

PE1482/A

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**The Scottish
Government**
Riaghaltas na h-Alba

Mr Andrew Howlett
The Public Petitions Committee
T3.40
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Edinburgh
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LEGACY 2014
XX COMMONWEALTH GAMES
SCOTLAND

Your ref: PE1482

25 October 2013

Dear Andrew

CONSIDERATION OF PETITION PE1482 – ISOLATION IN SINGLE ROOM HOSPITALS

Further to your letter dated 20th September 2013 on the above matter I am pleased to be able to respond to the issues raised.

Firstly 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. This position is set out in paragraph 5 of CEL 27 (2010) which can be accessed at: http://www.sehd.scot.nhs.uk/mels/CEL2010_27.pdf.

Therefore in responding to the first issue raised in your letter, the policy is not focussed on patients being able to choose what type of room they are in but that decisions on the use of single or multi-bedded rooms should be made on clinical basis. In a practical sense 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 such cases these requests have been considered by the Chief Medical Officer and considered on medical grounds. In reality therefore the policy is being applied as intended rather than on a strict 100% single rooms basis, regardless of the clinical requirement.

With regard to the second point raised in your letter regarding cost, this was considered by the Single Room Provision Steering Group in December 2008 prior to the issuing of CEL 48 (2008) which set out interim guidance on bed spacing and single rooms. The Group’s report

is available at <http://www.scotland.gov.uk/Publications/2008/12/04160144/0> and includes a summary of the Group's conclusions regarding capital and revenue cost implications.

Since CEL (27) 2010 was issued and the policy implemented further research has been and is being conducted across the world on the effects of the patient environment on medical outcomes. Over the next year we will be reviewing research that has been undertaken since the policy was formulated to assess and bring together the evidence base now available with a review to testing the assumptions within the current policy.

I hope that you find this response helpful in assisting the committee's consideration of this issue.

Yours sincerely

David Bishop