Redesign can help people with mental health problems

AN ARCHITECT has described how the redesign of St Thomas’ Hospital emergency department, in London, will lead to improvements in care for people with mental health problems.

Speaking at the Design in Mental Health conference in Birmingham last month, ADP Architecture partner Chris Thornton said that people with mental health problems and dementia should be separated from those with physical injuries.

Mr Thornton said that caring for people with mental health problems in a crisis can disrupt the rest of the department.

He added: ‘Mental health cubicles in the new department have a door rather than curtain to make them secure and quiet.

‘There is a back door for security, and the rooms are robust and fit for purpose. There is also a roller shutter to protect assets, such as equipment and drugs.’

Long waiting times violate human rights, claims inquiry

A LANDMARK inquiry into emergency health care in Northern Ireland has found evidence of individual human rights breaches.

The findings were published at the same time as the latest government figures on waiting times at major acute hospitals. These show that the number of patients who waited more than 12 hours for treatment increased by one third, from 408 to 611, between March 2014 and March 2015.

The inquiry, the first of its kind, was conducted by the Northern Ireland Human Rights Commission (NIHRC) and launched last year amid concerns that emergency departments (EDs) were struggling to cope with demand.

It uncovered instances in which staff lacked kindness, and failed to respect patients’ dignity or privacy, but no evidence of systemic human rights violations in EDs.

A report on the inquiry makes 26 recommendations, including that the Department of Health, Social Services and Public Safety (DHSSPS) should develop dedicated ED minimum care standards that are rooted in human rights. The report also calls for a review of how the four-hour ED waiting-time target is used.

Chair of RCN Northern Ireland’s Emergency Care Association Roisin Devlin said the report reiterated what staff have been saying for a long time, namely that ‘patients are not getting the care they deserve’.

Ms Devlin said the Health and Social Care Board and trusts must address how the healthcare system works as a whole to relieve pressures on EDs.

A spokesperson for the DHSSPS said ministers are not complacent about the issues raised in the report but pointed out that the NIHRC is not the statutory authority responsible for inspecting health and social care services in Northern Ireland.

See also analysis, pages 8-9

Staff and patients return for another 24 hours in A&E

THE CHANNEL 4 TV series 24 Hours in A&E returned last month for its ninth series.

Broadcast by Channel 4 on Wednesday evenings, the new eight-part series features staff and patients at the emergency department of St George’s Hospital, London.

After the show, Linsey Sheerin, lead nurse in emergency care at Antrim Area Hospital, part of Northern Health and Social Care Trust, recommended the series, saying: ‘For emergency care junkies, 24 Hours in A&E reaffirms the incredible work that dedicated staff do throughout the country, despite the pressures in the system.’

Read Ms Sheerin’s review at tinyurl.com/q58624b.

RCN Scotland calls for less emphasis on meeting targets

AN EMPHASIS on emergency department (ED) targets ‘misses the point’ about the underlying challenges faced by the NHS, according to RCN Scotland.

Figures published on May 12 suggest there has been a modest improvement in ED waiting times in Scotland. They show that 93.5% of patients were seen, and subsequently admitted, transferred or discharged, within the four-hour target, compared with 92.7% in the previous week. The Scottish Government’s interim four-hour target is 95%.

However, RCN Scotland director Theresa Fyffe said: ‘Focusing only on A&E targets misses the point. We need a joined-up approach for all the pressures in the system, from the front door of the hospital to discharge and services in the community, if we are going to have a sustainable health service.’