

ANNUAL REVIEW

FINANCIAL YEAR 2024-25

Questions & Answers

TUESDAY 18 NOVEMBER



Annual Review – Financial Year 2024-25

Questions and Answers

This document provides a copy of the key questions proposed by staff, stakeholders and the public for the NHS Highland Executive Team ahead of the Annual Review meeting, held on the 18 November 2025. Answers have been provided by members of NHS Highland Executive Team.

Question 1 – Mobile X-Rays

Is there an opportunity for mobile x rays in the Highlands? As a radiographer I attended a conference a few years back about a hybrid Fuji Diagnostics vehicle which brought x-rays, ultrasound and blood tests to the community; freeing up the hospitals and unnecessary A&E attendances. Would this be something that could be implemented in the future as it would benefit the widely dispersed populations of the highlands?

Answer 1 –

Radiology and Laboratories are undergoing strategic review of services as a part of the current *Together We Care* Strategic approach. This will see Diagnostics integrating with the Realistic Medicine Strategy and also considering new and innovative ways of providing services that support delivering services closer to home. A range of innovative approaches to delivering health care to patients across the Highland geography will be considered that utilise advances in technology and continue to improve the timeliness and quality of patient pathways whilst delivering across the Highland and Argyll and Bute geography. Our Diagnostics pathways will be reviewed as a part of revising patient pathways to ensure integrated service delivery for our patients.

Question 2 – Vaccinations

When is NHS Highland going to return vaccinations back to our GPs as stated by the Cabinet Secretary for Health? Will it be done for this year's vaccinations.

Answer 2 -

Highland Health and Social Care Partnership (HSCP) is introducing a Collaborative Vaccination Service Delivery Model.

This hybrid approach combines delivery by HSCP vaccination teams and GP practice teams. It was developed through an options appraisal and approved by the Scottish Government General Practice Programme Board in December 2024. The aim is to improve vaccination uptake and reduce health inequalities by using the strengths of both teams.

Childhood Vaccinations

- School-based immunisations will be delivered by HSCP vaccination teams.
- GP practices can choose to deliver the pre-school vaccination programme.
- HSCP teams will work with GPs to increase uptake among hard-to-reach and underserved groups.

Adult Vaccinations

How adult programmes will be shared between GPs and HSCP teams is still being decided.

There are no anticipated changes to:

- Maternal vaccinations (midwifery)
- Travel health (community pharmacy)
- Vaccinations for older adults in care homes

Why a Hybrid Model?

A sustainable and effective system cannot rely solely on HSCP teams or revert entirely to GP delivery. Collaboration is essential.

Implementation Plan

Phase 1: Childhood vaccinations – starts 1 April 2026

Phase 2: Adult vaccinations – Winter Programme 2026

Digital and vaccine supply solutions will be developed alongside implementation.

Question Three - Dementia / Unpaid Carers

Dementia is a rising concern, particularly in the community where a family member becomes the primary unpaid carer. Is the NHS considering this, and if so, what plans are in place or plan to be, to support both the person with dementia and the unpaid carer?

Answer Three -

Dementia is a growing concern in Highland Argyll and Bute, and we know the vital role unpaid carers play in supporting loved ones every day. NHS Highland is making this a priority and working with partners to improve support.

We work closely with Alzheimer Scotland, who provide:

- Information and advice
- Emotional and practical support
- Community activities to reduce isolation
- Carer education sessions and support groups

They also publish a monthly “What’s On” guide with local and online events.

NHS Highland staff also signpost families to:

- Connecting Carers – for advice, short breaks, and support
- Community Hubs for Adults – offering activities for people with dementia and their carers

Looking ahead, we’re working with the Highland Council and Argyll and Bute Council, Alzheimer Scotland, and other partners to:

- Improve early support and access to information
- Strengthen community-based services
- Plan for future care models that reflect the growing number of people living with dementia

Our goal is to help people stay connected to their communities and ensure carers get the right support at the right time.

Question Four – Adult Social Care

I think we need a new model of Adult Social Care: what effort is being made to address the disconnect between need and availability?

Answer Four -

Adult Social Care is under real pressure across Scotland, and this is especially true in Highland, Argyll and Bute because of our geography, workforce shortages, and financial challenges. We know there is a gap between what people need and what we can currently provide, and we are not satisfied with that.

What we're doing now

- Making sure care goes to those with the greatest need first
- Strengthening triage and referral processes
- Improving coordination across services
- Keeping families informed when care cannot yet be provided in full

Looking ahead, the traditional model of social care (adding more capacity every year) is no longer sustainable. We are working with partners to design a new approach that is:

- More local
- More flexible
- More sustainable
- Less reliant on large workforces
- Better aligned to what communities need

This new Highland-wide model will combine prevention, community support, technology, and personalised care to make the best use of limited resources.

We are stabilising the current system while building a future model that is realistic, resilient, and responsive to Highland communities.

Question Five – GP/Skin Tags

Why does my GP practice not remove skin tags which are bleeding and are causing infection?

Answer Five -

GPs can treat non-cancerous (benign) skin lesions if they feel it is clinically appropriate.

- If a lesion is bleeding, the GP will assess it and refer you if a more serious condition is suspected.
- There is no special local service for removing skin tags, as these are usually harmless and mainly cosmetic.
- If a lesion causes symptoms, your GP will decide the best course of action.

If you are unhappy with the diagnosis or treatment, you can:

- Ask for a second opinion within the practice
- Discuss the possibility of a referral

NHS Highland follows Scottish referral guidelines for skin conditions to ensure best practice.

Question Six – Third Sector engagement

Third Sector organisations such as Spirit Advocacy provide valuable assistance to patients who access services within NHS Highland. How does the Chief Executive & Chair Person feel NHS Highland from can better engage with Third Sector organisations?

Answer Six –

Organisations like Spirit Advocacy play a vital role in supporting people who use mental health services in Highland. They bring lived experience and trusted relationships that statutory services cannot provide, and their contribution is key to improving outcomes.

A recent inspection of mental health services in Highland praised strong partnership working, including with third-sector organisations. However, it also highlighted areas for improvement:

- Involvement of people with lived experience needs to be more structured and consistent
- We need better ways to capture personal outcomes and feedback from people and carers
- Some partnership initiatives need clearer plans and wider rollout

What we're doing

NHS Highland's leadership team is committed to:

1. Embedding lived experience in planning and service improvement
2. Improving feedback systems so we act on what people and carers tell us
3. Creating regular, structured engagement with third-sector partners like Spirit Advocacy

Our goal is a more open, collaborative approach where lived experience and third-sector contributions shape services at every stage - not just during crises or consultations.

Question Seven – New IJB/Service Users

How will service users and carers be represented on the newly emerging Integrated Joint Board?

Answer Seven -

No decision has been made formally yet by the board and council on changes to the integration scheme for the Highland Health and Social Care Partnership. Work is ongoing to complete an options appraisal including wider consultation on the options and preferred option. If it is agreed that a body corporate model is adopted then the integrated joint board would be formed in line with the requirements in the *Public Bodies (Joint Working) Act 2014* which sets out requirement for a staff-side representative, a third sector representative, a carer representative and a service user representative.

Question Eight - International Recruitment / Visas

Most all NHS Boards are short of nurses. I interviewed for a job on June 3. I was offered that job the next week. The onboarding process began. I completed the last steps of that process September 17th. It is now October and I still haven't received a Certificate of Sponsorship (COS) for my VISA. I emailed Recruitment on September 30th who advised Sponsorship had been requested but still not heard anything. Even after I receive the COS, I have to apply for a VISA and then move to the UK, probably about 8 weeks of work and planning to complete the last steps. Does it really take this long for everyone?

Answer Eight -

NHS Highland is ambitious when it comes to equality, diversity and inclusion and we are committed to ensuring that we deliver high-quality, person-centred care to our diverse communities through our workforce, which we welcome to be diverse in experience,

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perspective and thought. Our commitment includes the tackling of any existing barriers, raising awareness, promoting engagement and ensuring equality legislative compliance, and we welcome feedback which we will use to learn and improve.

We welcome applications from applicants who meet our vacancies' minimum criteria, including from international candidates, who will be eligible for sponsorship. International recruitment processes do, however, normally take longer because of the sponsorship and visa processing timescales as well as, in some cases, the recognition of non-UK training and qualifications. The time required for the Home Office to issue and return a COS can vary, and this is a key dependency in the process. Furthermore, the duration for obtaining a visa differs depending on the country of origin, meaning overall timescales can fluctuate significantly depending on individual circumstances.

In addition, there can be delays in our recruitment processes. We are continuing to ensure any delays we are responsible for in our recruitment process are reduced and eliminated.

Question Nine – Cost of Annual Review Event

What is the significance / purpose of having the Annual Review Meeting at a private MacDonald Resort in Aviemore and not at the main Administrative Building which is Assynt House. Will this not incur expenses for the Highland Board to rent out the premises for the said meeting? Has the Board come out of deficit? Is the premises been offered free of charge by MacDonald Resort? If the Highland Board is still in deficit, is it prudent to incur additional expense? Or is it business come pleasure?

Answer Nine -

The Annual Review is a formal Scottish Government requirement for all NHS Boards. While national guidance does not specify where the meeting must be held, NHS Highland aims to rotate the location of the Annual Review to allow people from across the region, not just those based in Inverness, to attend in person if they wish.

Holding the event in Aviemore supports this approach by providing a central and accessible location within the Board's large and rural geography and it's not unusual for NHS Boards to host their Annual Reviews in different parts of their area to encourage broader participation and engagement.

The venue is selected based on value for money and suitability for public attendance and hybrid broadcasting and costs are kept to a minimum.

The decision to hold the event in Aviemore is solely operational and intended to enable inclusive attendance and effective delivery of the Annual Review.

NHS Highland remains fully committed to managing public funds responsibly and ensuring that all expenditure represents best value for the population we serve.

Question Ten – Third Sector SLAs

Where are the NHS on the tender procedure replacing the service level agreements for third sector partners?

Answer Ten -

NHS Highland currently commissions 55 third sector providers to deliver services across North Highland at an annual value of over £7 million. These organisations play an important role in supporting people and communities, and we fully recognise the value of the services they provide.

At present, there are no third sector-specific tenders being progressed in the 2025–2026 financial year to replace the current service level agreements. Instead, NHS Highland is exploring arrangements that will allow continued engagement with existing providers while ensuring that commissioning decisions remain lawful, proportionate and aligned with best value.

This work is being taken forward as part of our planning for 2026 and beyond. Our intention is to maintain continuity for people who rely on these services, while we develop and implement longer-term commissioning options that support stability, partnership working and improved outcomes.

Question Eleven – Lyme Disease

Lyme disease cases are rising sharply across Scotland, particularly in the Highlands, yet many patients still face delayed diagnosis and inadequate testing. As a result, people are left suffering from long-term chronic pain and mental torment caused by inflammation, persistent infection, immune dysregulation, and the psychological impact of Lyme and its co-infections. In a recent large-scale Danish study, people with Lyme disease were found to have a 28% higher rate of mental disorders and were twice as likely to have attempted suicide after infection. Crucially, the first six months following diagnosis showed a 96% increase in mental health diagnoses. Doctors are often trained to think of tropical diseases like malaria.

1. Will NHS Highland improve awareness and clinical training to help doctors better recognise Lyme disease - even without a rash- particularly when patients present with “red flag” symptoms like: flu-like illness with a stiff or sore neck, migrating joint or muscle pain, sensitivity to light or sound, unexplained neurological or psychiatric symptoms? These are hallmark signs, yet many patients are not tested or diagnosed early, if at all.

2. Will NHS Highland acknowledge and address the risks of false-negative results - especially for those tested too early or after receiving prior antibiotics? Many patients are told they are "fine" based on tests that are known to miss cases. Yet they are left seriously ill, unable to work, and with no care pathway. This has life-altering consequences, particularly for children, the elderly, and people with late-stage or complex presentations. These are not rare cases, and they cannot be dismissed as “post-treatment symptoms” when many were never treated effectively to begin with.

3. Will NHS Highland push for improvements in local and national Lyme disease care pathways, including: Calling on the National Institute for Health and Care Excellence (NICE) to update its Lyme disease guidelines, to reflect growing evidence on persistent/chronic symptoms, the need for better testing, and co-infections. Offering appropriate testing for Lyme and other tick-borne infections in patients with unexplained symptoms or potentially linked conditions like psychosis, chronic fatigue, or endometriosis?

4. Will NHS Highland acknowledge that ticks can transmit multiple infections at once (e.g. Babesia, Bartonella, Anaplasma) and that these co-infections are not currently tested for or recognised in routine NHS care, despite the potential for severe illness?

Answer Eleven -

Lyme disease is well recognised by doctors and clinicians in NHS Highland. Because ticks are common in our area, training on Lyme disease is included for all new GPs. Experienced doctors also receive regular updates through local education sessions, and treatment is covered in our clinical guidelines.

NHS Highland also hosts Scotland’s national reference laboratory for testing tick-borne diseases. We run Scotland’s only monthly multi-disciplinary meeting for Lyme disease, where GPs and consultants discuss complex cases.

NHS Highland follows national best practice and updates care as new evidence and guidelines become available. We also contribute to research and share findings in scientific journals.