

PE1482/J

Petitioner Email of 5 September 2014

Dear Chris,

Thank you for your email of 8th July with the Scottish Government's response attached. As requested by the Petitions Committee the response promises a review of the evidence in relation to single rooms in hospitals, including appraisal of the benefits in relation to costs, and is very satisfactory.

I was however concerned that the review might not examine the full detail of the Delphi process upon which the single room decision was largely based, so I wrote to Mike Baxter directly, asking for reassurance that the following statements in the Delphi report would be taken into account:

"Of 57 clinical specialty advisors invited 36 participated in Delphi round one and 25 of these to round two. Of the 11 who did not feel that 100% single rooms were appropriate only five responded to an invitation to further explore their reasons in round three.

Most specialty advisers who responded to the Delphi (25) felt that 100% single rooms was appropriate. Eleven speciality advisers however felt that single rooms were not always appropriate for certain patients' for example patients whose condition might deteriorate quickly and without warning; where patients were not mobile and were in hospital for several days; where patients had undergone major surgery which resulted in a dramatic change to their physical appearance and needed to be reintegrated with other patients to help come to terms with their new appearance; and those patients who were being rehabilitated or were long stay patients. Four bedded bays, which could be flexible enough to to be subdivided into single rooms were considered a more appropriate option for these specialities.

Overall the Delphi expert consultation showed that there was consensus about the need to increase single room provision across NHS Scotland. For most specialities who responded 100% single rooms was felt to be the way forward. However, it was also clear from the consultation that it was felt that there may be cases where a single room is not clinically appropriate and therefore it was suggested that any variation from 100% single room provision should be made explicit as part of the Business Case process."

The consultation exercise showed that further communication with clinicians is needed around the work which has already been undertaken on single room provision to address the issue of ensuring patient visibility, adequate staffing,

socialisation, the layout of single room wards and the use of appropriate bedside equipment for patients whose condition may deteriorate quickly.”

Mr Baxter (Deputy Direct, Directorate of Finance, eHealth and Pharmaceuticals, Health and Social Care Directorates) replied as follows:

“Dear Mr Womersley

Thank you for your email. I note your points and would reassure you that part of the review of evidence will cover the same issues as considered by the Delphi Group in 2008.

I would also reiterate the point made on a number of occasions to the Committee that the derogation from the “presumption” of 100% single rooms is based on clinical case being made. In developing proposals for new facilities we would expect users to be involved in the design and development of facilities. Any proposals for derogations can be put forward by NHS Boards and are then cleared with the Chief Medical Officer.

Kind Regards, Mike Baxter”

Unless the promised review falls short of expectations, the only matter outstanding is why the Scottish Health Council (SHC) and NHS Dumfries and Galloway (NHSD&G) did not explain to patients, hospital doctors and the public that ‘derogation from the “presumption” of 100% single rooms’ was indeed possible - and that user involvement was expected. There has for example been considerable user involvement in planning the new children’s hospitals in Edinburgh and Glasgow (in both of which there is to be a mix of single and shared rooms) and both the SHC and NHSD&G must have been aware of this. But NHSD&G appears to have decided on 100% single rooms in its new hospital from the outset, vetoing any discussion. And rather than intervening on behalf of the clinicians and many members of the public who had strong reservations about NHSD&G’s 100% single room decision, the SHC merely stated that “expressed public preferences for multi-bedded rooms cannot be used by NHS Boards to support variance from the stated policy.”

I would like this letter to be made available for consideration by members of the petitions Committee at its meeting on 30th September. Is this possible?

Yours sincerely,

John Womersley