHSH have turned down one house from the housing association because it was wheelchair access house and the Board could only have it on a monthly rolling basis. NHS are in discussion with the Housing Association and have been for some time but are not aware of two houses in Portree which have been turned down from the council.

FD will look at holding some conversations with Richard Macdonald to discuss a strategic model on how we may be able to move forwards with affordable housing.

JF believed NHS and the council really do need to work together to resolve this issue regarding housing while JM pointed out that Glenelg have a housing crisis especially trying to house a GP.

Action: FD to follow up with RM and consider appropriate attendance at the meeting to discuss housing in more detail

RS discussed the Centre of Excellence Proposal. There is a need for a review with NES/ Partners/ UHI and community. Conversations are required before the next meeting.

Action: LB to have a dialogue with partner organisations

The group were then asked by LB to consider the rest of the workplan which showed the rest of the actions from the SLR recommendations being concluded and no further reporting being required, albeit needing ongoing work to maintain and develop. Comments were made on a number of these:

CG mentioned that the transport and access group is dissolved and there is only a transport meeting now and queried the opportunity for individuals including elderly and disabled get heard.

LB confirmed Transport and Access have been separated out and LB is responsible for the transport and Richard Macdonald (Director of NHSH Estates) for access. LB will ask Richard Macdonald to update regarding access, possibly at the next meeting.

Action: LB to follow up on Access with RM. It was agreed that this will be reported on at the next meeting.

Raasay, was also discussed with the District Management team visiting the island to talk to the community in the next few days. A model to do things differently is being

proposed and this can be reported on at the next meeting. The community has heard a nurse has resigned and asked if this has been advertised.

KAW explained the recruitment process and will check on when that individuals notice was put in.

Action: It was agreed that this area will continue to be reported on until the group are satisfied progress has been made given current challenges. To report on Raasay model progress at the next meeting.

JM noted that Glenelg is in a tricky situation and SLR said this should stay on agenda. KAW confirmed she was working on this with Primary Care.

RS asked for an update and report on that at the next meeting. RS was also very keen to get stakeholders into the next meeting regarding housing.

Action: It was agreed that this area will continue to be reported on until the group are satisfied progress has been made given current challenges. To report on Glenelg progress at the next meeting.

LB confirmed that Making it Happen will remain an ongoing action as we continue to progress with the outstanding actions.

CC thanked RS, NHS Highland colleagues and all that have attended these meetings and for all working together to push these items forward.

6. Date of Next Meeting

RS made the suggestion that we should pre plan if possible the next three to four meetings. RS suggested October, Jan/ Feb 2026 and April 2026.