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**Submission to The Future Hospital Review Scrutiny Panel<sup>1</sup>**  
**Terms of Reference Seven (TOR7)**  
**20 October 2020**

## **Introduction**

TOR 7: Assess how the development of the Jersey Care Model and its proposals impacted on the decision-making process.

## **The KPMG Report and the Jersey Care Model (JCM)<sup>2</sup>**

The origins of the JCM are in the KPMG report to the States of May 2011, which, among many other things, talks about taking care into the community, principally through adjustments to Primary Care; it discusses a Community Pharmacy and the role of Family Nursing and Home Care, citing its vital part in delivering aspects of 24/7 care. It is a document that is worth reading because, from it came P82/2012 and the strategy of Care in the Community, approved by the States in 2013.<sup>3</sup> What seems to have been forgotten by the authors of the JCM are the reasons why 'Care in the Community' failed to be adopted. Instead, we have a care model predicated on a similar scheme trialled and rejected in the North Devon NHS Trust in 2017, now being proposed, experimentally, to be delivered in Jersey.

## **The Our Hospital Project**

The origins of the Our Hospital (OH) project lie in the Chief Ministers announcement of the project in a statement to the States of Jersey on 3<sup>rd</sup> May 2019<sup>4</sup>. In it he said:

*"The new project will draw on any relevant information that was gathered for the previous project, supplemented by new insights and requirements arising from the further development of Jersey's health care model since the previous work was carried out. . . ."*

## **The Jersey Care Model**

The words picked out in red passed everyone by and it was not until October 2019, when the Briefing Paper on the JCM was released, that it became apparent that the JCM was indeed going to be the 'driver' in the development of the OH project, with the words on page 26 of the Briefing Paper that:

*"In essence, we believe the future hospital should be smaller in scale than originally proposed."*

This mantra was confirmed both by Mr Rob Sainsbury, the MD of the Hospital and Health Services in his staff briefings and, to the public, in particular, by Deputy Hugh Raymond, as a member of the Political Oversight Group (POG), charged by the Chief Minister with overseeing the OH project, who seemed to delight in saying at every opportunity that the island "must expect a much smaller hospital

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<sup>1</sup> <https://statesassembly.gov.je/scrutiny/Pages/Review.aspx?reviewid=359>

<sup>2</sup> <https://www.gov.je/SiteCollectionDocuments/Health%20and%20wellbeing/ID%20Jersey%20Care%20Model%20Briefing%20Paper%2020191029%20LJ.pdf>

<sup>3</sup> KPMG - States of Jersey A Proposed New System for Health & Social Services - Jersey - 25 May 2011

<sup>4</sup> <https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/20190503%20Chief%20Minister%27s%20Report%20to%20States%20Assembly%20on%20New%20Hospital.pdf>

with fewer beds". It was subsequently confirmed in the Director General of HCS ("DGHCS") presentations on the JCM to Parishes in late November and early December 2019, which can be viewed on the JCM accompanying video<sup>5</sup>.

These presentations were, using the DGHCS's own words, "aspirational" and she laid great emphasis on that word, seeking feedback from the audiences and promising further public consultation as the project developed.

Neither the aspiration, nor the public consultation promised was delivered. Instead on 22 September 2020 a 493-page document, P114/2020, was lodged, which sets out, in some detail, what the JCM is all about<sup>6</sup>. Specifically, the JCM is going to radically adjust the delivery and payment for Primary Care, or directly employ GPs, as happened in the first Covid 19 Pandemic round in March 2020 with the formation of an Urgent Treatment Centre (UTC), based at the General Hospital and manned by directly employed island GPs'.

### **The JCM and the OH**

On 3<sup>rd</sup> October 2020, in preparation for the debate on the site selected by the Political Oversight Group (POG) and endorsed by the Council of Ministers (C of M), the Assistant Chief Minister, Senator Lyndon Farnham, published the outline plan for the new hospital.<sup>7</sup>

At the top of page 3 of that outline plan Senator Farnham goes back to P82/2012, stating that:

*"Health and Social Services: a new way forward (P.82/2012) recognised the need for Jersey's health care model to evolve in order to meet the challenges of demand, cost and quality in our evolving Island community. The Assembly voted 41 in favour of adopting P.82/2012 with just one vote against. In approving P.82/2012, the Assembly recognised the need for a new hospital to support the anticipated new ways of working."*

Whether he realised the social and financial implication of the JCM and its effect on the design of the OH is unclear.

The JCM forecasts a lot of outpatient activities being transferred, together with its funding, from the General Hospital into the community under the banner of it being delivered "Closer to Home". In particular it foresees the delivery of physiotherapy in Parish Halls and country doctors' surgeries. It also foresees diabetes and dermatology clinics being outsourced into the community along with a lot of ophthalmology going into island opticians, together with a 'community pharmacy' delivering basic medical needs like blood pressure and temperature readings, plus the administration of vaccines, rather than this remaining exclusively with GPs'.

It is a grim thought that, if P.114/2020 is passed by the States Assembly on Tuesday 3<sup>rd</sup> November 2020, so much is to change, based on an experiment. In particular the effect of the above changes to the delivery of Primary Care and some Secondary Care moving into the community, together with some clinicians and nurses from the hospital, to say nothing of its effect on the design, building and future functioning of the OH during its planned 45-year life, if not longer, and certainly way past 2036.

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<sup>5</sup> <https://youtu.be/fyem9b5rIMU>

<sup>6</sup> P114/2020

<sup>7</sup> P123/2020

### The Possible Amelioration of the JCM

On 31<sup>st</sup> July 2019 a media release announced the appointment of Professor Ashok Handa<sup>8</sup> to produce the design brief for the OH Project or, in their speak, the Functional Brief, with a starting date of November 2019. At the time, we, as a Group, did not appreciate what a bonus he would bring and how he would (possibly<sup>9</sup>) have changed the focus within the JCM and, in particular, in the mind of Rob Sainsbury, that we would “be having a much smaller hospital with fewer beds”.

It is clear from Professor Handa’s briefing of hospital senior nursing staff on 9<sup>th</sup> September 2020 that in fact the OH at 69,000m<sup>2</sup> will be nearly twice the size of the present General Hospital<sup>10</sup> at 38,863m<sup>2</sup>. However, from the evidence in P.123/2020, page 21 onwards, (The Clinical Block and Stack) there appears not to be clarity on:

- A. **Bed Numbers.** Given that both W.S. Atkins and Gleeds Management Services separately in 2013 and 2016 came to the conclusion that a new hospital for the then predicted population in 2035 of 135,000 and an increasingly ageing demographic, would require 298 beds, the reported figure for the OH at Overdale is 250 beds, as opposed to the current 172 beds declared in the General Hospital<sup>11</sup>.
- B. **Additional Beds.** It is speculated that additional beds may be available in the OH through the installation of ‘bed heads’ – locations in the new hospital where the plugged-in facilities like power, oxygen, computer access, etc. are there to be filled with stored beds, should the need require.
- C. **Physiotherapy.** There is no department shown, nor therefore is a hydro pool shown on the plans.
- D. **Enhanced Radiology.** Initially there was speculation that the OH would have LINAC machines to deliver intense radiology, currently delivered through NHS hospitals in southern England, sometimes for weeks, to patients from Jersey. There may be good medical reasons for their omission, but only time will tell.
- E. **‘Samarès Ward’.** Having had an exemplary rehabilitation centre covering stroke, cranial injuries and the rehabilitation of patients recovering from major surgery, that facility, having been closed as a part of the Covid 19 pandemic preparations, seems to have been ‘sacrificed on the altar’ of the JCM. It is a high-risk strategy for an island population with potential for family inspired litigation now these facilities are neither currently available, nor appear to be included in the OH.
- F. **Chapel.** Put simply; it is missing.
- G. **Dermatology Department.** Presumably outsourced to Primary Care.

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<sup>8</sup> <https://www.bailiwickexpress.com/jsy/news/clinical-lead-appointed-our-hospital-project/#.X3nHMll7lm8>

<sup>9</sup> The PH functional assessment is not to be published before the States debate on the OH site selection (P123/2020) on Tuesday 17<sup>th</sup> November 2020

<sup>10</sup> Gleeds Hospital Functional Area Estimate (The Design Brief) September 2016

<sup>11</sup> Freedom of Information Response 144340266 and 144461726.pdf

- H. **Ophthalmology.** Again, presumably outsourced to Primary Care, or to Private Care with repayment for those on low incomes.
- I. **Dental.** Again, simply missing.
- J. **Diabetes.** As with dental, missing, presumably because they are transferred to Primary Care.
- K. **The Overdale Facilities.** There is no clarity on how many of the current facilities at Overdale will be replicated in the OH or added to the list of Departments and Services already missing, such as audiology and diabetes.

The above list is speculative, as the functional brief, which will have all the details, is not currently available. However, the Panel could call on Professor Ashok Handa, directly, to state what departments and facilities are to be in the OH, in order to clarify the gaps between what we have today in our General Hospital and what is being provided in what increasingly looks like an Acute Hospital.

### Summary

The JCM, as being presented to the States for debate on 3<sup>rd</sup> November 2020 is, in the view of our Group, not fit for purpose. It is speculative. It promises 'jam tomorrow' by 2036 when the authors of the JCM will have long departed the Island. It could completely destroy the Primary Care system, based on GPs' as private businesses, to the detriment of the patients they individually serve. It seeks to raid the Health Insurance fund again, having done so in March 2020 to pay for the running of the now defunct UTC, now to the tune of £28.1 million to pay for the organisation of, not the delivery of, the JCM.

It is going to cost patients more, as so many procedures and treatments currently delivered through Outpatients in the General Hospital will be delivered in the community, including the 'Community Pharmacy'. The promise of passing the cost of delivering those services in the General Hospital out into the community is neither credible nor, in the future. It is a financial promise that is simply a hostage, literally, to government fortune. How those on low incomes, of any age or community, are to be helped by the States to cope with the JCM proposed charges remains to be seen and it is to be hoped that the Minister of Health will respond positively towards this issue on his statement in January 2021 in response to a projet brought by Deputy Geoff Southern last summer.

Without doubt, the JCM has affected the Functional Brief for the OH. By how much only Professor Ashok Handa can tell the Panel. There are many areas which will have to be investigated by this Panel if Jersey is to avoid a future medical disaster or crisis, not least being the ability of our economy to pay for both the JCM, its aspirations and the OH on top of a hill covered in existing buildings and facilities.

We look forward to the opportunity of reviewing our submission in further detail with you.

Friends of Our New Hospital

Chair – Brigadier Bruce Willing CBE

Tom Binet – Graham Bisson – Peter Funk – Jean Lelliott – Graeme Phipps