Single Room Provision in NHSSCOTLAND Hospitals

Delphi - Expert Consultation

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Scottish Government Single Rooms Steering Group
April 2010

Summary of Report

Following a peer review of the European Union Health Property Network (EUPHN) Report entitled “Hospital Ward Configuration: Determinants Influencing Single Room Provision” which summarised evidence to date around single room provision and advocated single room provision for hospital accommodation, a Steering Group was established in March 2006 to take forward the recommendation that further evidence of the views about the provision of single rooms in a Scottish context should be gathered, as the EUHPN Report did not collect evidence from Scotland.

In 2008 the Group recommended that for all new-build hospitals or other healthcare facilities which provide in-patient accommodation there should be a presumption that all patients would be accommodated in single rooms, unless a lower percentage provision for specific patient groups had been justified and approved by the Scottish Government (SG) as part of the Business Case approval process. Those patient groups for which 100% single room provision was considered mandatory would be agreed with the SG’s Chief Medical Officer.

To support the Chief Medical Officer in determining which specialities 100% single room provision would be mandatory and which, if any it would not, further work was undertaken by the Group. This was carried out by means of an Expert Consultation exercise (sometimes known as a Delphi). Clinical speciality advisers designated by the SG’s Chief Medical Officer were asked to explore for which specialities 100% single room provision is appropriate for and which it is not.

The exercise identified that:

- There is currently not enough single room provision across NHSScotland.
- 100% single room provision is clinically appropriate in most specialties.
- Eleven specialities, however, felt that single rooms were not always appropriate for patients who: may deteriorate quickly and without warning; where patients were not mobile and were in hospital for several days; where patients had undergone major surgery which resulted in a dramatic change to their physical appearance and who needed to be reintegrated with other patients to come to terms with their new appearance; and where patients were being rehabilitated or were long stay patients.
- Four bedded bays, which could be flexible enough to be subdivided into single rooms, were considered a more appropriate option by those specialities who felt 100% single rooms were not appropriate, and who took part in the workshop if technically feasible.
- A need for further work was identified by these speciality advisers to improve: the design of multi bedded bays; the design of accessible socialisation areas for less mobile patients; and to explore the use of appropriate bedside equipment for patients whose condition may deteriorate quickly.

Introduction

Background

1. Following a peer review of the European Union Health Property Network Report entitled “Hospital Ward Configuration: Determinants Influencing Single Room Provision” which summarised evidence to date around single room provision and advocated single room provision for hospital accommodation, a Steering Group was established in March 2006 to take forward the recommendation that further evidence of the views about the provision of single rooms in a Scottish context should be gathered, as the EUHPN Report did not collect evidence from Scotland. This Group’s membership was drawn from those involved in the Peer Review event who were experts in their subject and who represented a broad range of professional disciplines, both from NHSScotland and Scottish Executive Health Department (now Scottish Government).

2. This Steering Group’s remit was:

   > “To consider the evidence supporting the establishment of the future level of single room provision within new-build hospitals and in the refurbishment of major hospital facilities in Scotland”.

3. The Group also considered the related issue of the appropriate space around each bed where these are not located in a single room. For the purpose of the report, a single room was defined as “a room with space for one patient which normally contains, at a minimum, a bed, locker, clinical wash-hand basin and also sanitary facilities comprising a toilet, shower and wash-hand basin”. The Group did not consider the requirements for “specialised isolation rooms” with fully engineered ventilation.

4. Members of the Steering Group recognised that there was a need for information which was specific to Scotland and commissioned a number of reports/studies as follows:

   - Literature review
   - Public attitude survey
   - Nurse staffing report
   - Financial impact study

5. In addition to these reports, the Group also had the benefit of a survey undertaken at the Golden Jubilee National Hospital of patients who had experience of both single room and multi-occupancy room provision. In relation to the financial impact of an increased level of single room provision, the Group also considered of the outcome of a study undertaken in Northern Ireland of the financial impact of increasing single room provision from 50% to 100%.

Steering group recommendations

6. In November 2008 following the work outlined above, the Steering Group's recommended that for all new-build hospitals or other healthcare facilities which provide in-patient accommodation there should be a presumption that all patients would be accommodated in single rooms, unless a lower percentage provision for specific patient groups has been justified and approved by the Scottish Government (SG) as part of the Business Case approval process. Those patient groups for whom 100% single room provision was considered mandatory would be agreed with the SG's Chief Medical Officer.

7. For those projects which identify a refurbishment as the appropriate option for development, the Steering Group recognised that it was extremely difficult for it to establish a definitive proposal as each of the buildings to be refurbished would present unique problems. However, the Steering Group's recommendation was that in developing proposals for refurbishing healthcare facilities which include in-patient accommodation, NHS Boards must seek to provide the maximum number of single rooms consistent with the approach recommended for new build healthcare facilities and that the overall level of single room provision within any refurbished accommodation must be 50% as an absolute minimum and any multibedded areas should comply to current bed spacing standards.

8. For bed spacing, the Group considered that the current advice remained appropriate, available from the following website;

   http://www.sehd.scot.nhs.uk/mels/CEL2008_48.pdf.

9. This recommendation was agreed by Scottish Ministers and communicated to NHSScotland in a Chief Executive Letter (CEL) to NHS Boards setting out the revised level of single room provision described above.

Further Work

10. Alongside recommending the level of single room provision outlined above, and issuing a CEL to this effect, the Steering Group undertook further work during 2008-9 to:

    - support the Chief Medical Officer in determining in which specialities 100% single room provision would be mandatory and in which, if any, it would not; and
    - review the current Health Facilities Scotland (HFS) guidance and to make the appropriate changes.

11. The initial piece of work to identify those specific patient groups for whom 100% single room provision should be mandatory, was undertaken through an Expert Consultation exercise (sometimes known as a Delphi) with the clinical speciality advisers designated by the SG's Chief Medical Officer. The review of the current Health Facilities Scotland guidance was conducted by HFS.

12. This report focuses on Delphi expert consultation exercise. It describes both the methods used and the experts that participated in the consultation exercise and presents a summary of the main findings.

Method

Delphi Expert Consultations

13. Delphi expert consultations are a way to seek the views of experts and reach a consensus on a difficult issue.

14. Delphi consultations normally include designing a questionnaire which is sent to a range of experts able to comment on a particular issue. After the questionnaire is returned, the responses are summarised and fedback to the respondents. Based on the results, a new questionnaire is then developed which provides respondents an anonymised summary of the findings of the first round and provides them with the opportunity to re-evaluate their original answers. (Linstone and Turoff [Accessed 2010 at http://is.njit.edu/pubs/delphibook/ch1.html]).

Single room Delphi expert consultation

15. The experts who participated in the single room Delphi exercise were drawn from the 57 Chief Medical Officer's (CMO) clinical speciality advisers as the pool of experts to be consulted on the issue of single room provision. Each of these clinical speciality advisor covers a particular clinical speciality e.g. Dermatology, Neurology etc and have been asked by the CMO to advise him personally on clinical issues for their speciality. It should be noted that the advisors do not represent all clinicians in their speciality in the way that a professional body does, however, they are able to provide views on some of the issues facing their speciality.

16. Of the 57 CMO clinical speciality advisers, 36 (63%) responded to the Delphi exercise. While some of the clinical speciality advisors who did not respond will not have responsibility for direct patient care, most will. Readers should therefore note that the results of the Delphi are limited to the views of those speciality advisors who responded.

17. There were three rounds of data gathering in the single room Delphi which took place between July 2008 and December 2009. This consisted of two questionnaires and a facilitated workshop as outlined below:

    - **Round one** An initial questionnaire was sent out to seek the views of the 57 clinical speciality advisers (covering this number of specialities) designated by the Scottish Government's CMO on whether their speciality should be designated on a mandatory basis as requiring 100% single rooms;

    - **Round two** A second questionnaire was sent out to all the clinical advisers who replied to round one (36 speciality advisers) which summarised anonymously the responses to round one and asked respondents to review these comments and then assess whether their view had changed (25 speciality advisers responded to round two).

- **Round three** Comprised a facilitated session with specialty advisers who did not feel 100% single rooms were appropriate for their speciality (11 speciality advisers were invited and five attended) to further explore their reasons and to attempt to come to a consensus for this group of specialities.

Limitations of the Delphi Exercise

18. As with any consultation exercise the aims of the Delphi are to collect views and perceptions on an issue and examine what decision would be acceptable to those involved and what would not, thus moving towards a consensus view and a decision being made on the way forward. A Delphi exercise does not assess empirical research evidence on a particular topic and should therefore not be seen in isolation from other forms of research such as reviews of published research which were collected by the Single Rooms Steering Group (see http://www.scotland.gov.uk/Publications/2008/12/04160144/0),

19. Delphi studies are a method of gaining views and potential consensus on difficult issues. They are, however, reliant on two factors, firstly that the participants chosen to take part are experts in the field to be consulted on and secondly that enough of the experts take part to make the results of the Delphi meaningful. In this case 63% of the clinical speciality advisors participated in the exercise.

Rounds one and two questionnaires

20. Questionnaires were developed for each of the first two rounds one of the Delphi exercise (see Appendix 1 and 2 for full versions of the questionnaires). The aim of the questionnaires was to seek the views of CMO nominated speciality advisers on which specialities should have 100% single room accommodation and which should not.

21. The questionnaire for round one of the Delphi asked the same question of each speciality adviser:

> All (**speciality**) patients should be accommodated in single rooms.
> Please tick one box:
>
> AGREE [ ]
> DISAGREE [ ]
> Please use the box below to briefly explain the reasoning why you have made this assessment.

22. The questionnaire for round two asked the speciality advisers to review the anonymised comments from their colleagues regarding the appropriateness of single room accommodation thinking about a hospital in the future using the following scenario:

- The hospital is a new build and the accommodation has been appropriately designed with areas in which patients may socialise outwith their room and that the facility has been staffed and funded at the appropriate level.

In the light of that scenario participants were asked to:

- Review the summary of responses to round one of the exercise; and
- Consider the same question used in round one but within the context of service design and delivery as they would wish it to be in the future in their own speciality using the form below:

All _____ (please insert your specialty) patients should be accommodated within single room accommodation. AGREE [ ] DISAGREE [ ] NOT ABLE TO COMMENT [ ] Please use the box below to explain the reasoning for your assessment, focusing in particular on clinical or direct patient care factors

23. The round two questionnaire asked speciality advisers to focus in on clinical and direct patient care issues rather than to comment more widely on their current experiences of hospitals in Scotland as they had done in round one.

Round 3: Facilitated Session

24. Speciality advisers who felt single rooms were not appropriate for their speciality were invited to attend in person to a facilitated workshop session. This took place on 11 December 2009. In this session participants were asked to:
    - Focus their discussion on clinical issues, or issues concerned with direct patient care to draw out general themes
    - To describe the reasons why provision of 100% single rooms would not be appropriate;
    - To explore if anything could be done to ameliorate these issues.

    Appendices 1, 2 and 3 contain more information on each of the three rounds of the Delphi exercise.

Method of Analysis

25. Completed questionnaires were returned to the Scottish Government. The responses for each questionnaire were collated using Excel. The results were fedback to participants at each round of the Delphi. Following the completion of round three of the Delphi, basic descriptive statistical analysis was carried out for each stage of the Delphi. The results of this analysis and the questions these raise are presented in the next section.

Results

Questionnaire Results

26. This section of the report sets out a brief commentary on the results of the Delphi Expert Consultation. It starts by exploring the results of round one of the Delphi and then goes on to look at round two and three.

Round One of the Delphi

27. In round one of the Delphi seventeen specialities, out of the 36 who responded to the first round of the Delphi, felt that single room accommodation was appropriate for 100% of their patients. These specialities were:
    - Chemical pathology;
    - Child and adolescent psychiatry;
    - Clinical Oncology;
    - Clinical pharmacology;
    - Dermatology;
    - Hepatology;
    - Medical microbiology;
    - Medical Paediatric;
    - Nephrology;
    - Old age psychiatry;
    - Ophthalmology;
    - Paediatric Surgery;
    - Palliative medicine;
    - Plastic Surgery;
    - Psychiatry (Learning disability);
    - Psychiatry; and
    - Public Health Medicine.

28. The reasons given for advocating 100% single room accommodation ranged from the benefits of increased privacy and confidentiality (for treatment and discussions around care) to peace and quiet for patients and their visitors This was seen as particularly important for long stay and end of life patients. As one speciality adviser explained:

    "All of patients …..are likely to be in hospital for at least 2 weeks; rarely is it any less than that. Privacy and dignity are crucially important for patients".

29. Of those respondents who advocated single rooms for their speciality, several felt that 100% single rooms would improve infection control, protection for patients who are susceptible to infection, and reductions in HAI. As one speciality adviser outlined:

"My own opinion is that single rooms are much better given new demands for infection control, assuming that such patients are appropriately monitored and levels of staff required to do this are put in place".

100% single rooms were also seen as being best practice for children and adolescents. As one speciality adviser explained:

"Children are very impressionable and therefore need their own space"

30. The remaining nineteen specialty advisers felt that 100% single room accommodation was not preferable. However, these advisers also felt that the current level of single room provision was not high enough across the NHSScotland estate and that provision of single rooms was appropriate for some, but not for all, of their patients. These 19 specialties were:
    - Accident and Emergency Medicine;
    - Anaesthesia;
    - Cardiothoracic Surgery;
    - Communicable Diseases;
    - Endocrinology;
    - ENT;
    - Gastroenterology;
    - General Practice;
    - General Surgery;
    - Geriatric Medicine;
    - GIM/Homeopathy;
    - Haematology:
    - Medical oncology;
    - Neurology;
    - Obstetrics and Gynaecology;
    - Radiology;
    - Rehabilitation Medicine;
    - Respiratory Medicine; and
    - Virology.

31. Reasons cited for not having 100% single room provision focused on direct patient care and clinical needs included:
    - Concerns about the size of single rooms in that they might limit the space needed to treat patients;
    - Risk of patients feeling isolated
    - A need for interaction with other patients to encourage healing for certain groups of patients; and
    - An argument that infection control was dependent on staff observing basic hygiene not on single room provision.

    A flavour of these concerns can be seen in the responses given below from a range of speciality advisers:

"Space – cardiac surgery patients may require emergency chest opening in the post operative period which is more difficult in a single room based environment."

"Isolating some patients in a single room may delay mobilisation particularly if they have a TV and en suite facilities".

"Patients get moral and psychological support from each other. Single rooms can be lonely for some."

"Many patients prefer company which facilitates rehabilitation and makes the hospital stay less boring. Patient safety can be enhanced by multiple occupancy. Many frail older people have cognitive impairment as well as physical problems needing a hospital setting. Some would benefit from single rooms, others would not and being alone would adversely impact their management".

32. In some cases concerns were very specific to the speciality. For example as one speciality adviser explained:

"*Many neurological conditions give rise to respiratory failure which is difficult to appreciate unless the patient is in clear view. The obvious distress of a patient with e.g. severe asthma is NOT seen in patients with ventilatory failure due to neurological disease. These patients could come to harm in single wards, since progressing neurological impairment may not be spotted".*

Round Two of the Delphi Expert Consultation

33. A total of 25 speciality advisers responded to round two of the Delphi expert consultation. Of these, fourteen felt that single room accommodation was appropriate for 100% of their patients.

34. Eight had changed their view to 100% single room provision after considering the comments from round one of the Delphi and thinking about new hospital provision rather than the limitations of current provision. The specialties which changed their view after round 2 were:

- Communicable Diseases;
- Gastroenterology;
- General Practice;
- General Surgery;
- GIM/Homeopathy;
- Radiology;
- Respiratory Medicine; and
- Virology.

35. This left eleven specialities who still did not feel single room accommodation was appropriate for their speciality. These were:

- Accident and Emergency Medicine;
- Anaesthesia;
- Cardiothoracic Surgery;
- Endocrinology;
- ENT;
- Geriatric Medicine;
- Haematology;
- Medical Oncology;
- Neurology;
- Obstetrics and Gynaecology; and
- Rehabilitation Medicine.

36. It was decided that it would be helpful to explore in more detail why single rooms were not considered appropriate for these specialities. Rather than undertaking another questionnaire stage, a facilitated workshop was therefore used for round three to encourage discussion and to build consensus.

Round Three Facilitated Session

37. Eleven specialities were invited to attend a facilitated workshop session and, five took up the invitation. These were:

- Anaesthesia/Intensive Care;
- ENT;
- Geriatric Medicine;
- Neurology; and
- Rehabilitation Medicine.

38. In the discussion participants expressed their reasons for not wanting single rooms in the above specialities, however, they also acknowledged a need to increase the provision of single room facilities more generally. These findings are presented below.

Reason for not having 100% single rooms for the above specialities

39. A major theme which came out of the facilitated session was that for two specialities (Anaesthesia/Intensive Care and Neurology) **patient visibility** was seen to be crucial as some patients' condition can deteriorate quickly and without warning. In 100% single room accommodation it was felt that this may not be spotted. In these specialities four bedded bays were seen as more appropriate.

40. **Patient mobility** was also identified as a major factor as to why single rooms were not considered to be appropriate. Single rooms were not felt to be appropriate for patients who were not mobile, and who may be in hospital for

several days, as they may not be able to make use of socialisation space. One solution could be designing such facilities so that they were sufficiently large to allow patients to be wheeled in their bed to them. In particular, it was pointed out that between a third and a half of geriatric patients have mobility issues and access to socialisation areas may present difficulties for them.

41. **Reintegration issues** were also seen as a major reason for some specialities not to have 100% single rooms. This was particularly important for patients who had undergone major surgery which results in a dramatic change to their physical appearance (e.g. Head and Neck Cancer). In such cases it was seen as important that patients were encouraged through staged reintegration with other patients to come to terms with their new appearance. In this case single rooms were seen as being an added barrier to reintegration, as patients would have less contact with others and may want to remain in their single room and not socialise due to their change of appearance.

42. From the **rehabilitation perspective**, it was felt that patients in general benefited from being in a four bedded unit. However, immediately post operation/event, and prior to discharge use of single rooms may be more beneficial for these patients.

43. The fact that **basic hygiene** rather than single rooms reduced rates of infection was highlighted a number of times Several participants described recent work which reported that the use of single room accommodation to address infection control was not as critical as it was once thought.

44. It was suggested that whilst short stay patients would benefit from single rooms, **longer stay patients** may find more benefit in a four bedded unit. This would encourage patients to socialise and not to remain isolated in their rooms.

Increasing the percentage of single rooms

45. Although the above themes emerged as reasons to question having 100% single rooms in some specialities, there was a consensus from participants that the current level of single rooms was too low. It was considered by the five specialty advisers participating that the extent to which single rooms should be provided may vary depending on the nature of the specialty. It was therefore suggested by them that further work was needed to identify the criteria, or factors, for determining which patients would benefit from single room accommodation, and the numbers this might entail.

46. Participants were positive about the options around new build single rooms provision, with the design and layout of the rooms being seen as good for some patients.

47. In particular they were interested in HFS's discussion around a single rooms pilot at Hillingdon Hospital in the South West of England. This pilot has three different designs of single room "wards" being piloted over several years. Participants felt speciality advisers would welcome copies of the pilot's

evaluation when it is published, but concerns were expressed about what could learned from the pilot given that only two specialties (Haematology and Oncology), which tended to have a higher level of single rooms, had been included in the pilot to date.

48. Participants would welcome further guidance from HFS on how the socialisation needs of patients would be met by the spaces to be provided in new builds in Scotland, and how these spaces might be accessible to patients with a range of issues such as lower mobility. Guidance on the provision of additional hi-tech monitors at bed spaces would also allay some of the concerns about patient safety, and would enable an assessment of which patients were not suited to single room accommodation in new hospitals.

49. In addition, participants felt that the requirements of teaching hospitals needed to be taken into account in new build hospitals and guidance from HFS. Single rooms must allow sufficient space for students to be present and there also needs to be separate teaching spaces.

Consensus of the 5 participants

50. Participants felt that there was a definite need for an increase in the level of single room provision for their specialities, but because of the needs of their groups of patients there should not be 100% provision.

51. For these specialities participants felt it would be more useful to discuss, if feasible, how to have flexible spaces, such as improved and upgraded four bedded units, which could be subdivided into single rooms as and when required.

52. Participants felt that there was a need to ensure that all spaces, including multi bedded bays or rooms, are fit for purpose. Where specialties are not required to have 100% and such multiple occupancy spaces existed it was felt that these should still be of high quality.

53. There was also a consensus about the need for accessible, adequate and appropriate socialisation spaces in both multi bedded spaces and those with single rooms.

Conclusion

54. There was consensus from participants, even by those who felt 100% single rooms was not appropriate, that there is currently not enough single room provision across NHSScotland.

55. Most specialty advisers who responded to the Delphi (25) felt that 100% single rooms was appropriate. The reasons included: the benefits of increased privacy and confidentiality; improvements in infection control; protection for patients who

are susceptible to infection; and reductions in Healthcare Associated Infection (HAI).

56. Eleven speciality advisers, however, felt that single rooms were not always appropriate for certain patients for example, for patients whose condition might deteriorate quickly and without warning; where patients were not mobile and were in hospital for several days; where patients had undergone major surgery which resulted in a dramatic change to their physical appearance and needed to be reintegrated with other patients to help come to terms with their new appearance; and those patients who were being rehabilitated or were long stay patients.

57. Of those speciality advisers who felt 100% single rooms were not appropriate, and who took part in the workshop, spaces which could be flexible enough to be single rooms or multi bedded rooms, was seen as more appropriate. Additionally it was felt that single rooms may be made more appropriate by the addition of accessible socialisation areas for the less mobile patients; and high-tech bedside equipment for patients whose condition deteriorates quickly.

58. Overall the Delphi expert consultation showed that there was consensus about the need to increase single room provision across NHSScotland. For most specialities who responded 100% single rooms was felt to be the way forward. However, it was also clear from the consultation that it was felt that there may be cases where a single room is not clinically appropriate and therefore it was suggested that any variation from 100% single room provision should be made explicit as part of the Business Case process.

59. Lastly, the consultation exercise showed that further communication with clinicians is needed around the work which has already been undertaken on single room provision to address the issue of ensuring patient visibility, adequate staffing, socialisation, and the layout of single room wards.

Appendix 1
First Round Questionnaire

Chief Medical Officer Directorate
Chief Medical Officer and Secretariat Division

T: 0131-244 2264
E: PS/CMO@scotland.gsi.gov.uk

The Scottish Government

To all specialty advisers

11 August 2008

Dear Colleague

100% single room provision in NHSScotland

I am writing to seek your help, please, in a Delphi expert consultation exercise which will contribute to the development of the Scottish Government's position on the appropriate provision of single rooms in new-build projects and when refurbishing major healthcare facilities. Current guidance in the form of an Interim Statement states that all wards should be constructed or existing facilities refurbished to provide between 50% and 100% single rooms with the final decision being influenced by a number of discrete criteria - see the attached web-site for details [http://www.pcpd.scot.nhs.uk/developing.htm]. An explanatory note of the Delphi consultation procedure, which will be carried out electronically, is attached along with the short questionnaire.

A number of initiatives have been undertaken by the Single Room Steering Group including:

- report by the National Nurse Directors Group on Single Room Provision in Scotland is in its final stages;
- a Public Attitude Survey;
- a Literature Review; and
- a census on the current level of single rooms in NHSScotland

Please feel free to discuss the questionnaire and your proposed response with appropriate colleagues, as it relates to your speciality. What is required is a clear indication whether or not there are sound clinical reasons for patients not being accommodated in single rooms. You should bear in mind that we considering accommodation in new-build or refurbished healthcare facilities and that these will be appropriately designed, maintained and staffed.

Please complete and return the attached questionnaire by 31 August 2008 to my colleague Dr Sandra Watson [Alexandra.watson@scotland.gsi.gov.uk].

Thank you.

Yours sincerely

Harry Burns
Dr Harry Burns
Chief Medical Officer

Delphi Expert Consultation

Your Speciality:

All (Please insert your Speciality) patients should be accommodated in single rooms.
Please tick one box:

[ ] AGREE
[ ] DISAGREE

Please use the box below to briefly explain the reasoning why you have made this assessment.

About the Delphi Expert Consultation

1. The Delphi Expert Consultation will involve a consensus-building exercise with a panel of experts. It will focus on the potential risks which single rooms pose and asks about the potential likelihood and impact of them on hospitals, staff and patients.

2. Delphi is a robust research methodology with a substantial literature to support it. The Delphi approach involves identifying experts and obtaining their views anonymously. This Delphi Expert Consultation exercise will involve two rounds of consultation with experts.

3. This is Round One – where you are asked to answer a single question. The overall approach is designed to gain views on the benefits of single rooms across a range of medical specialities, and its effect on patients and staff. The responses across all specialities will then be summarised and fed back anonymously to you and the other experts. In Round Two, you will be asked to think about the range of answers people have given in order to gain consensus among you and the other experts on the likelihood and impact of single rooms as a whole.

About Your Contribution

4. Participation in this Delphi Expert Consultation will involve you giving us the benefit of your expertise by taking part in each of the Delphi Expert Consultation rounds. This will involve completing two questionnaires, one of which will contain the responses from all speciality experts sent to you via email.

5. The question in the first round will ask you to give us your view based on your knowledge and experience.

6. In the second round, if you are unable to answer or would prefer not to answer certain questions in this questionnaire then please could you indicate your reasons by ticking the relevant item under each uncompleted question (eg 'do not wish to answer', 'do not know the answer', 'not applicable to my experience'). This will help us in our analysis of results.

Results

7. A final report will be produced drawing together all the findings of the 3 activities outlined in paragraph 3, including the Delphi findings. The findings will be used to inform the need for further policy development. A summary of the findings will be sent to all Delphi participants at the end of the project.

Thank You

8. We thank you in advance for your commitment and willingness to contribute in this way.

Further Information

9. If you have any questions about the Delphi or need advice on completing this questionnaire please telephone:

Imelda Hametz on 0131 244 3740 or e-mail
Imelda.hametz@scotland.gsi.gov.uk

Appendix 2
Second Round Questionnaire

SINGLE ROOM PROVISION IN NHS SCOTLAND

May I thank you for your contribution to the first stage of Delphi expert consultation exercise when you were asked to consider if there were sound clinical reasons for patients not being accommodated in single rooms.

The responses to Round One of the Delphi have been analysed and in this second round we would like you to review these (see **Annex A** and **Annex B**). Seventeen specialities felt that single room accommodation was appropriate for 100% of their patients. These specialities were:

Chemical pathology, A004; Child and adolescent psychiatry, A005; Clinical Oncology, A007; Clinical pharmacology, A008; Dermatology, A010; Hepatology, A018; Medical microbiology, A022; Medical Paediatric, A028; Nephrology, A023; Old age psychiatry, A026; Ophthalmology, A027; Paediatric Surgery, A029; Palliative medicine, A030; Plastic Surgery, A031; Psychiatry (Learning disability), A032; Psychiatry, A037; and Public Health Medicine, A033.

A number of experts (nineteen) felt that certain specialities should not have 100% single room accommodation. These were:

Accident and Emergency Medicine, A001; Anaesthesia, A002; Cardiothoracic Surgery, A003; Communicable Diseases, A009; Endocrinology, A012; ENT, A011; Gastroenterology, A013; General Practice, A014; General Surgery, A015; Geriatric Medicine, A016; GIM/Homeopathy, A020; Haemotology, A017: Medical oncology, A021; Neurology, A024; Obsteterics and Gynaecology, A025; Radiology, A034; Rehabilitation Medicine, A035; Respiratory Medicine, A036; Virology, A038.

Some respondents identified, design or operational as factors against single room provision. A number of those factors have been addressed in the recently published *Single Room Report* such as capital and revenue costs and design issues.

Next stage

This next round of the Delphi asks you to review the comments from your colleagues regarding the appropriateness of single room accommodation thinking about a hospital in the future using the following scenario:

- The hospital is a new build and the accommodation has been appropriately designed with areas in which patients may socialise outwith their room and that the facility has been staffed and funded at the appropriate level.

In the light of that scenario we would like you to:

- review the summary of responses to the First Round of the exercise; and
- consider the same question used in the first round but within the context of service design and delivery as you would wish it to be in the future in your own speciality.

In responding we would ask you to focus your response on clinical issues, or issues concerned with direct patient care.

As with the first round, responses will be confidential and used anonymously.

SINGLE ROOM PROVISION IN NHS SCOTLAND – DELPHI EXERCISE ROUND 2

1. This round of this Delphi consultation is designed to start to build a consensus around which patients should be accommodated in a single room and which should not.
2. Delphi consultations are a robust research methodology with a substantial literature to support them. The Delphi approach involves indentifying experts and obtaining their views anonymously. This Delphi consultation will involve two rounds of consultation.
3. In round one you were asked to answer a single question. This question was designed to gain your views on whether single room accommodation should be used for your particular speciality. The responses to this round are attached in Annex A and Annex B.
4. In this the second round of the Delphi we want you to think about the answers in Annex A and Annex B and think about whether you agree with them.

Your contribution

5. Please complete the attached form for each speciality attached in Annex A and Annex B saying whether you agree or disagree with the views of your colleagues. We would like you to focus on the following scenario when think about each speciality:
   - imagine a purpose built hospital in 10 years time which has been designed with areas in which patients can socialise outwith their rooms and is appropriately staffed and funded.
6. If you do not feel able to comment place tick the "Not able to comment" box on the form stating why you are unable to comment.
7. We should be grateful if you could If you email your response to each speciality back to alexandra.watson@scotland.gsi.gov.uk by [date].

Results

8. Your responses will be analysed and re circulated anonymously to all those who took part in the Delphi exercise. You may then be asked to attend a meeting to discuss those areas where no consensus has emerged.

Thank you

9. We would like to thank you in advance for your commitment and willingness to contribute in this way.

Further information

10. If you would like further information or advice on completing the Delphi form please contact Alexandra Watson on 0131 244

SINGLE ROOM PROVISION IN NHS SCOTLAND – DELPHI EXERCISE ROUND 2

All _____ (please insert your specialism) patients should be accommodate within single room accommodation.

Agree [ ]

Disagree [ ]

Not able to comment [ ]

Please use the following box to explain briefly the reasoning for you assessment, focussing in particular on clinical or direct patient care factors.

The Scottish Government

Single Rooms
Expert Consultation
(Delphi)

The Scottish Government

- Specialties were asked to consider if there were sound clinical reasons for patients not being accommodated in single rooms
- Covered nearly all specialities
- At Stage 1 there were 36 responses
- At Stage 2 there were 25 responses

The Scottish Government

In round one seventeen specialities felt that single room accommodation was appropriate for 100% of their patients. These specialities were:

- Chemical pathology, A004;
- Child and adolescent psychiatry, A005;
- Clinical Oncology, A007;
- Clinical pharmacology, A008;
- Dermatology, A010;
- Hepatology, A018;
- Medical microbiology, A022;
- Medical Paediatric, A028;
- Nephrology, A023;
- Old age psychiatry, A026;
- Ophthalmology, A027;
- Paediatric Surgery, A029;
- Palliative medicine, A030;
- Plastic Surgery, A031;
- Psychiatry (Learning disability), A032;
- Psychiatry, A037; and
- Public Health Medicine, A033.

The Scottish Government

At round one number of experts (nineteen) felt that certain specialities should not have 100% single room accommodation. These were:

- Accident and Emergency Medicine, A001;
- Anaesthesia, A002;
- Cardiothoracic Surgery, A003;
- Communicable Diseases, A009;
- Endocrinology, A012;
- ENT, A011;
- Gastroenterology, A013;
- General Practice, A014;
- General Surgery, A015;
- Geriatric Medicine, A016;
- GIM/Homeopathy, A020;
- Haemotology, A017:
- Medical oncology, A021;
- Neurology, A024;
- Obsteterics and Gynaecology, A025;
- Radiology, A034;
- Rehabilitation Medicine, A035;
- Respiratory Medicine, A036;
- Virology, A038.

The Scottish Government

- At Stage 2 experts from each speciality were asks to review the comments from your colleagues regarding the appropriateness of single room accommodation thinking about a hospital in the future using the following scenario:

  The hospital is a new build and the accommodation has been appropriately designed with areas in which patients may socialise outwith their room and that the facility has been staffed and funded at the appropriate level.

The Scottish Government

At stage two

- 13 specialities felt that single room accommodation was appropriate for 100% of their patients
- 8 felt that their speciality should not have 100% single room accommodation
- 4 had not additional comments to make

The Scottish Government

Specialities which still felt their speciality should not have 100% single room accommodation after two rounds:

- A&E
- Anaesthesia
- Cardiothoracic Surgery
- Endocrinology
- ENT Surgery
- Geriatric Medicine
- Haemotology
- Medical Oncology
- Neurology
- Obsteterics and Gynaecology
- Rehabilitation Medicine

The Scottish Government

Today we would like you to:

- Consider the same question used in the first two rounds.
- In responding we would ask you to focus your response on clinical issues, or issues concerned with direct patient care.
- We will try to theme the output from today rather than attibute the output to a particular speciality