



PUBLIC PETITION NO.

PE01482

Name of petitioner

John Womersley

Petition title

Isolation in single room hospitals

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to ensure that patients in new-build hospitals are given a choice to share a multi-bedded room with other patients or offered a single room; and to subject all the evidence on the single room policy to independent scrutiny.

Action taken to resolve issues of concern before submitting the petition

Accountability Review, September 2012: questions asked by John Womersley and others at the NHS Dumfries and Galloway Annual Accountability review with the Minister

On-line Petition: <http://you.38degrees.org.uk/petitions/enforced-isolation-in-hospital> - 168 signatures and many comments in support of providing a mix of single rooms and multi-bed spaces in hospital.

Stewartry Churches: Petition: 110+ signatures received in local churches, supporting a mix of single rooms and multi-bed spaces in hospital.

Radio Scotland phone-in: Call Kaye, 4th February: "a surprising number of callers in favour of sharing accommodation in hospital."

Correspondence and discussions: The 100% single-room policy has given rise to much concern amongst the general public, hospital patients, patients' advocates, doctors, nurses, spiritual leaders and also to some NHS Board members and MSPs.

Alex Fergusson MSP has commented on the absence of consultation with patients' representative groups.

An NHS Dumfries and Galloway Board member has remarked on the Scottish Government's insistence on 100% single rooms in spite of representations from some Board members, and the lack of clear evidence that the policy is necessary for patient care and infection control.

And a professor and clinician at Dumfries and Galloway Royal infirmary remarks on the need for substantially more single rooms but says "to dictate that this must be 100% when surveys show that many patients crave company flies in the face of reason;" he also raises the question of what happens when a patient unexpectedly has a cardiac arrest in a single room.

Further comments from these and a wide variety of other sources are given in the

Petition background information

What initiated the concern

Firstly, that the 100% single room policy emerged apparently without and public or parliamentary discussion. Secondly that neither NHS Dumfries and Galloway nor the Scottish Health Council conveyed to the Scottish Government the concerns that many hospital staff, members of the public and others have about the policy. Thirdly, that the evidence on which the policy is based has been interpreted 'selectively' and ignores several important issues.

Why it is important

The policy emerged after consideration of "available literature, a public attitude survey, a nurse staffing report, a financial impact study, a three-stage Expert consultation, the views of Clinical Specialty Advisors, and a review by the Chief Medical Officer taking into account the impact of increasing multidisciplinary team-working and anticipated new ways of delivering care." The benefits of the policy are said to include "improved infection control, dignity and patient satisfaction; reduced lengths of stay; flexibility in the use of accommodation; families able to be more involved in care; and reduced medical errors. However, evidence that we have collated from various sources suggests that:

The statement by the Scottish Government' (reported by Julie-Anne Barnes, Scottish Daily Mail, 17/08/12) that "patient feedback has consistently shown a desire for single rooms" is incorrect. In its own survey

<http://www.scotland.gov.uk/Publications/2008/12/04160144/9>

<http://www.scotland.gov.uk/Resource/Doc/253500/0075129.pdf>

of 990 patients across Scotland only 41% expressed a preference for a single room, 25% preferred to share and 34% had no preference or view. And a survey in Dumfries and Galloway Royal Infirmary showed that 70% of patients in four-bedded bays and 40% of patients in single rooms would prefer shared accommodation if re-admitted:

<http://smj.rsmjournals.com/content/54/2/5.abstract>

Health Protection Scotland knows of no study showing that single rooms per se reduce hospital acquired infection: only that an infection control policy that includes single rooms reduces the incidence of MRSA – hand-washing being the key. A 50/50% mix of single rooms and four-bed bays is sufficient to isolate patients during outbreaks of infections.

There is no evidence that being in a single room improves recovery or reduces length of stay. On the contrary the recovery and/or wellbeing of many patients improves in the company of others, particularly in specialties such as rehabilitation and palliative care. Patients in recovery and in rehabilitation often describe being in a single room as "solitary confinement", feeling isolated, reducing motivation, hindering progress towards independence, and increasing their stay in hospital. In the event of a 100% single room policy about 25% of the patients admitted will be confined to their single room for over a week, 10% for over a fortnight and 5% for over three weeks.

Areas for 'socialisation' are to be provided. But many patients would need help to reach these areas and some would feel too ill to do so; and some patients need hoisting for transfers - time consuming and hardly 'dignified'. Considerably more nursing, cleaning and other staff are required for single rooms, and very few nurses appear to support the 100% single room policy.

Many patients in hospital are comforted by looking out' for one another, knowing that someone will buzz for help if anything goes wrong, and do their best to make sure that needs for food, water, good care and toileting are met. For many their main source of companionship and diversion from their problems is those they share a room with. These patients will have taken 'dignity' into account when stating their preference to share. There is little 'dignity' in being isolated in a room on your own, in being 'hoisted',

or having to ask for help every time that you seek companionship.

In a single room cardiac arrest is likely to be unnoticed for considerably longer, and possibly until too late - unless there is continuous ECG monitoring, which is surely impractical. Electronic monitoring is no substitute for personal communication. What would be the situation in law if just one of the many patients who prefer the friendship and safety of company dies as a result of a cardiac arrest in a single room?

Conclusion

The debate is not about all single rooms or all shared accommodation. Around 50% single rooms appears adequate to isolate sick patients and patients with hospital acquired infections, whilst at the same time meeting the needs of those who express a preference (or whose circumstances require them) to be on their own. Having 100% single rooms removes all possibility of internal structural modifications that may be needed in response to changes in the delivery of medical care, and will make it difficult or impossible to cope with extra patients in a major emergency. A 50/50% mix of single rooms and 4- bed bays with adequate toilets would provide choice for everyone, with no downside and save 15-20% to building and running costs.

Suggested actions

- Retraction of the policy in favour of one recommending a mix of 50% single rooms in new-build hospitals and 50% multi-bedded bays with adequate toilet facilities, or
- Setting up an Independent Scrutiny Panel to assess all the evidence available and make recommendations accordingly.

Unique web address

<http://www.scottish.parliament.uk/GettingInvolved/Petitions/singleroomhospitals>

Related information for petition

Links to articles in Daily Mail and Scottish Review

- <http://www.deadlinenews.co.uk/2013/02/03/single-bed-hospital-rooms-are-solitary-confinement-for-patients-medics-warn/>
- http://www.scottishreview.net/JohnWomersley33.shtml?utm_source=Sign-Up.to&utm_medium=email&utm_campaign=281291-%27Get+your+kit+on%2C+you%27re+nicked%27%3A+trial+by+media+++

Documents included in the linked compendium

http://shim.org.uk/Documents/2013/Petition_responses.doc

A. Response to Andrew Johnston, acting Chair NHS Dumfries & Galloway

B. Response to Richard Norris, Director, Scottish Health Council,

C. Comments by Dumfries & Galloway Royal Infirmary clinicians

D. Comments from Dumfries & Galloway Advocacy Service

E. 'End of the hospital ward' Julie Barnes, Scottish Daily Mail, 17/08/12

F. 'Scottish patients at risk with single room plan' The Scotsman, 3/2/13

G. 'Concerns voiced about single rooms only' Dumfries Courier, 8/12/13

H. Comments from the public in response to letters, newspaper articles and the blog. <http://wenolongercare.wordpress.com/>

I. Responses made by signatories to 38 degrees Petition]

Do you wish your petition to be hosted on the Parliament's website to collect signatures online?

YES

How many signatures have you collected so far?

0

Closing date for collecting signatures online

14 / 06 / 2013

Comments to stimulate online discussion

- Why should those who prefer company when in hospital be unnecessarily deprived of their choice?
- Should the government dictate what is 'dignified' and best for people?
- Has enough thought been given to the possible dangers of isolation in a single room, including the risk of unnoticed cardiac arrest?
- Can the 15%+ extra cost burden on the next generation of providing and servicing 100% single rooms (compared with a 50/50 mix of single rooms and 4-bed bays) be justified?