

By Email
Stuart Todd
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9 January 2014

Dear Mr Todd

CONSIDERATION OF PETITION PE1443

Further to your letter of 4 December 2013 in regards to the above petition, I offer below the Scottish Government's written response.

The Committee draws your attention to the points made by John Wilson MSP during the discussion on the issue of patient-centred healthcare. Please provide clarification on your definition of patient-centred healthcare.

Patient centred healthcare is defined in *The Healthcare Quality Strategy for NHSScotland* (2010) as care provided in the context of 'mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making'.

What is your position on whether a patient would have the right to request that appropriate testing or investigation be done following a single miscarriage?

The third edition of the Royal College of Obstetricians and Gynaecologists (RCOG) guideline was published in May 2011([Recurrent Miscarriage, Investigation and Treatment of Couples \(Green-top 17\) - The Investigation and Treatment of Couples with Recurrent First-trimester and Second-trimester Miscarriage](#)) and contains the evidence from an extensive review of the literature and the views of experts in the field. Recommendations for investigations into miscarriage are based on scientific evidence, endorsed by RCOG and cited in their guideline. The guideline supports the investigation of couples following recurrent first-trimester miscarriages or a second trimester miscarriage. The guideline should be followed by the healthcare professionals who are assisting these couples.

On the basis of the evidence, the Scottish Government supports the use of the guideline produced by the Royal College of Obstetricians and Gynaecologists. Decisions on care and treatment should be reached collaboratively by the woman and her clinician based on current clinical evidence using clear communication and compassion in line with the *Healthcare Quality Strategy for NHSScotland*.

The petitioner indicates in her written submission that “Only 50% of hospitals have specialised Early Pregnancy Units” ([PE1443/O](#)). What is your response to this point and does the Scottish Government consider this figure sufficient, given the number of women affected by miscarriage?

All women who experience complications in early pregnancy have access to an early pregnancy assessment service as included in the service descriptors of ‘A Refreshed Framework for Maternity Care in Scotland (2011)’. Not all NHS Boards have a service described as a specialised Early Pregnancy Unit as service configuration and local need inform service provision. However, all boards will have a team of health professionals who are appropriately trained to care for women experiencing miscarriage and are able to provide sensitive care and support to bereaved women, their partners and families.

For boards that do not have specialised units, the Refreshed Framework also expects that women who experience early pregnancy complications are cared for in a dedicated area distinct from the general gynaecology or obstetric ward.

If you require any further information, please do not hesitate to contact me.

Yours faithfully

John Froggatt
Deputy Director
Child and Maternal Health Division