NHS Highland

Highland Health & Social Care Partnership

Sir Lewis Ritchie Implementation Steering Group Meeting
Meeting Note

Tues 12 May 2026
1030-1230
Portree & Bracadale Free Church (in person / MS Teams)

Chair	Charles Crichton (CC), Co-Chair
	Ruraidh Stewart (RS), Councillor & Co-Chair
Present	Alan Knox (AK), Area Manager Scottish Ambulance Service
	Anne Gillies (AG), Raasay Community representative
	Arlene Johnstone (AJ), Chief Officer NHSH
	Christine Gillies (CGill), Councillor
	Claire Copeland (CC), Deputy Medical Director NHSH
	Dawn Pridham (DP), District Manager
	Dr Caroline Gould (CG), Qualified Access Auditor and Community Representative
	Earle Wilson (EW), Scottish Ambulance Service
	Fay Thomson (FT), SOS NHS
	Finella MacKinnon(FMcK), Struan Community Council
	Fiona Davies (FD), Chief Executive NHSH
	Graham Monro (GM), Clinical Lead Advanced Practitioner
	Iain MacPherson (IMacP), SOS NHS
	Isobel MacDonald (IMacD), SOS NHS
	Jenny Munro (JM), Patient Representative, Glenelg Surgery
	Jill Mitchell, Head of Primary Care
	Jo-Anne Ford (JAF), Chief Officer SLCVO
	Lorna McCalman (LMcC), SOS NHS
	Louise Bussell (LB), Nurse Director NHSH
	Margaret Duguid (MD), SOS NHS
	Marion Carson, SOS NHS
	Michelle Johnstone (MJ), Interim Head of Community Services NHSH
	Myra Macleod (MMacL), SOS NHS
	Neil Campbell (NC), SOS NHS
	Neil Ferguson (NF), SOS NHS
	Pamela Scally (PS), Integrated Team Manager NHSH
	Richard MacDonald (RM), Director of Estates, Facilities and Capital Planning
	Ron Cook (RC), Medical Director NHS24
	Sophie Wilson (SW), P&B Community Trust/Work on Skye
	Steven Gorman (SG), Scottish Ambulance Service
Apologies	Drew Millar (DM), Councillor
	Emily Hamilton (EH), Finance NHSH

	Helen Brown (HB)
	Julie Gilmore (JG), Associate Nurse Director NHSH
Administrators	Eilidh Munro, Administration Assistant
	Fiona Watt, Business Support Manager

1.	**Welcome & Apologies**
	1) The meeting was chaired by Charles Crichton, who welcomed attendees and provided housekeeping information. Apologies noted as above. 2) Arlene Johnstone advised attendees that the meeting would not be recorded, and that two people were in attendance to transcribe notes as back-up for accuracy. 3) Note of previous meeting 6 Feb 2026: • Neil Campbell noted inaccuracies in comments attributed to him regarding Housing – to be amended • Page 2/para 4 – reference to ANP budget held in Portree; clarified in this meeting • Page 4 Access to Buildings – para 2: correction – remove NC and replace with Neil Ferguson • Page 4 Maintenance – work on hospital car park confirmed as Portree Otherwise agreed and accepted with agreed amendments. 4) Attendees were asked to declare items for discussion under AOCB: • Future direction • Transport / travel • Lack of access/links to (other) meeting minutes • Members of this forum requested that notes be circulated within 1–2 weeks of the meeting 5) The Chair reminded those present of the importance of adhering to Terms of Reference to keep this agenda within the scope intended; for other topics all are asked to please use different/appropriate routes.
2.	**Implementation plan update report – 12 May 2026:** full report circulated ahead of the meeting
2.1	**Urgent Care Model** 1) Concerns were raised regarding the presentation and description of services at Portree, with a view that it may create an expectation of 24/7 urgent care, which community representatives said they do not believe it reflects the actual service provision. It was suggested that the current model falls short of what the public may reasonably expect from an “urgent care” service, potentially leading to confusion and reduced public confidence. Specific examples were cited to illustrate perceived limitations in capability (e.g. availability of treatments such as suturing or anti-tetanus), despite no concerns regarding staff skills. 2) Key questions raised and noted: • What is the formal NHS definition of “urgent care” • Does NHS Highland classify Portree as providing urgent care, and if not, how is the service formally described

- What is the actual clinical capability of the service, and can NHS Highland demonstrate confidence in the model
- How is it explained that ANP availability has not increased, while the service is described as urgent care
- It was also queried which patients would be appropriate for referral to the service

3) Arlene Johnstone thanked the speakers for their questions and requested that these be provided in writing to ensure they are fully captured in the minutes. She expressed disappointment that the definition remains unclear and acknowledged the need to improve communications. It was confirmed that staff are appropriately trained to deliver care and that NHS Highland remains committed to maintaining the service. Appreciation was also given for confirming there are no concerns regarding staff skills.

Action – key questions as noted to be submitted to Arlene Johnstone in writing to ensure they are fully and accurately recorded.

2.2 Urgent Care Service

1) Pam Scally gave a verbal update relating to training noting the Board has secured use of the high school as a dedicated space to continue training via the Skills Bus, with a view to holding a major casualty training event.

2) In response to an overarching query related to the circumstances and public understanding in which patients would be referred to Portree; Louise Bussell advised the referral route to Portree Hospital should be through NHS24 pathways rather than a direct referral system to ensure safe and appropriate care. Calls received via that route are triaged by the Highland HUB and directed to the most appropriate service, with the HUB working alongside local teams to determine the best location for care. This decision-making takes into account geography, service availability, and local knowledge, meaning patients may be referred to Portree Hospital, Broadford or other suitable services. It was acknowledged that NHS Highland is not acting in bad faith in the description of ‘access to urgent care’; however, there is a need to review signage and communications to ensure these accurately reflect the service provided.

3) Fiona Davies noted that the introduction of the NHS24 service was intended to ensure that individuals could call and be directed to the most appropriate source of care. However, it was highlighted that there appears to be a lack of confidence in this approach, as evidenced by the ongoing concerns being raised. Reference was made to the final SLR report, which proposed aligning the availability of the highest skilled staff with periods of highest demand as is currently the approach to urgent care in Portree. Fiona reflected that this therefore makes it hard to describe a single threshold of care for Portree as it varies, as per the final report

   Fiona Davies remains of the opinion that the service could be strengthened through continued development to ensure the current model is fully optimised however even in that case the threshold of care would not be consistent through a 24 hour period.

4) The Chair shared a patient experience where a call to Home Farm resulted in a nurse being on hold with NHS24 for 24 minutes before an ambulance was dispatched, which was felt to be inconsistent with SLR recommendations. While the ambulance crew provided a high standard of care, they were subsequently tied up at the scene for approximately two hours, limiting their availability for other calls. It was suggested that the case may have been more appropriately managed within an urgent care setting.

5) Sophie Wilson highlighted the gap between public expectations and the reality of current service provision, noting that significant changes over time (including staffing, resources, protocols, and available diagnostics such as X-ray) impact what can be delivered. She emphasised the importance of clearly communicating what services are and are not available.

The Chair thanked all contributors and NHS representatives for listening, noting that there are lessons to be learned, and emphasised the need to build confidence in the scope and functioning of services provided at Portree.

Point of note: vaccinations are not administered in Portree but can be made available in certain circumstances; this is a Policy matter.

6) A query was raised regarding public reluctance to use the NHS24 service, with a suggestion to repeat a previous NHS24 roadshow, which had been effective in building confidence. Ron Cook, NHS24 confirmed a willingness to support further engagement. It was acknowledged that confidence in the NHS24 pathway requires ongoing improvement, although recent examples (e.g. Home Farm) were considered atypical. Further clarity was requested on service availability, particularly in relation to minor injuries provision and ANP availability, including specific operating times. While it was recognised that contacting NHS24 is intended to direct people to the most appropriate care, questions were raised regarding whether this consistently provides reassurance and a clear “place of safety” for patients.

7) Fiona Davies noted that while NHS Highland is listening to feedback, there remains a gap between public expectations and what can realistically be delivered with the current model. For there to be a consistent threshold of care throughout 24hours an alternative model would need to be considered.

8) Challenges were highlighted by the community in relation to staff movement and the availability of fully trained people, which limit the ability to deliver a consistent, round-the-clock model of care.

9) A further query was raised regarding patients in the hospital who may deteriorate and whether appropriate contingency arrangements are in place, particularly given that many paramedics and ANPs are based in South Skye; Arlene Johnstone advised that contingency arrangements are consistent with those in other areas; in the event of road closures, major incidents, or similar disruptions, we would participate in an Emergency Liaison Group (ELG) with partners such as Police Scotland, with responses and escalation dependent on the specific circumstances and supported by established national emergency planning processes.

10) A previous discussion with Kathy Shaw in around 2023 was referenced, during which it had been understood that ANP training was progressing towards a model aligned with the needs of the Skye population. Concern was expressed that current messaging now suggests this model is not achievable, raising disappointment and questions about whether public expectations had been set too high, particularly given views that the current Portree service falls short of what had been anticipated following the 2018 SLR report. Fiona Davies clarified that the earlier aspired model proved to be neither achievable nor sustainable, and said a more pragmatic approach has since been agreed and endorsed by Sir Lewis Ritchie. She acknowledged that variation in skill mix across a 24/7 period remains difficult for the public to understand, that the NHS24 pathway is intended to help address this, but that it can still be experienced as

	confusing. She also noted that significant changes in workforce protocols and directives now affect what can be delivered. 11) Tiree Music Festival – it was confirmed that as part of festival licencing, organisers are required to provide their own doctors and full first aid teams, and so are not reliant on local services. It was confirmed that this is the same for all such events including Skye Live and has been in place for this and previous years. The Highland Council have responsibility for approving the plan with partners. 12) Issues raised to be discussed at the next meeting included the proposal for NHSH to respond to the community concerns about the current urgent care model. Fiona Davies advised that any revision of the model, undertaken in partnership with the community, would require time to co-produce and agree a way forward collaboratively. She emphasised the importance of continuing this joint approach, recognising that progress is most effective when developed together. She sought views on the level of appetite for this work or whether to continue with the current plan and invited a collective position, noting that, subject to an agreement, a revised plan could be developed and brought back for consideration. It was confirmed that limitations in ANP availability are related to workforce capacity rather than financial constraints, with two walk-in service pilots underway; however, it is too early to assess their impact. Clarification was sought on the current model for Portree and how this might be strengthened, with a request for greater input from the community on what is and is not working. Fiona Davies highlighted concern that discussion risks becoming repetitive, emphasising the need to address key issues and consider whether a different service model is being sought. Noted - Skye experiences a significant increase in demand due to seasonal visitor numbers. It was confirmed that GPs no longer undertake minor injuries as part of national contract
2.4	**Glenelg Medical Practice**
	See paper for full update – key points: • Uncertainty about future of practice remains • Difficulty in recruiting first responders Michelle Johnstone has offered to visit the surgery to discuss. This was reported to be helpful.
2.5	**Raasay**
	See paper for full update on Needs Assessment – key points: • Needs assessment to include the needs of all residents including children and young people • Services continue with no changes to the existing provision throughout consultation. • Consultation to include community representation as confirmed by Arlene Johnstone
2.6	**Health and Social Care**
	The NHS Highland Strategic Commissioning Plan remains in draft at present.

1) Significant time has been spent discussing bed provision; however, it was noted that since the options appraisal there is little evidence of progress, and a request was made for supporting minutes.

2) It was confirmed that this is currently being planned for Highland as a whole with no Skye-specific programme of work as yet, and while bed provision forms part of the wider HHSCP strategic plan, there is currently no active work or capacity to change the model locally. It was noted that local views are represented through wider strategic plan engagement, including attendance at planning sessions and ongoing communication via forums and the website. Attendance at the district planning group was encouraged to support local engagement on this future work.

3) Challenges at Home Farm were highlighted, including recruitment difficulties, with reliance on agency staff for stability.

4) A query was raised regarding whether NHS Highland records data on patients required to leave the island to access care home beds. Fiona Davies emphasised the need to refocus discussions on future priorities - suggestion was made to include bed provision as a more in depth future agenda item; this was supported, with a need to clarify expectations. Recruitment and retention challenges were acknowledged, and it was confirmed there are no plans to reduce bed numbers. Community-based support, including care at home, continues to be part of the broader approach.

5) The use of Self-Directed Support (SDS) was also raised in discussion, including consideration of its application within legislative parameters.

2.7 Housing Strategy

Richard MacDonald gave a verbal update;

1) Request for staff nurse home was successful – now have access to a unit within a development for staff working in North Skye. Tenancies for locums include: housing in Broadford x3, flats in Broadford and Portree and 2 houses in Raasay – NHSH is in a good position regarding accommodation to include visiting staff.

2) Richard has made a request to join the Mackinnon Hospital Group looking at short, medium and longer-term housing; there is a commitment from The Highland Council (THC) to commit units for housing. As this group is not NHS led, Richard agreed to pass on a request to the chair, Cllr David Fraser on behalf of Dr Caroline Gould to join the group as a qualified Access Auditor. Fiona Davies confirmed the strategy is the responsibility of THC who is best placed to answer questions, she also advised that she can raise other issues with Derek Brown THC Chief Executive re other issues raised in relation to facilities/properties.

3) With reference to housing charges, Pam Scally noted variation as some properties are fully furnished and some not, hence the difference. NHS is responsible for repairs as part of tenancy but does not charge staff a deposit. Arlene Johnstone is in conversation with her team in relation to initiating work as Highland wide for consistency, and to establish policy position; report to be submitted to this forum in due course.

2.8 Access to buildings

1) Richard MacDonald advised he received guidance last week and is working on this for all NHS Highland. Pam Scally will set up an access group for Skye.

2) Noted - a recent incident was described where access to an upstairs clinic was hampered by a broken lift; a clinician also highlighted concerns regarding moving and handling equipment.

3) No access to vending machines - water should be freely available to all

Action - Richard MacDonald to review and update

2.9 Maintenance

Richard MacDonald confirmed that he is liaising with the Friends of Broadford Hospital regarding car park resurfacing works, which are expected to take approximately two days to complete. Window repairs and decoration are also planned to be undertaken at the same time or shortly thereafter.

Thanks were extended to Richard for progressing these improvements, which were welcomed positively.

2.10 Centre for Excellence

Action Fiona Davies - to confirm lead agency given recent national changes

3. First Responders for SAS

Earle Wilson, Resilience Team Lead First Responders for Scotland, gave a verbal update of current position:

1) There are currently 6 community responder schemes in Skye with 14 responders, with further training planned to expand coverage (including Carbost and Glenelg).

2) Work is ongoing to identify priority areas for expansion, and additional responders, supported by community engagement and local fundraising for further equipment. Alan Knox reported that the Scottish Ambulance Service already fund equipment for First Responders on Skye.

3) The model is developing positively, supported by partnership with St John Scotland for training. A new app has been introduced to improve coordination and booking of responders, which has been successfully trialled in Skye and is now being rolled out nationally.

4) Additional initiatives, including the Wildcat Scheme for cardiac responders, are being expanded, with efforts focused on improving coverage and accessibility.

5) Funding remains time-limited, and recruitment of additional responders continues to be a priority. Responders operate within a defined scope of practice, using their own vehicles and adhering to standard road regulations (no exemptions/blue light).

6) It was noted that responders are not deployed to all incident types (e.g. RTA), with any expansion of scope subject to clinical governance.

7) With reference to the scenario described in item 2.2/para 6, SAS has recruited additional paramedics to both Broadford and Portree. Paramedics are trained to administer treatment and where additional staff are available, they are deployed in areas where extra assistance is required.

	The Chair extended thanks to Earle Wilson for a positive update.
4.	**NHS24**
	1) Recent significant improvements in call response times were noted, including greater consistency in referral quality and positive impact from enhanced digital systems. 2) The introduction of video consultations as part of a test of change has reduced the need for unnecessary visits, allowing more time to focus on complex cases. 3) It was highlighted that specific incidents or anecdotes should be documented and progressed through appropriate investigation routes.
5.	**Future Meetings**
	Proposal to reschedule the next meeting to end Aug 2026 then Nov 2026 to allow for actions/updates.
6.	**AOCB**
6.1	1) **The SLR final report** highlighted resource constraints and explored future service provision in Skye, including proposals for a combined hospital and care facility ("care campus/village" model). While this work progressed through workshops and initial development, with a more comprehensive plan emerging around 2021, progress has since stalled due to changing priorities and directions. It was noted that neither NHS Highland nor the Council progressed earlier opportunities, although this was taken forward by the Scottish Futures Trust. The importance of continuing to explore these options was emphasised, particularly for delivering integrated care for those requiring higher levels of support. 2) The discussion concluded with a call for equitable treatment and access to care provision for the Skye population. 3) It was noted that a Power Point is available, and a view was expressed that NHS Highland should consider progressing a community company model. Fiona Davies advised that the Scottish Government paused most capital projects in 2021, with only a limited number progressing. She also highlighted the need to consider the future direction following the formation of the new government. **Action -** Richard MacDonald noted guidance from Scottish Government to use existing buildings and is happy to convene a separate meeting to discuss detail.
6.2	**Transport issues (to Raigmore)**
	Action - To be discussed outwith this forum
6.3	**Emergency Dental Services** A scenario was described in which no emergency dental service was available on Skye, and an appointment was offered in Inverness. Following contact with NHS 24 on Easter Monday, the individual was advised to contact Portree, resulting in a loop as no service was available locally.

	Action - Arlene Johnstone confirmed she would provide a separate update on the overall position rather than respond to individual cases.
6.4	**Lack of access/links to (other) meeting minutes – frequent topic** Arlene Johnstone advised the best place for such links is the NHS Highland website – **Action -** Arlene Johnstone to liaise with NHS Highland Communications and Admin Teams to action. **Action -** Louise Bussell noted a specific link for Skye was in place and will check this is up to date. To then be added to future minutes. **WEBSITE LINK TO PAPERS:** Publications and meeting documents | NHS Highland www.nhshighland.scot and search for Skye and this will take you to a landing page and from there you can click the link for Publications and meeting documents.
	(The notes of the last meeting will be uploaded to this site, future meeting notes will be uploaded once they have been approved in the next meeting).
	Date of Next Meeting
	August and November – Dates TBC