Further to the evidence I gave to the committee yesterday, I will detail some of the telehealth projects that are underway in Highland at the moment. As you are aware following the completion of the evidence regarding clinical portal the Scottish Centre for telehealth were then quizzed and Mr Ian Hunter volunteered to send the committee a full list of telehealth projects that the SCT are involved in. I will therefore not reiterate what will be in that report.

- **Cancer Multi Disciplinary Meetings:** The example I gave yesterday was of the GI multidisciplinary cancer meeting which is held on a Friday afternoon and video conferences from the Raigmore site to Belford Hospital in Fort William, Caithness General Hospital in Wick and the Western Isles hospital in Stornoway. A multitude of clinicians involved in the care of patients with any gastrointestinal cancer attend that meeting. We can all see the radiology images and the pathology images and discuss the intricate details of further management and this also involves the decision whether the patient should be treated locally in the rural general hospital or come to the regional district general hospital in Raigmore.

- **ENT Tele-endoscopy:** This is a service from Raigmore to the Western Isles with a consultant ENT surgeon sitting in Raigmore in front of a video conferencing unit with a speech and language therapist and a patient in the Western Isles who takes a full history and then performs an Nasendoscopy which the consultant in Raigmore can see the external view of the patient and the speech and language therapist but can also see the endoscopic view of the patients nose, pharynx and larynx. This helps the majority of patients who do not need to come across to the mainland for an urgent biopsy and so stay on the island and are managed by the speech and language therapist. It also speeds up the referral to Raigmore for the patients that do need a biopsy.

- **Epilepsy video-link:** New Craig’s Hospital to the Scottish Epilepsy Centre. This is a video consultation between New Craig’s Hospital and the Scottish Epilepsy Centre in Quarries’ Village for patients with complex epilepsy. This saves patients having to travel from Highland down to the Glasgow area.
• **Picture archive and communication system (PACS):** I also mentioned this example yesterday stating that plane films are now rarely printed. This has been a great national success in the fact that if I were to break my ankle in Edinburgh and then come back up to Raigmore for treatment I would not have to be re-x-rayed as the clinicians in Raigmore would have access to the x-rays taken in Edinburgh.

• **Renal Video Dialysis:** This is a Northern Territories Project of the European Union where Highland has imported a successful project from the far north of Norway. A video conferencing unit in the renal unit in Raigmore is connected to a video conferencing unit in the satellite renal unit in Caithness General. The Haemodialysis patients in Wick will have a virtual ward round with a consultant from Raigmore alternate months and will be formally seen face to face in the clinic in Wick on the other alternate months. This will decrease the haemodialysis patients being seen in the face to face clinic in Wick and will allow more renal patients who are not on haemodialysis to be seen in that clinic locally rather than having to be seen down at Raigmore. This is a pilot that is just starting this month.

These are the main telehealth projects going on in Highland in telehealth. However there is a huge tele-care project which is being led by the telecare project with major input from social work. If you require any further information regarding any of these projects then please do not hesitate to in contacting me.

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