



Introduction

The Scottish Independent Hospitals Association (SIHA) is a representative Association of all independent acute medical/surgical hospitals and mental health hospitals in Scotland. SIHA promotes the highest standards in independent healthcare and strives to influence the policy debate on the future of healthcare in Scotland.

SIHA has published its Credentials 2011 document, profiling the independent healthcare sector across Scotland. The following statistics demonstrate the size of the sector:

- The six acute independent hospitals which took part in this audit:
 - Treated more than 32,000 inpatient/day cases in the period 2010-11.
 - Managed more than 26,000 bed days in the same period.
 - Had outpatient attendance numbers of 200,349.
- The Scottish independent mental healthcare sector provided 36,500 patient bed days in 2010/11.
- Of the 36,500 bed days, more than 19,000 were NHS patient bed days.
- The sector provides 229 mental health beds.
- The independent healthcare sector in Scotland employs more than 1,200 people.

[See a full list of SIHA members](#)

SIHA is grateful for the extension granted and welcomes the opportunity to respond to the Scottish Government's consultation on its proposals for No-Fault Compensation for injury resulting from medical treatment. SIHA has responded in general terms to the consultation.

Response to the Consultation

SIHA considers and supports the following points of the proposal:

- The 'no fault' scheme does have eligibility criteria
- There are caps on the level of compensation
- The 'no fault' scheme is simpler than the current system
- Access to courts may be restricted

Further positive features of the scheme that SIHA agrees with are as follows:

1. The scheme promotes patient safety as it facilitates an environment of disclosure of information.
2. Whistle blowing can have negative connotations but the scheme promotes sharing of information with a lessened fear of litigation.
3. There is an inherent community responsibility associated with the 'no fault' scheme
4. It allows rehabilitation to be commenced sooner; this will also promote a feeling of support and reciprocity in the injured party.

The above outlines what SIHA consider to be positive aspects of the proposed new scheme. However, it is important to highlight where SIHA believes safeguards need to be put in place before the scheme is implemented:

1. The scheme fails to promote institutional and professional accountability; this could possibly be addressed through professional bodies and medical revalidation.
2. The removal of the threat of litigation may have a potential negative impact to safe practice. This could be managed through the regulation of the healthcare establishment as well as through professional regulators.
3. There is no empirical evidence of enhanced learning and again this should be compensated by the corporate governance structure and professional and organisational accountability.
4. The exclusion of mental health damage when there is no physical injury, is significant, as surely this would be challenged by the medical recognition of Post Traumatic Stress Disorder?

Finally, SIHA would make the point that the consultation document does not provide the detail on the mechanism for implementing the scheme nor on how the scheme will be paid for across all healthcare sectors.

For further information in relation to this response, please contact:

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