

Scottish Women's Convention response to:

The Scottish Parliament Health and Sport Committee "Inquiry into NHS Clinical Governance"

August 2017

The Consultation

As part of the inquiry into the culture of the NHS, the Scottish Parliament's Health and Sport Committee has decided to look at clinical governance within healthcare. This refers to the systems through which NHS organisations are accountable for continuously monitoring and improving the quality of their care and services, whilst ensuring they safeguard high standards.

The Scottish Women's Convention (SWC)

The Scottish Women's Convention (SWC) is funded to engage with women throughout Scotland in order that their views might influence public policy. The SWC uses the views of women to respond to a variety of Parliamentary, Governmental and organisational consultation papers at both a Scottish and UK level.

The Scottish Women's Convention engages with women using numerous communication channels including Roadshow events, Thematic Conferences and regional contact groups. We welcome the opportunity to respond to this inquiry into the clinical governance of NHS.

Throughout Scotland, women make up the majority of those with a stake in healthcare. The vast majority of the NHS workforce is made up of women across all levels. In addition, as service users, women have a greater stake in clinical governance of healthcare in Scotland as mothers, unpaid carers and patients. It is crucial that any reforms that seek to improve the quality of our health services are influenced by the voices of these women.

Question 1:

Are services safe, effective, and evidence-based?

In terms of healthcare services and the quality of such, women's experiences can differ greatly depending on where they are located geographically throughout Scotland. Consensus tends to see praise forthcoming in more urbanised areas where healthcare provision is often more accessible due to ease of transport links and proximity to hospital grounds. However, these experiences are not the same for women in all areas across Scotland.

Although many have had positive interactions with services, others have not. Many have experienced issues with reception staff when attempting to gain an appointment, as well as lengthy waiting times to see a doctor or a nurse. This can be particularly exacerbated for women in rural areas who often have to travel a distance to access healthcare in Scotland.

In order to ensure equal and safe access, there needs to be a more unified approach taken. It is unfair that some patients are able to gain an appointment quickly, receive a high standard of care and, if necessary, be referred on to further treatment in a timely fashion, whereas some do not have access to this level of service. This approach can be extremely frustrating for those who are experiencing both physical and mental health issues.

“I often have great difficulty in getting an appointment at my local health centre. If I am truthful and say it’s not an emergency, I will usually be offered something within three weeks. I could understand a week in a busy practice but three weeks is a bit much.”

Those women who experience violence or abuse should be a main priority in accessing the provision of effective and high quality services. This is of the utmost importance to many and can vary considerably in terms of quality of care depending on a number of factors such as location, staff on duty and even how busy that particular service may be at that moment in time.

It is vital that these issues are all taken into account when preparing any guidance on clinical governance.

Question 2: Do services treat people with dignity and respect?

Women have spoken of their gratitude towards NHS staff, particularly nurses and carers. These professions are overwhelmingly female and despite the sheer amount of work that is applied to them, they always act in a professional manner.

“One of the most important aspects of the NHS in Scotland is the amazing workforce. We need to look after the workers, the majority of whom are women, ensuring that they are valued and recognised for the jobs they do. I understand that cuts need to be made in order to save money but this should never be at the expense of the health service, which is something we as a country overall should be so proud of.”

The recent decision by the Scottish Government to lift the 1% pay cap on public sector workers is welcomed. It is vital that frontline staff, who provide the services on a day to day basis and who are the ones most valued by patients, are invested in and listened to. Important decisions must always be made by consulting staff and making sure their voices are heard.

The health service has recently come under severe pressure resulting in a number of problems such as the slashing of healthcare budgets and over working of crucial staff. However, quality rather than quantity must be at the forefront of any changes in services.

Many have commented that approaches to healthcare from a managerial level can often be rushed, making them feel they are “*just a number*”, with a “*one in, one out approach*”. This can lead to stress and anxiety by both staff and patients. Many feel that there is a real lack of communication between those setting targets and the staff administering them.

“I was referred to an Ear, Nose and Throat specialist due to a chronic respiratory disease. The waiting time for this is 23 weeks. In the meantime, my health continues to deteriorate. I understand there are pressures on hospitals but waiting nearly half a year is ridiculous.”

Additionally, it is crucial that those with more severe health problems or disabilities are catered for. Some women have raised the concern that they can often be made to feel like a burden.

“I had to wait four months for an initial orthopaedic consultation. I now have to wait a further four weeks for a scan before I can even get on a waiting list for an operation. The length of time I have to wait is not helping my condition at all.”

This is particularly worrying with the current welfare reforms at a UK Government level. Personal Independence Payment (PIP) assessments are seen to be morally denigrating, stressful and take no account of mental health issues. It is crucial that the Scottish NHS uses any powers it has to protect and ensure that this affects their own patients as little as possible.

Question Three:

Are staff and the public confident about the safety and quality of NHS services?

As mentioned above, the geographical make up of Scotland has resulted in unequal access to much of the NHS. This has not only resulted in harder physical access in rural areas but also centralisation of services that can have an extremely detrimental impact on the quality of care received by patients.

While some women have commented on positive experiences of accessing mental health services, as well as strong support and guidance from GPs, others have not. Issues around a lack of involvement in processes have a significant impact.

The lack of services to assist those with mental health issues, as well as a perceived unwillingness or inability of many primary care providers to recognise and adequately deal with mental ill health, are a key priority for women. Many have noted that there can often be a distinct lack of support for women in terms of stigma of this problem.

More needs to be done to recognise the varying levels of support required by those who suffer from these issues. Some GPs have been criticised for prescribing medication, as opposed to seeking a more holistic approach to treatment.

“Physical and mental health should be treated equally, but the sad fact is they are not. Everyone has mental health, yet there are issues that are often treated as secondary. Physical health affects mental health and vice versa. This needs to be recognised.”

Access to services for anxiety and depression, such as talking therapies, Cognitive Behavioural Therapy (CBT) and peer support, is considered *“invaluable”*. Unfortunately, this type of assistance is not available in all areas of the country. As a result, many are missing out. The increase of people suffering from mental health problems with little or no support at the early stages of their illness is also a growing concern.

Question Four:

Do quality of care, effectiveness and efficiency drive decision making in the NHS?

More focus on prevention would be welcomed by women across Scotland. At present, much of health is centred on “reactive” treatment and cure for conditions and illnesses where prevention is the more preferable choice.

“There needs to be more health education and health promotion with trained professionals who are out working in communities. These people are best placed to identify problems and address some of the health issues faced in society today.”

One of the key areas for the Scottish Government should be a focus on prevention and community health. Early intervention is extremely important for both mental and physical health and wellbeing.

“Everyone would benefit from a more holistic approach to health from the outset. While treatment and cure are the only way to deal with a number of illnesses, there are so many conditions which could be prevented if the people of Scotland were given more realistic information about how to take responsibility for ensuring healthy minds and bodies.”

In addition to this, women in rural communities can often feel isolated in the services offered around the likes of maternity care. In some cases, air ambulances are used to uplift women in labour, resulting in women giving birth alone without a family or support network surrounding them.

Rural women have commented on the lack of health visitors and midwives. Many who live on the islands must leave 38 weeks into their pregnancy, creating childcare issues, as well as removing support networks.

Cuts or a lack of resources for a number of key NHS services has furthered these problems and has had a direct impact on women and their families. Having to travel further afield in order to access specialist treatment, for example, means extra travelling and accommodation costs. Failure to take these problems into account by the NHS can often lead to neglect of their own health by women due to levels of poverty or childcare restrictions.

Conclusion

The SWC is fully supportive of any measures which seek to guide and improve the quality of the NHS services for both staff and patients. In order to ensure adequate care provision is of a high standard throughout the whole of Scotland, services must be equalised, with the same care provided for those from more rural and inaccessible areas. In addition, healthcare services should take time to ensure that care and support is women-centred when needed, placing emphasis on both physical and mental health services at a high quality level.

**For further information, please contact
Shairi Bowes, SWC Research Advisor
Email – shairi.bowes@scottishwomensconvention.org
Telephone – 0141 339 4797**

www.scottishwomensconvention.org

The Scottish Women’s Convention engages with women using numerous communication channels including Roadshow events, Thematic Conferences and regional contact groups. This submission paper provides the views of women and reflects their opinions and experiences in a number of key areas relevant to healthcare and the NHS within Scotland.

Scottish Women's Convention is a charitable company limited by guarantee. Registered in Scotland No. SC0327308. Registered office 2nd Floor, The Albany Centre, 44 Ashley Street, Glasgow G3 6DS.

The Scottish Women’s Convention is a Charity registered in Scotland No. SC039852.