

Editorial

Patient hotels

For several years Sweden and the United States have been successfully using patient hotels to accommodate those patients who no longer need to be kept under observation on a hospital ward, but who, for one reason or another, are not able to proceed home. Kingston-on-Thames and St Mary's NHS Trust have introduced similar schemes in England, albeit on a modest scale. The study reported on page 368 by consultant staff at University Hospital of Wales into the number of patients who would be suitable for such management provides useful data to inform future planning of such services.

Patient hotels have been widely discussed in the context of cost saving and the use of private finance. This has sometimes pitched them into a political arena where there is more heat than light. This study established clinical and social criteria to determine which patients on acute wards no longer required continuous nursing care and could be discharged, but for other factors. It also identifies other categories of patient—eg day cases, those attending day wards, and the occasional patient's relative who needed to be on hand. All of these were potential users.

Attention was also focused on discharge procedures. Here it was found that a surprisingly high number of other patients were in hospital beyond the point deemed clinically necessary.

The study concluded that in this typical 850 bed hospital, there was a need for a mean of 72 patient hotel beds and an average of 98 beds could be saved by a combination of more appropriate provision (patient hotel, increased day care) and more timely discharge arrangements. The proposal seemed widely acceptable to patients and staff and most consultants were willing to refer suitable cases.

These results are of considerable importance. Patient hotels clearly have a useful role to play in releasing beds for those

needing them. This can either result in increased activity rates or reduce the number of beds in use. The Cardiff study shows both potential for better use of resources and for cutting waiting lists.

The study assumed a separate patient hotel adjacent to the hospital wards. The Kingston-on-Thames "hotel" which was initially funded as part of the waiting list initiative, is housed in a converted ward on the fifth floor of the surgical block. As a consequence it is smaller than the optimum size, but it has already provided encouraging savings and proved very popular with those using it.

Recent ministerial statements give the green light to greater use of private finance and provide new opportunities for innovative schemes for improving the efficiency of NHS hospitals through better allocation of clinical staff and facilities. Patient hotels are not "way-out" ideas with no clinical justification. They are now well proven and form part of the improvements package being considered by many NHS trusts who are developing strategic plans for the next decade. They compliment developments in day surgery and need to be considered as part of the whole.

The one note of caution to emerge from the study was that a sizeable number of potential users, especially consultants, would not be keen to see spare capacity in these hotels opened up to the general public, which could obviously make them more economical to run. This may be overly cautious, but it is important to ensure that such developments do not run too far ahead of public acceptability.

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