PE1482/B

A. CONSIDERATION OF PETITION PE1482– ISOLATION IN SINGLE ROOM HOSPITALS. Comments by the petitioners to letter from David Bishop: for consideration by the Petitions Committee on 26th November 2013

1. The following statements from Mr Bishop make the situation very clear and we learnt for the first time that NHS Lothian was able to make representations on clinical grounds that resulted in a mix of single rooms and multi-bedded areas.

"In relation to the extent to which patients are given the choice of a multi-bed room or a single room, I should perhaps restate that the existing policy has a "presumption" for 100% single rooms for in patient accommodation in new build hospitals but where there are sound ***clinical*** *reasons to deviate from that position, cases will be considered on their merits."*

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"The policy has been tested and applied on live projects. For example, with regard to the Replacement of the Royal Hospital for Sick Children/ Department of Clinical Neurosciences Project being taken forward in NHS Lothian, representations were made by NHS Lothian in relation to a range of services, that have resulted in a mix of single rooms and multi bedded areas. In reality therefore the policy is being applied as intended rather than on a strict 100% single rooms basis, regardless of the clinical requirement".

2. However NHS Dumfries & Galloway has insisted from the outset that Scottish government funding depended on <u>all</u> patient accommodation in its new hospital being in single rooms. Any opposition to this was said to threaten government funding. Even discussion of the controversy in the Dumfries & Galloway Royal Infirmary 'blog' was vetoed on the grounds that "it might offend the Scottish Government." The chief executive on several occasions also made it clear that he personally favours all rooms in the new hospital, including those for children, being single.

3. Expressions in favour of a mix of single and shared accommodation were made by over 300 petitioners (over 60 of whom explained, often in detail, how they had benefitted from sharing), by the local Patients' Advocacy Service and by the Spiritual Care committee. BBC Scotland thought the topic worthy of two 'call-in' Programmes ('Call Kaye'). To the surprise of the presenters a considerable majority of callers favoured a mix of accommodation, The British Medical Journal presented detailed arguments for and against single rooms on 28th September, and one week later - on its front cover - posed the question "Should all Patients get a Single Room?" 57% of 1060 doctors who responded voted 'no'

4. In November 2012 the Specialty Doctor in Rehabilitation spelt out the case for having some shared rehab beds based on length of stay, lack of mobility to social areas and patient choice, but was told that the new hospital had to be 100% single rooms or there would be no funding. The Rehabilitation team requested an adequately sized day room to be used for socialisation and rehabilitation instead. At least some paediatricians expressed a desire for some shared rooms for children on the grounds of 'socialisation', but senior management said there was to be no discussion.

.5. Several individuals, including an MSP and at least one Board member made personal representations for a mix of accommodation to the NHS Board, the Chief Medical Officer, to cabinet secretaries for Health and Wellbeing and to the minister of public health. But Alex Fergusson remarks "I don't think D and G had any intentions of ever challenging the single beds option, as they seemed to positively embrace the idea from the outset. I do recall Nicola Sturgeon saying in reply to a question from me that it was open to any hospital to make a clinical case for alternative proposals but, as I say, D and G never considered doing so."

6. If it had been made clear to health board staff (and members) that it was possible to make a clinical case for a mix of single rooms and multi-bedded spaces in at least some specialties, then the excessive time and effort expended by many individuals in this 'debate' could have been avoided.

7. It is difficult to understand why, when the Scottish Health Council was asked to intercede on behalf of those advocating a mix of accommodation, that its response was "expressed public preferences cannot be used to support variance from stated policy," rather than by explaining that representations could be made on clinical grounds. It is also curious that the Scottish Government itself (having received representations from several sources and being aware of the considerable publicity) did not intervene to help resolve the issue. It could have done this simply by describing the NHS Lothian experience.

8. The Petitions Committee convenor commented that "the petition raises interesting points about the role of choice and I think that it is worth exploring with the Government the extent to which patients are given a choice between a multi-bedded ward and a single bedded room." However the government's response makes no reference to patient choice, except to say that the single room policy does not focus on this. We feel that the relevance of choice to patients' wellbeing should be formally recognised.

9. Regarding cost we accept that the government is to "review research that has been undertaken since the policy was formulated to assess and bring together the evidence base."

Yours sincerely,

Douglas Irving
John Womersley