We are pleased that Sir Lewis Ritchie’s report *Independent External View of Skye, Lochalsh and South West Ross Out of Hours Services*\(^1\) has now been published and makes recommendations about health services in our area that recognise the issues and realities that we have been presenting to the Committee since this petition was lodged.

The report makes these crucial statements:

Under heading 1 ‘Portree Hospital out of hours service and minor injury unit’

“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.” (page 6)

And under heading 2 ‘Future community bed provision’:

‘...sufficient provision of urgent health and social care at home services during both in hours and OOH periods. Such provision needs to be buttressed by adequate community bed provision for ongoing nursing and care requirements, including rehabilitation and palliative/end of life care needs.’ (page 7)

2 key recommendations follow:

**Recommendation 1a:** “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.”

**Recommendation 2a:** “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.”

While the external view remit did not include the redesign which we are petitioning the Committee about, Sir Lewis’ statement about the need for out of hours services based on his assessment of the population and geography is equally pertinent to the whole range of health services being redesigned by NHS Highland. These details are in our previous submissions to the Committee where we contend that NHS Highland has not given these facts sufficient weight in the redesign to date.

The Ritchie report has brought hope to those who use and provide health and social services in north Skye, Raasay and the parts of South West Ross where 24/7 out

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hours service provision has become unacceptable. We are embracing the opportunity to work in ‘co-production’ with NHS Highland, the emergency services and others to develop the health and social services which these areas require, and are in the process of choosing an external facilitator to make sure this happens quickly and smoothly.

We continue to assert that the redesign should be subject to an independent and expert view/review process such as that used by Sir Lewis and the panel who concluded that the elements of the service they examined were ‘not sufficiently sustainable, nor equitable’. If there is not to be such a review of the redesign proposals to address the other issues outwith the purview of his work, but to which his findings clearly apply in terms of inequitable provision due to ignored issues of geography and population, then we would expect a further resource input so that quality and equitable health and social care services may be available to all in the redesign area.

Sir Lewis stressed the need for this work to proceed ‘at pace’ and intends to assess progress in 6 months’ time. We respectfully request that the Committee keeps this petition open until at least then, since the support and scrutiny provided by our elected representatives has been pivotal in reaching this stage, and should not be withdrawn until there is evidence of real improvement in service provision.