

FRIENDS OF OUR NEW HOSPITAL

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Friends of Friends

Bulletin 1: Our Purpose and the Issues Facing Us

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Introduction

First, thank you for your patience since we announced our hope to be able to send you, as Friends of our New Hospital, articles about the project and the background to it, as it develops. It has taken some time to develop our database, particularly in view of the requirements of data protection.

As a group, our purpose is to stay in as close touch as possible with the development of the Our Hospital (OH) project, to ensure that it delivers the new hospital to the right requirement, at the right price and to the right timescale. It is a considerable challenge, as we are discovering a real reluctance within the government to release any real information, so, in this bulletin, we will outline the site selection process – and we will cover this in more detail in a separate bulletin. However, our principal interest is getting the hospital built somewhere on this 9 x 5 mile island and in this first bulletin we explore some of the other challenges facing us.

The Hospital Concept

There has been a lot of talk within the civil service, and in particular among the senior managers in Health & Community Services (HCS), about what the sort of hospital we should have. Initially, the concept was that, through the Jersey Care Model (JCM) we would have “a much smaller acute hospital with fewer beds”, replacing the current General Hospital. With the arrival of Covid 19 that concept now seems not to be spoken of much and certainly the person setting out what will be in the new hospital, the Clinical Consultant, Professor Ashok Handa, from Oxford. Professor Handa had described in various interviews a General Hospital of some 69,000 square metres on a campus that includes mental health and separate buildings with 30 private beds and an administrative block that includes on-site catering, a nursing recreational area, possibly a creche, and a teaching facility, including a large lecture hall. In addition, if the site is out of town, there will be an 800-space car park and a transport hub.

You may well be curious about the teaching centre. The Jersey hospital is a teaching hospital, in that we have junior doctors going through part of their clinical training under the management of our consultant clinicians. It is long established and popular with the junior doctors. It is a major reason why we can attract the high-quality consultants that we have. (Guernsey does not have a teaching hospital). In addition, we train some of our nurses, between 15 and 19 a year – and they are excellent, but there are not enough of them.

Site Selection

The only piece of information about either the JCM or the OH project is the site selection paper published on the States website, without prior announcement, on Friday July 17th: (<http://www.gov.je/Health/OurHospital/Pages/SiteSuggestion.aspx>). On the same site you will find ‘The Kit of Parts’ document that sets out some more ideas of what will be on the site, or campus. The site selection document is disappointing, as it clearly shows that, despite the parading of the Citizens

Panel, as an example of involving the public in developing the project, it was clearly nothing of the sort, as the panel was only allowed to come up with a set of parameters for the hospital site and then the whole process was subsumed into the bureaucracy. The result is a very odd list that includes three parks and a site close to Five Oaks, split either side of the busy main road to St Martin, leaving Overdale as the only serious contender. That said, Overdale may possibly be suitable, but it will be by far the most expensive available site to develop, as it will need a new approach road, plus the purchase of the two fields opposite the Samares Ward and the Crematorium to cater for the full needs of the new hospital.

The Jersey Care Model

By far the most worrying part to the overall hospital project is the JCM. This was launched to the public as a concept by Ms Caroline Landon, the Director General of Health and Social Services (DG HCS) and her associates at a series of Parish presentations last autumn, with the promise that there would be further public consultation as the project developed.

In the UK there are laws in place that require public consultation on all large government projects and the OH project would fall into that category in the UK. The JCM would also require public consultation in the UK. Here in Jersey the Government has failed to fully disclose its plans for the OH project and the JCM or to consult with the public. Regretfully there is no legislation in Jersey to force this to happen.

In the meantime, the great umbrella of the Covid 19 pandemic and its emergency legislation that effectively emasculated the political process in the States assembly, has allowed the JCM to be implemented by stealth, about which we placed an announcement in the JEP on Monday 29th June.

Meanwhile, it is understood that Price Waterhouse Cooper (PWC) has carried out a “stress testing” of the JCM and has assessed its cost. However, that report is apparently secret; it has not been published, although the first draft was completed on time on 31st March and we understand that since then there has been a further six variations. The Health and Social Services Scrutiny Panel, after many requests, were eventually allowed to see the PWC report under the condition of secrecy and there it lies. In the meantime, the JCM is being placed before the States on 2nd September, lodged for debate of 8th September and will be debated, almost certainly, unless some politicians stop this, as a part of the revised States Strategic Plan on Tuesday 20th October. In parallel, the OH function brief being prepared by Professor Handa, which was due to be published in mid-July has been delayed “for not less than 10 weeks”, giving the earliest publication date as 2nd October with any further delays bringing it closer to the JCM debate and thus less time for either to be looked at by the public, let alone properly debated by the States assembly, who are in as much of the dark as the general public are.

It is not a happy tale. As always, we invite your comments and suggestions.

Next Time: The Fallacy of the Site Selection.

“Friends of Our New Hospital”

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