

PE1482/M

PE1482 Isolation in single room hospitals

Letter from Dr. John Womersley to Petitions Committee

What has been learnt during the course of the Petition

1. The 'presumption' that all patient accommodation in new build hospitals should be in single rooms was made following a consultation with clinical specialty advisors in 2008. Of 57 invited, 36 participated. 25 felt that 100% single rooms was appropriate for their specialty; 11 did not.
2. The recommendation that "further communication with clinicians is needed to address patient visibility, staffing, socialisation, ward layout and bedside equipment" has apparently not been acted upon."
3. The Government has made clear to the Petitions' Committee that whilst making a 'presumption' that all rooms in new-build hospitals should be single, it permits "deviation from that position for sound clinical reasons."
4. The possibility of deviation from the 'presumption' has not always been made clear to the doctors and nurses most involved (for example in NHS Dumfries and Galloway) or apparently to the Scottish Health Council.
5. New children's wards in both Edinburgh and Glasgow however are to have some 4-bed bays. *The process of consultation used by NHS Lothian in the design of its new children's hospital (involving paediatricians, nurse specialists, voluntary groups and families) was an excellent model.*

Responses from the Government to the Petitions Committee

6. On 25th October 2013 the Scottish Government promised "to review research undertaken since the (single room) policy was formulated to assess and bring together the evidence now available."
7. This research (a literature review) was conducted by the Dutch Centre for Health Assets (TNO), the "key question" being "does single room provision have a positive effect on patient outcomes, staff outcomes and costs?" The main conclusions were "*single rooms are generally preferred by patients but certain groups prefer shared rooms; attention should be paid to isolation, falls and monitoring; there is no convincing evidence of reduced infections; there are increased construction and running costs.*"
8. Having sought an expert's opinion, the Scottish Government concluded that "the decision to develop the policy of single room accommodation (allowing for exceptions in special cases) continues to be supported by the evidence."
9. However the Government intends "to gather evidence from new and planned hospitals to help more clearly identify the impact of design on wellbeing and

outcomes.” It also drew attention to a study (Mabon et al., February 2015), which it intends to review; its conclusions are as follows:

Conclusions of the study by Mabon et al

- *Two-thirds of patients expressed a clear preference for single rooms. Some experienced care as task-driven, functional and felt isolated.*
- *Deterioration in visibility and surveillance, monitoring, safeguarding, and remaining close to patients.*
- *Increased difficulty in giving time and attention to each patient, locating other staff and discussing care with colleagues. Staff walking distances increased.*
- *No clear evidence of reduced infection rates.*
- *Increased costs of building, housekeeping and cleaning.*
- *Staff preferred a mix of single rooms and bays. Staff working practices had to adapt significantly, for which they felt ill-prepared. Teamwork possibly threatened.*

Petitioner’s comments

10. The Government’s intentions (para.9) to review the most recent (Mabon) study and to gather new evidence are very welcome. However two concerns remain:

- Before drafting the Business Case for new hospitals, it should be made clear to all staff that individual specialties can make a clinical case for a mix of single and shared patient accommodation
- For some patients and some specialties shared rooms are safer, aid recovery, and are their choice: for example children, elderly patients and those in palliative care and rehabilitation. These groups require their own particular focus, and the process of consultation used by NHS Lothian in the design of its new children’s hospital (involving paediatricians, nurse specialists, voluntary groups and families) provides an excellent model.

Conclusion

11. Would the Committee be willing to write to the Scottish Government to welcome its proposals to gather and review new evidence, but at the same time ask:

(a) if it will ensure that Health Boards make clear to the doctors and nurses involved that it is possible for a clinical case to be made for a mix of single and shared patient accommodation in new build hospitals? And

(b) whether it will recommend, when clinical cases for a mix of accommodation are being made, that senior doctors, specialist nurses and patient groups are involved - as was the case in preparing the Business Case for the new children’s hospital in Edinburgh?

15th May 2015

