

2024

ROADSHOW

Wick

June 2024



The Scottish Women's Convention

Introduction

Previously, in 2022, the SWC Team carried out an online roadshow with women from the Caithness and Sutherland region. During this event we heard of an increasingly difficult, and potentially dangerous, healthcare situation, resulting in multiple recommendations, as set out in our [2022 report](#). To assess whether the situation had improved across the area, the SWC Team returned in June 2024.

During our visit, we held a stall at the [North Highland Women's Wellness Hub's \(NHWWH\) Health and Wellbeing Festival](#) in Wick. The NHWWH is a not-for-profit community organisation, which aims to improve healthcare for women across the North Highland region, while also providing vital information surrounding health, through a human rights-based approach.

Through our attendance, the SWC Team were given invaluable access to a range of issues facing Wick and the local area. However, a dropping standard in healthcare provision remained a pressing problem, providing the basis of every conversation had with women. The following report places an emphasis on the requirement for improved healthcare services for women in Wick and the Highland area. We also focus on how health is linked with travel, poverty and depopulation, considering how these areas have impacted women's views of decision-makers.

The Scottish Women's Convention (SWC):

The SWC is funded to engage with women across Scotland to ensure that their views are represented in policy and decision-making processes. The SWC uses the views of women to respond to a variety of parliamentary, governmental, and organisational consultation papers at Scottish, UK, and international levels.

The SWC gathers information using different methods, including roadshows, thematic conferences, surveys, and both in-person and online roundtable events. This submission presents the views of a range of women, reflecting their opinions, ideas and lived experience. Working together with many other equalities organisations and community groups, we use our broad network to ensure that women from a range of backgrounds are heard and acknowledged. We are continually reviewing innovative ways of engaging with women and developing our trauma-informed and culturally sensitive practice to support vital contributions from as many women as possible.

Healthcare

Healthcare in Wick and the surrounding areas remains a key issue for women, with obstetrics highlighted as a subject of particular concern. Women provided instances of long journeys to Inverness while in labour, babies born in A&E departments and a lack of suitable pain relief, culminating in traumatic birthing experiences. Women believed that there had been a significant increase in the number of caesarean sections (c-sections) and induced labour, with data from Public Health Scotland reinforcing their views: in 2022/23, 39.2% of babies were born in Scotland by c-section and 35.3% of births were induced, compared to approximately 25% by c-section and by induction in 2012-13¹. It has been found that induced labour can result in increased risks for mothers, including higher levels of pain, longer hospital stays and a higher likelihood of complications for mother and baby². The increase in the number of c-sections and inductions can be explained through an increase in the average age women are having children in Scotland, as well as a rise in poverty rates, with deprivation commonly causing complications in pregnancy. Alternatively, women proposed that centralisation was a key factor in the increase in inductions and c-sections across Wick and the surrounding areas. They believed that the move of services from Wick to Inverness had disadvantaged pregnant women, leaving them with little choice but to agree to interference.

As outlined by NHS Highland, women should be free to choose where they give birth, with a midwife assisting in decision-making, with this being found to have a positive impact on the birthing experience³. However, women do not feel that they are empowered to make their own birthing choices, creating plans which are rarely stuck to, worsening their overall wellbeing. This again was accounted to a reduction in local services, with the onus being on travelling to Inverness throughout their pregnancy, as well as during labour. Women strongly believed that there should be improved maternity services for Wick and the surrounding areas, which are local and person-centred to ensure healthy and non-traumatic experiences. These views have been echoed in the Scottish Government's Five-Year Forward Plan for Maternity and Neonatal Care in Scotland, with recommendations made which aim to ensure women have free choice over their place of birth, as well as a redesign of maternity services to a local hub-model⁴.

- “We are hearing more and more about scheduled inductions and c-sections so they can time these things. We are finding women have less choice, they’re pushing elective c-sections and inductions.”
- “But like, friends of ours, they booked her into Raigmore and induced her and she was three days in agony, so they ended up having to give her an emergency c-section anyway...She has severe trauma from the experience and cannot step foot back into Raigmore now.”
- “We still have to make them [birth plans] but essentially, they are not worth the paper they’re written on...So, they’re doing it, but you won’t get what you want or need”

As well as insufficient care for mothers, women proposed that babies were also being let-down by current healthcare offerings across Wick. They explained that the centralisation of services

¹ Public Health Scotland. (2023). Births in Scotland. Available at: https://publichealthscotland.scot/media/23935/2023-11-28-births-report_final.pdf

² NCT. (2022). Induced Labour: Reasons, Pros and Cons. Available at: <https://www.nct.org.uk/pregnancy/your-pregnancy-week-week/third-trimester/induced-labour-reasons-pros-and-cons>

³ NHS Highland. (2024). Maternity and Neonatal: Deciding Where to Give Birth. Available at: <https://www.nhshighland.scot.nhs.uk/your-services/all-services-a-z/maternity-and-neonatal/#Decidingwheretogivebirth>

⁴ Scottish Government. (2024). The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland. Available at: [The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland \(www.gov.scot\)](https://www.gov.scot/publications/the-best-start-a-five-year-forward-plan-for-maternity-and-neonatal-care-in-scotland/pages/1-to-100.aspx)

which resulted in mothers travelling to Inverness to give birth, meant that newborn babies were being placed in precarious positions. It has been estimated that newborns should not travel for long periods in a car seat, potentially causing adverse cardiorespiratory effects, with further research required⁵. Attendees went on to explain that as babies age, they are expected to travel long distances for routine checks, placing further burden upon new mothers, while simultaneously worsening outcomes for newborns. Across Scotland there has been an increase in the number of infant deaths, with there being 3.5 per 1,000 births in 2022, a decrease from the previous year, but higher than the previous six years⁶. Ensuring that newborns receive good quality care should be of the utmost importance across the Highland region, and therefore work is required to prevent this trend from continuing.

- “Even bringing the baby back is terrifying, because they’re in the little car seat... They need to be laid down, that’s not good for them, all that time in that position... We actually have more legislation around transporting cattle than we do our newborn babies here.”
- “Mothers are having to take newborns back to Raigmore to get treatment for jaundice... Hip checks and hearing checks are also only done in Raigmore.”

Women also explained that gynaecological care more generally was poor across the region, highlighting their experiences with endometriosis. Endometriosis, a long-term condition which results in tissue growing in places such as the ovaries and fallopian tubes causing a range of symptoms, including significant pain⁷, has consistently been underdiagnosed across Scotland. It is estimated that it impacts approximately 100,000 women in Scotland, but the average length for an official diagnosis is eight and a half years⁸. This is despite endometriosis being a key area of focus for the Scottish Government’s Women’s Health Plan (WHP). The WHP was released in 2021, aiming to highlight the gendered element at play across healthcare, while also improving women’s health outcomes⁹. Women in Wick, however, highlighted continued waits for diagnosis, believing that misinformation and gaslighting remained a significant issue. They stated that this was generally at a primary care level, with specialists in Inverness providing invaluable care despite difficult circumstances. Those who suffered from endometriosis also stated that after diagnosis, any other health complaints were often dismissed as being related to their pre-existing condition. They explained that this resulted in other issues being missed unless significant personal perseverance was exhibited. Overall, women believed that gynaecological care in the Wick region required overhaul, with a return to local services, as well as improved training for primary care professionals.

- “...young women are telling us as well that the amount of gaslighting that’s happening when they’re going with pains, like endometriosis pain and period pains... they’re being told to go on the pill... because that’s what the doctors are suggesting that they do rather than actually listen to them.”
- “I’ve been going back and forth to A&E since 2021 with stomach issues and nobody would take me on... they are like ‘oh, she has endometriosis’, and they don’t look at it any further. I... kept pushing and they sent me for an endoscope, and they informed me that I now have holes in my stomach”

⁵ Arya, R et al. (2017). Is the Infant Car Seat Challenge Useful? A Pilot Study in a Simulated Moving Vehicle. *BMJ Journals*, 102 (2), pp. 136-141.

⁶ National Records of Scotland. (2023). Annual Births, Deaths, Marriages and Other Vital Events. Available at: <https://www.nrscotland.gov.uk/files/statistics/vital-events-ref-tables/2022/vital-events-ref-tables-22-publication.pdf>

⁷ NHS. (2022). Endometriosis: Overview. Available at: <https://www.nhs.uk/conditions/endometriosis/>

⁸ BBC News. (2022). Endometriosis Care in Scotland Not Meeting ‘Base Level’. Available at: <https://www.bbc.co.uk/news/uk-scotland-60103073>

⁹ Scottish Government. (2021). Women’s Health Plan. Available at: [Women's Health Plan: A plan for 2021-2024 \(www.gov.scot\)](https://www.gov.scot/Women's-Health-Plan-A-plan-for-2021-2024)

- “It’s an oxymoron. You fight so long to get your diagnosis for endometriosis to be believed, and then as soon as you get it, then everything else gets put under it...It’s pretty tricky not to be put under the endometriosis umbrella.”

When speaking with women, they also provided negative experiences when accessing primary care. Women explained that organising in-person appointments had become increasingly difficult, through the usage of telephone consultations. During the Covid-19 pandemic, telephone consultations provided vital care when in-person appointments were difficult to organise. However, the legacy of the pandemic appears to be a continued reliance on telephone appointments; prior to the pandemic, phone calls made up 11% of all appointments within General Practices in Scotland, however in 2023/24 this has risen to 34%¹⁰. Throughout conversations with women across the country this is not viewed positively, with many having a strong preference for in-person consultations. Women in Wick highlighted that often over the phone they would receive advice from nurses, rather than doctors, pushing them to make continued calls. They believed that this resulted in added strain across GP surgeries, further worsening their ability to access limited appointments. Attendees also spoke of their dislike for the triage approach taken, with receptionists requesting medical details. Women explained that this lessened their sense of privacy, and significantly worsened their patient experience.

- “The problem is really... because the doctor’s going to phone you and they don’t see you. Then they phone and it’s the nurse practitioner, which is not what you want”
- “...first you have to get past the receptionist...I know that they’re only doing their job, but sometimes it’s quite personal things you want to talk to your doctor about, but they want details, you don’t get the respect, you’re not treated with dignity.”

Those in attendance went on to explain that mental health provision was poor across the region, with the general lack of healthcare contributing to poor mental wellbeing. As stated above, women are experiencing traumatic pregnancies, for example, travelling long distances during labour to Raigmore Hospital in Inverness or being forcibly induced. Women believed that the lack of dignity and increased levels of stress experienced by pregnant mothers in the region, contributed to poor mental health, and in some cases had caused post-traumatic stress disorder. In 2019, the Scottish Government established the Perinatal and Infant Mental Health Programme Board to oversee the delivery of perinatal and infant mental health services in Scotland. As of 2022, the improvement of NHS Highland’s services was in development¹¹, working to recommendations made, which state that ‘*NHS Boards with very low birth numbers should collaborate through regional structures with neighbouring boards...This may be provided via telemedicine link*’¹². From consultation with women, local solutions are generally preferable, with a face-to-face dynamic being of particular importance during mental health appointments. We would therefore recommend reconsideration of perinatal mental health services across the Highland region, with increased consultation with local women.

- “...my friend was a patient...after suffering for years now and literally being bloodless, passing out and in a lot of pain, a single parent, she was taken down to Raigmore for surgery

¹⁰ Scottish Government. (2024). Health and Care Experience Survey 2023/24: National Results. Available at: [health-care-experience-survey-2023-24-national-results.pdf \(www.gov.scot\)](https://www.gov.scot/resources/consultation-papers/collections/documents/health-care-experience-survey-2023-24-national-results.pdf)

¹¹ Scottish Government. (2022). Perinatal and Infant Mental Health: Services Update. Available at: [Perinatal and Infant Mental Health Services Update \(www.gov.scot\)](https://www.gov.scot/resources/consultation-papers/collections/documents/perinatal-and-infant-mental-health-services-update.pdf)

¹² Scottish Government and NHS Scotland. (2018). Delivering Effective Services: Needs Assessment and Services Recommendations for Specialist and Universal Perinatal Mental Health Services. Available at: [Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services \(www.gov.scot\)](https://www.gov.scot/resources/consultation-papers/collections/documents/delivering-effective-services-needs-assessment-and-services-recommendations-for-specialist-and-universal-perinatal-mental-health-services.pdf)

and it was cancelled on the day, and she is actually paying a private counsellor to deal with the trauma.”

In addition, wider mental health provision is also failing women in the Wick region. Attendees provided stories of significant shortcomings, explaining that there is a lack of staff to handle the increasing levels of poor mental health. Across NHS Highland 86.7% of adults begin psychological therapies based treatment within 18 weeks of referral, and 77.6% of child and adolescent mental health services (CAHMS) start within 18 weeks of referral, with the national target being 90% for both measures¹³. It can also be observed that the Highland council area has a higher rate of probable suicide deaths than the Scottish average: approximately 20 per 100,000 population, compared to 15 per 100,000 per population. Women generally are less likely to die by suicide, however rates of women’s suicide have been increasing steadily, with the most up to date information showing that there has been a 10% increase between 2021 and 2022¹⁴. The need to have good quality mental healthcare is therefore obvious, with local options available for all citizens across the Highland region.

- “Mental health up here is absolutely abysmal...an example, my child decided to take their own life, unsuccessfully I may add, thankfully...he was sent home without having a chest X-ray, he went home with no shoes, in a hospital gown, a pair of wet socks and his clothes in a bag.”
- “Yeah, the police are getting a lot of call outs and it’s a shame, it’s not their remit. The police are picking up the mental health”

Linking with mental health, women also expressed concern over the rise in alcohol and drug use across Wick. They explained that through the lack of effective mental and physical healthcare provision, some women have turned to alternative substances to manage pain. It was noted that women suffering from endometriosis may be at an increased risk, with pain levels being incredibly high. The number of women turning to drug use is increasing across Scotland; in the early 2000s, men were four or five times more likely to have a drug use death as women, however, as of 2022 men are twice as likely¹⁵. Previous SWC work has found that the current zero-tolerance approach to drug use is not welcomed by women, with many believing that a multi-faceted method is required, considering a range of circumstances¹⁶. We would reiterate the recommendations made during our previous work, with a focus on collaboration between recovery, mental health and community services to improve outcomes for women drug users.

- “...it’s just a postcode lottery. It’s as if Scotland stops at Perth...it’s almost like we live in an area where they think drugs shouldn’t be a problem.”
- “...she’s ended up taking drugs for the pain. She had a partner...who suggested she took something for the pain. So, she did and went from three days totally in pain, to being pain free, back to her old self. So, it escalated and escalated until she ended up being a drug addict.”
- “Well, you’ll take anything when you’re in pain constantly. You’ll take absolutely anything.”

¹³ Highland Health Board. (2023). Annual Report and Accounts. Available at: <https://www.nhshighland.scot.nhs.uk/media/lsmjfb0g/highland-health-board-annual-accounts-2022-23.pdf>

¹⁴ National Records of Scotland. (2022). Probable Suicides 2022. Available at: <https://www.nrscotland.gov.uk/files/statistics/probable-suicides/2022/suicides-22-report.pdf>

¹⁵ National Records of Scotland. (2023). Drug-Related Deaths in Scotland in 2022. Available at: <https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/22/drug-related-deaths-22-report.pdf>

¹⁶ The Scottish Women’s Convention. (2023). The Impact of Drugs on Women and Families in Scotland. Available at: <https://www.scottishwomensconvention.org/resources/drugs-conference-report-23.pdf>

Health - Transport

In relation to health, women explained that the journey they were often forced to make contributed to poor outcomes. Women stated that travelling often made them feel “frightened, scared and anxious” and contributed to stress while undergoing medical treatment. Those in attendance highlighted that travelling to Inverness was commonly taken via the A9 road, as the public transport options were becoming increasingly unreliable and expensive. The A9 road itself has been a topic of controversy for some time, with promises made to

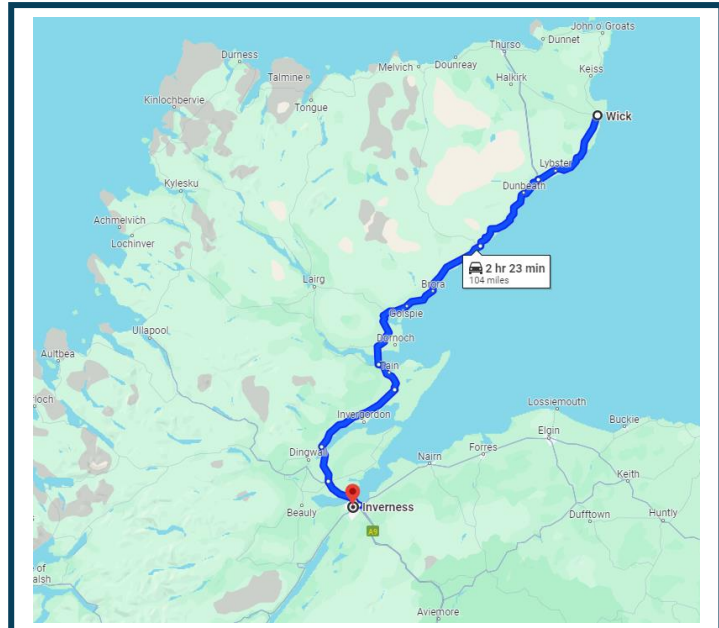


Figure 1: Journey from Wick to Inverness via the A9

carry out significant upgrades, including dualling the road itself. The current delivery plan aims to dual the A9 between Perth and Inverness by the end of 2035¹⁷, omitting the essential works required for women in Wick. They felt that this was a clear failure, with the road becoming increasingly busy due to its inclusion in the North Coast 500 (NC500) route. Between 2016 and 2020 there were 307 accidents on the NC500, rating the highest in comparison to all other popular driving routes in the UK¹⁸. Notably, these figures are from before the Covid-19 pandemic, and therefore do not take into consideration the increasing popularity of UK-based ‘staycations’. In cases of such accidents, helicopters can be required, however, women explained that weather conditions can prevent this. They therefore believed that improved local health services were needed to mitigate potential disaster.

- “...I mean we have to go to Inverness for most things, and the public transport is not particularly reliable, so if you get an early appointment, you have to go the day before, but they don’t take that into consideration when they’re making appointments for you.”
- “...sometimes the plane or helicopters can’t come down...and because there is no decent facility in Wick, we haven’t got that assurance of getting that emergency care...you’re left to feel really vulnerable in your community...we really do not feel safe.”

In relation to transport, women also explained that there is a lack of infrastructure along the A9 road, including toilets. The length of the journey between Wick and Inverness is 104 miles, taking a minimum of 2 hours and 23 minutes, as seen in Figure 1¹⁹. Women stated that due to poor weather, accidents and, as stated, increased traffic volumes, this journey often takes longer.

¹⁷ Transport Scotland. (2023). Delivery Plan for Remaining A9 Dualling Projects Announced. Available at: <https://www.transport.gov.scot/news/delivery-plan-for-remaining-a9-dualling-projects-announced/>

¹⁸ MacLeod, C. (2022). Popular Highland Tour Route the North Coast 500 Dubbed the UK’s Most Dangerous Road Trip. The Inverness Courier. Available at: <https://www.inverness-courier.co.uk/news/the-north-coast-500-has-topped-a-list-of-the-most-dangerous-264252/>

¹⁹ Google Maps. (2024). Journey from Wick to Inverness. Available at: <https://www.google.com/maps/dir/Wick/Inverness/@57.8806861,-4.0321051,8.75z/data=!4m14!4m13!1m5!1m1!1s0x489ac4d38831bc29:0x2004013192cf4bfd!2m2!1d-3.093716!2d58.438936!1m5!1m1!1s0x488f715b2d17de2b:0x624309d12e3ec43d!2m2!1d-4.224721!2d57.477773!3e0?authuser=0&entry=ttu>

They strongly believed that improved infrastructure was required to facilitate this journey, explaining that the lack of toilets disproportionately impacted women who had travelled due to pregnancy/child birth. Women also highlighted the isolation across the region, as contributory to potential accidents. Overall, the current transport situation across Wick does not enable women to feel safe in their local area and when travelling to Inverness for essential healthcare.

- “...you haven’t got toilets on the way, you haven’t got transport, they don’t care about that at all. They don’t care how terrified you are at making that journey in labour, and it’s just getting to Raigmore, they don’t think of the risk.”
- “...there are many places on the A9 with no phone signal so you can’t call for help”

Health - Poverty

Women in Wick and the surrounding areas are facing an increased risk of healthcare-induced poverty. Attendees highlighted the cost of travel to Inverness as a barrier to treatment, with women on low incomes struggling to afford the associated accommodation and fuel costs. This was a major issue for mothers, with choices having to be made between eating or providing children with medical care. It has been estimated that one in five children under 16 live in relative poverty (below 60% of median income after housing costs) in the Highland Council area²⁰. Child poverty is closely linked with women’s poverty, as women are more likely to be the primary carer for a child, resulting in increased household costs. Women also face significant societal disadvantage, including low access to full-time employment and are over-represented across low-paid work²¹. It is also clear that poverty is heavily aligned with health inequalities, with there currently being a gap in life expectancy of 10 years between the most and least deprived areas in Scotland for women²². Through the continued inaccessibility of treatment experienced by women and their families, long-term negative impacts are likely.

- “...we know that women don’t put themselves first, so we have women who will choose not to take the appointment because they need to feed their kids, so they won’t get the help they need. It feeds into gender poverty.”
- “...you’re not going to go to your appointment then because you can’t afford it...You can either put food on the table or you can get to Inverness to get your treatment”
- “So, you can imagine that impact on finance, the travel, the food and everything, and it takes away the chance of a proper education for the children because they’re spending so much time travelling backwards and forwards to these appointments”

When questioned further on costs, women explained that they are facing a rural premium. Attendees clarified that the rising cost of fuel has made the long journey to Raigmore Hospital

²⁰ NHS Highland. (2024). Highland Child Poverty Action Report. Available at:

<https://www.nhshighland.scot.nhs.uk/media/gbehzms4/item-8-highland-child-poverty-action-report-2022-23.pdf>

²¹ Joseph Rowntree Foundation. (2024). UK Poverty 2024. Available at: <https://www.jrf.org.uk/uk-poverty-2024-the-essential-guide-to-understanding-poverty-in-the-uk>

²² Public Health Scotland. (2023). Scotland’s Public Health Challenges. Available at: <https://publichealthscotland.scot/our-organisation/about-public-health-scotland/scotland-s-public-health-challenges/#~:text=Scotland%E2%80%99s%20public%20health%20challenges%201%20COVID-19%20The%20public,...%205%20Environmental%20sustainability%20and%20climate%20change%20>

increasingly difficult, with the current mileage offering of 16p per mile being insufficient. Women also explained that hotel prices in Inverness could be high, and that reimbursement was inadequate; currently, as of June 2024, an overnight bed and breakfast (B&B) rate of £50 per person per night is covered by NHS Highland²³, however B&B prices in Inverness are commonly higher than this, particularly in peak season. The Scottish average B&B price per night is £100.70 in peak season, with hotel stays averaging at £155.08²⁴. Highland-specific data is lacking, however with the Highlands of Scotland being heavily reliant on tourism, prices are likely to be high. Furthermore, prior to any NHS-provided financial assistance, patients must contribute £10²³, which attendees believed disadvantaged those on very low to no incomes, placing a barrier in front of treatment.

- “Healthcare poverty is huge here. To even get to your appointments you need money...it’s all very well claiming it back, but you have got to pay for fuel to get there in the first place...they only pay 16p a mile.”
- “...there are people who really can’t afford things...I know that my bairns, when they go down South, I’m the one who has to help them out, because they don’t have the finances to do that. I’m not the only mum or grandparent in my area who is helping”

To further compound women’s financial difficulties, it was stated that those who travel to Inverness for medical care often do not receive comprehensive information surrounding entitlements. Women stated that there was further confusion caused by the regular reviewing of mileage allowances. With regards to accommodation payments, women also believed that rulings around escorts were unfair, worsening their patient experience. NHS Highland guidance outlines that escorts “*must return home at the earliest opportunity*” and of those who choose to stay “*do so at their own expense*”²³. Women advocated for a change in rulings, with the strict nature being significantly harmful for those who have experienced traumatic hospital experiences. They believed that increased financial support should be given to accommodate escorts to ensure all patients access trauma-informed practice²⁵.

Furthermore, attendees explained that accessing reimbursement is made more complicated through online forms, with physical offices lacking across the Highlands. This was seen to disproportionately impact older women who may not have good digital literacy, as well as women residing in very rural locations, who do not have access to reliable internet. Attendees proposed that the omission of information around finances, was a significant barrier to women in Wick’s ability to access quality healthcare.

- “Families are suffering financially, there’s a lack of information and confusion about what they’re entitled to”
- “You’re not told about things, how to claim. The travel claims forms and everything, they keep very quiet. Most people don’t know what they’re entitled to.”
- “...there’s no office in the building where you can claim your money, so how do you do that? You have to go to the main post office, post it to them, which means if you’re struggling for money, you’re getting even less because you have to pay for the envelope!”

²³ NHS Highland. (2024). Financial Assistance with Patient Travel. Available at: <https://www.nhshighland.scot.nhs.uk/your-services/related-services-and-accessibility/travel-and-transport/financial-assistance-with-patient-travel/>

²⁴ Visit Scotland. (2024). Accommodation. Available at: <https://www.visitscotland.org/research-insights/about-our-industry/accommodation#keystats>

²⁵ NHS Scotland. (2022). The Charter of Patient Rights and Responsibilities – Revised: June 2022. Available at: [The Charter of Patient Rights and Responsibilities - Revised: June 2022 \(www.gov.scot\)](https://www.gov.scot/publications/charter-of-patient-rights-and-responsibilities-2022/pages/1-1-introduction.aspx)

Health – Depopulation

Depopulation is a widely recognised problem facing the Highland and Islands in Scotland, as highlighted by the Scottish Government’s 2024 action plan: ‘Supporting and Enabling Sustainable Communities’²⁶. This Plan states that while Scotland’s overall population is increasing, the continued loss of people across small communities will likely be missed through council-wide projections. This can be further evidenced through population projections for the Highland region, with the 0 to 15 age group likely to decrease by 11% between 2018 and 2028. These projections do show that overall, the Highlands will experience a 0.5% increase in population, yet this is largely fuelled by net migration, specifically the migration of those aged 65 and older²⁷. The trend of retirees choosing the Highlands as their place of residence is, therefore, likely to continue, placing increased strain on local health and social care services. Women believed that boosting the number of people residing in the Wick area was of vital importance, with the improvement of healthcare services playing a significant role in this task.

- “We are an ageing population, and that’s accelerating the ageing population because the young people are leaving.”

Women raised the issue of depopulation during discussions, believing that the poor healthcare provision available actively contributed to this growing problem. Women provided examples of rural areas decimated through the departing of young people, due to lack of job prospects, coupled with inadequate housing options and unreliable medical care. They explained that maternity care in particular was an issue, with young women choosing to give birth elsewhere. The concept of safety was raised, as many young women do not feel that they will be provided with the same level of safeguards as they would elsewhere. These women are unlikely to return after childbirth, believing that their children would therefore be unsafe under current circumstances.

- “Mum’s are saying that they have been put off from having any more children because of their experience.”
- “We know that there’s an issue with population here, because...people who have families, they’re considering whether they move down South to have their babies etc, because we have no maternity services. Mothers are told that it’s safer to go down South”
- “Our families are moving down because they don’t feel safe here anymore...We used to be assured that if there was something that happened with our children, Caithness General could deal with it...Now we haven’t got that assurance.”

Women went on to explain that population growth opportunities were being actively hampered by the poor healthcare in the area. They stated that through the lack of health services, new families were unlikely to move to Wick. Women in attendance provided examples where potential incomers had contacted them to enquire about local services, focusing on healthcare. Despite a real requirement for new people across the area, local women were honest about their experiences, providing the benefits and negatives of residing in Wick. The accounts given, as provided throughout this report, were off-putting for many, further worsening the observable depopulation. Women in Wick were disheartened by these events, explaining that often new

²⁶ Scottish Government. (2024). Supporting and Enabling Sustainable Communities: An Action Plan to Address Depopulation. Available at: [Supporting and enabling sustainable communities: An Action Plan to Address Depopulation \(www.gov.scot\)](https://www.gov.scot/supporting-and-enabling-sustainable-communities-an-action-plan-to-address-depopulation)

²⁷ National Records of Scotland. (2022). Highland Council Area Profile. Available at: <https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/highland-council-profile.html>

families provided many benefits; a range of skills/occupations or children to rejuvenate local communities. Women proposed that the occupations that could be brought to the area included healthcare professionals. NHS Highland figures show that as of 2022 the general age profile of NHS staff is weighted more heavily to 40 years and over, with this group making up 69.7% of all staff²⁸. This therefore puts into question the longevity of service-provision available across the Highlands. Therefore, through the difficulty in procuring new citizens, a continued circle of healthcare decline is likely, with significant intervention required from the Scottish Government and NHS Highland.

- “...we have actually been contacted a few times by people looking to move to the area...Like we have to be honest, like, well, here’s the pros and cons...and a lot of people are not coming up because of it”
- “...they found someone who would have been an excellent candidate, but when his wife researched healthcare in Wick, and our hospital, she refused to move here...it’s so disappointing because that’s affecting our numbers as well.”

Health – Governance

In response to the healthcare crisis as witnessed across Wick, women showed significant resilience, but their frustration was obvious. They explained that the lack of change, as evidenced through the continuation of issues identified in our 2022 Caithness report, contributed to a sense of disenfranchisement. Women felt that their needs and views were not effectively represented at a Scottish Government or local authority level. Attendees described feeling unsafe and that their lives, and that of their family members’, were disregarded. This was further worsened by regular meetings and interactions with politicians and decision-makers, which resulted in no tangible action.

Some attendees went on to highlight how through a human rights-lens, their fundamental needs were being eroded. The Scottish Government have aimed to embed multiple international human rights treaties into Scots Law through the recently consulted upon Human Rights Bill - see the [SWC response](#) on our website. According to Article 14.2b of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): “*States Parties shall take all appropriate measures to eliminate discrimination against women in rural areas...To have access to adequate health care facilities, including information, counselling and services in family planning*”²⁹. As shown throughout this document, rural women do not feel that they have sufficient access to adequate healthcare facilities, and therefore call on the Scottish Government to fully commit to the necessary changes in order to uphold human rights throughout Scotland.

²⁸ NHS Highland. (2022). Our Population and People. Available at: <https://www.nhshighland.scot.nhs.uk/about/our-population-and-people/>

²⁹ United Nations. (2024). Convention on the Elimination of All Forms of Discrimination Against Women New York, 18 December 1979. Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women>

- “...there’s an assumption that ‘well it must be safe; nobody has died yet’. Like could we not raise the bar a little? Like we’re meant to be increasing the quality of life”
- “...why do our women and children matter less than everyone else in Scotland?”
- “...we attend lots and lots of meetings and there’s no action...and eventually you give up...They hope that you will give up.”

As well as embedding human rights, women proposed that decentralisation through increased resources was key to re-establishing health services in Wick and the surrounding area. They drew attention to the changes witnessed in Caithness; Caithness General Hospital (CGH) experienced restructure in 2016, with the maternity unit becoming a midwife-led Community Maternity Unit³⁰. The resultant impact of this was the removal of facilities onsite for specialist neonatal paediatric support and adult intensive care. Women did not believe that this decision was made to prioritise health, and instead was fuelled by constrained budgets. Significant overhauls of CGH are ongoing through extensive development of the physical site. This new site, or ‘care hub’, will include GP services, palliative care, outpatient clinics and the integration of social care. These plans underwent extensive public consultation, with generally positive reviews, yet, maternity services were purposely excluded, being out with the scope of planning³¹. Alternatively, a separate plan was established, which encouraged collaboration between NHS Highland and NHS Grampian to improve maternity care. This joint re-design had included improvements to facilities at Raigmore Hospital, however, these developments are now under assessment as the Scottish Government have strongly advised NHS Highland to halt capital development³². This decision, provides an example of the views given by women consulted in Wick, highlighting the significant lived impact of budgetary decision-making.

- “...it’s a reallocation of resources, things have been stripped from us and been allocated elsewhere.”
- “What’s that, seven years since we have been downgraded? Yeah, it’s been seven years, and they hate us calling it a downgrade, but it was a downgrade. A downgrade to save money. Everything was to save money”



³⁰ The National. (2016). Downgraded Maternity Care in Caithness Met by Local Resistance. Available at: <https://www.thenational.scot/news/14938207.downgraded-maternity-care-in-caithness-met-by-local-resistance/>

³¹ NHS Highland. (2022). NHS Highland Initial Agreement: Redesign of Health and Social Care Services in Caithness. Available at: <https://www.nhshighland.scot.nhs.uk/media/kw5pnwji/initial-agreement-redesign-of-health-and-social-care-services-in-caithness.pdf>

³² NHS Highland. (2024). Maternity and Neonatal Service Redesign. Available at: <https://www.nhshighland.scot.nhs.uk/about/service-redesign/maternity-and-neonatal-service-redesign/#Newsarticles>

Conclusion

To conclude, the current healthcare situation witnessed in Wick and the surrounding region is placing women and children at risk. The long journey women must travel in order to access vital care actively worsens health and wellbeing outcomes, particularly expectant mothers and babies. This also appears to be the case for those suffering from gynaecological health concerns, poor mental health and addiction. Women in Wick also struggle to access primary care, with triage approaches preventing easy contact with medical doctors.

Health also impacts other areas of women's lives, including transport, through the lack of effective infrastructure in place across the A9 and poor public transport options. It can also be said that poverty in the region has been worsened through the associated costs of healthcare access, including fuel and accommodation. Through poverty women and children are less likely to experience happy and healthy lives, further compounding health issues. Furthermore, these issues amalgamate, simultaneously pushing and pulling potential healthcare workers from the area, contributing to a cycle of decline.

When asked about solutions, women highlighted the need for improved commitment from government officials and other decision-making bodies to make significant positive change in Wick. They believed that the upcoming integration of international human rights treaties create a starting point for progress, allowing for effective accountability. Additionally, women demanded that their health needs were taken seriously by decision-makers, with the lived impact of policy and change placed front and centre, over budgets. We have went on to highlight eight key recommendations which we believe align with the wants of the women of Wick, building on previously made recommendations from our 2022 report.

8 Key Recommendations

1. Re-establish comprehensive maternity services within Caithness General Hospital as part of the current re-design process, to provide local care for women and babies.
2. Improve education for all medical professionals around gynaecological conditions, including endometriosis, in order to combat continued gaslighting and misdiagnosis.
3. Reconsider current triage approaches, providing increased likelihood of face-to-face consultation with a medical doctor and discretion.
4. Ensure mental health services are easily accessible within Wick and the surrounding region, including perinatal mental health.
5. Carry out a collaborative approach to addiction, focusing on a multi-agency method.
6. Provide increased financial support for those travelling to Inverness for medical treatment, as well as improved information around these entitlements.
7. Take a human rights-based approach to healthcare provision in rural areas, to effectively consider the needs of the local populace.
8. Centre women's lived experience throughout healthcare decision-making.

Thank You!

Thank you to the women who joined us in Wick to provide their lived experiences and views. Our work would be impossible without the continued support of women, and we are forever impressed by the strong roles women carry out across their communities.



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