

FRIENDS OF OUR NEW HOSPITAL

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To Our Friends of Friends

Bulletin 10:

Our New Hospital – What Will and Will Not Be in It

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Introduction

There is much to like in the overview of the Our Hospital, published as the Functional Brief on 8th February 2021.¹ However, the Jersey Care Model (“JCM”) has influenced the design of the Our Hospital (“OH”) leading to the Departments and Services, (shown in *Italics and red*, in the table below) not being in the Functional Brief.

Departments in the General Hospital ²	The ‘Our Hospital’
(a)	(b)
1. Acute Diagnostic Unit (ADU)	Yes (New)
2. Ambulance service	Yes
3. Ambulatory replacement services	Yes?
4. Assisted Reproduction Unit	Yes
5. Canteens	Yes
<i>6. Care of the elderly</i>	<i>No*</i>
7. Cardiology/Respiratory	Yes
8. Catering (St Peter’s industrial park)	Yes
<i>9. Child Development</i>	<i>No*</i>
10. Clinical Investigations	Yes
11. Day surgery unit (DSU)	Yes
<i>12. Dental Department</i>	<i>No†</i>
13. Dermatology Department	Yes
<i>14. Diabetes Clinic</i>	<i>No*</i>
15. ENT/Audiology	Yes
16. Haematology	Yes
<i>17. Dietetics</i>	<i>No*</i>
18. Endoscopy Unit (Aubin Ward)	Yes
19. Hearing tests and aids	No*
20. Heart and cardiac services	Yes
21. High Dependency Unit (HDU)	Yes
22. Hospital appointments	Yes?
<i>23. Hospital Dental Department</i>	<i>No†</i>
24. Hospital pharmacy	Yes
<i>25. Hydrotherapy Pool</i>	<i>No†</i>
26. Intensive Treatment Unit (aka ICU)	Yes

¹ Functional Brief published on the ROK/FCC website (<https://ourhospital.je>) on Monday 8th February 2021.

² Source: The HSC webpage on the States of Jersey website

27. <i>Jersey Diabetes Service</i>	<i>No*</i>
28. Jersey Private Patients	Yes
29. <i>League of Friends</i>	<i>No†</i>
30. <i>Meals on Wheels</i>	<i>No*</i>
31. <i>Memory assessment service</i>	<i>No*</i>
32. Mental Health	Yes (New)
33. <i>Neurology and Neurosciences</i>	<i>No*</i>
34. Obstetrics and Gynaecology	Yes
35. <i>Occupational Therapy</i>	<i>No*</i>
36. Oncology/Chemotherapy	Yes
37. Outpatients Department (Multi-Disciplinary Team – MDT)	Yes
38. Pain Management Centre (PMC)	Yes
39. Pathology Centre	Yes (New)
40. <i>Physiotherapy</i>	<i>No†</i>
41. Porters Centre	Yes
42. <i>Radiotherapy Department</i>	<i>No</i>
43. Radiology	Yes
44. <i>Rehabilitation Department</i>	<i>No*</i>
45. Renal Unit	Yes
46. <i>Rheumatology service</i>	<i>No*</i>
47. Sandwich 'bar'	Possibly
48. Shops	Yes
49. <i>Speech and language therapy</i>	<i>No*</i>
50. Telephone Exchange	Yes, but not shown in diagrams
51. Urodynamics	Yes
52. Women's Health Unit (WHU)	Yes (New)
53. Women and Children Unit	Yes (New)

**Departments, clinics or services currently located at Overdale and being re-located to the old Quennevais School in December 2021 at a projected cost of £10 million.*

† Departments currently in the General Hospital

It Will not be a General Hospital, but an Acute Hospital

The single greatest concern is that, as currently proposed, OH is an Acute Hospital, rather than a General Hospital that we have now. ("The Hospital will focus on acute treatment . . . long term conditions will be managed increasingly within Primary Care."³). This change in purpose is predicated on the success of Health & Community Services ("HCS") reaching an agreement with the Primary Care Body ("PCB") and other on-island Primary Care businesses, including the Dentists, Pharmacists and Opticians, to take on the additional services and treatment areas that are not covered in the OH Functional Brief published on 8th February 2021⁴.

This is a high-risk strategy, as demonstrated by the failure of HCS to reach an agreement on rolling-out the Covid 19 vaccination programme in the autumn of 2020 and the failure to reach a similar

³ Introduction to the Functional Brief (<https://ourhospital.ie/news-and-updates/article/functional-brief-published>) 8th February 2021.

⁴ <https://ourhospital.ie/news-and-updates/article/functional-brief-published> 8th February 2021.

level of agreement with the PCB following the adoption of 'Care in the Community' strategy (P82/2012) in 2013. What happens if it is not possible to reach the proposed outsourcing agreements before the start of the demolition of Overdale Hospital and the construction of the OH, starting in 2022? Where will these decanted Departments and Services be located in the OH? Will there be a need to build additional areas in the OH to accommodate them? If so, is this budgeted for in the OH project?

The differences between what we have now and what is proposed for the OH need to be resolved before the full Planning Application is submitted in November 2021. Major alterations to the detailed plan (Such as the addition of whole Departments) would need further Planning permission and, as there is a fixed contract for the design and build of the OH, would occur additional cost. This applies, in particular, to the aspiration to outsource many services to Primary Care businesses.

Other Issues

There are also issues with the Functional Brief that need further explanation:

A. **Overdale Department and Services.** Before demolition of the Overdale hospital site can start, the Departments and Services currently located there will have to decant to the old Quennevais School by December 2021 at a budgeted cost of £10 million. Yet, as shown in red in the table above, marked with a †, these Departments and Services largely do not appear in the Functional Brief. Is this connected to the size of the Overdale site and is the plan to leave them at Quennevais, thus, as now, effectively creating a two-site OH? Is this how we then return to the OH being a General Hospital?

B. **Departmental Areas.** There are no measurements for the Departments in the OH, as the diagrams in it are illustrative only. It is therefore the architects brief and, as there are still discussions over the exact layout of the new hospital (as of February 2021) with four options being considered, it is a long way from being a real Functional or Design Brief.

C. **Beds.** The stated number of "generic inpatient beds" is 128 (See page 67 of the Brief) This is much lower than even the Covid changes to bed numbers in the General Hospital. However, on the RoK/FCC website there is a statement stating there will be ". . . a total of 264 in-patient beds with a further 128 treatment beds." There should be an Annex itemising the beds in the OH, by Departments, with reassurance that over its 40-year plus life there are plans for increasing bed numbers to cope with Emergencies, such as a major incident at the airport, fuel farm and harbour, plus population growth and demographic changes.

D. **Rehabilitation.** There is no dedicated rehabilitation unit to replace the existing Samares Ward which has been closed due to the Covid 19 emergency. Instead, it appears that the OH proposes to continue with the current Plemont Ward arrangement with the ambition of carrying out most rehabilitation in a person's home. That might work for some but not all patients. There needs to be a proper dedicated specialist Ward so that intensive rehabilitation can be delivered to those who need such a facility to adequately prepare patients for their return home. There is no case for doing otherwise in a "21st century hospital" project costing £804 million.

E. **Physiotherapy.** There is no Physiotherapy Department. How can you rehabilitate in-patients without a Physiotherapy Department? Where is the hydro pool, specialist gym and weights room and the other facilities available in the Samares Ward before it was closed? Are these facilities

going to be replaced and at what cost? Who is going to pay for building and using these facilities if they are outsourced? Physiotherapy is not just about elderly people suffering a stroke. There are plenty of younger people suffering from the aftereffects of major injuries, surgery and brain injuries, all requiring weeks, if not months of rehabilitation.

F. **Dental Department.** There is no Dental Department in the OH. The JCM plan is to outsource children aged 1 to 11 to the private sector. This is dependent on reaching an agreement with local Dentists. What happens if those negotiations fail? What will happen to those patients who need to be treated within this department of the Hospital and who cannot be treated in General Dental Practice? These include those with head and neck cancer, jaw deformities, head and neck fractures, impacted teeth, complex orthodontic cases as well as adults and children with learning difficulties and/or certain physical disabilities. Where will the patients requiring General Anaesthetic be treated? If there is no Dental Department, does this mean that there will be no Dental Consultants in the OH? If so, is their role going to be outsourced off-island along with their patients?

G. **GPs.** What happens if HCS fails to reach an agreement with the PCB? Are GPs to be 'commissioned', just as GP commissioning is being removed as a part of the current NHS Review in the UK?

H. **Hospital 'Traffic' Analysis.** There are no details on planned volumes of traffic in the Departments including average number of patients, space standards etc.

I. **Room for Expansion.** One of the few figures in the Functional Brief states the OH will be able flex capacity by 15%. But there are no figures showing the base case they are flexing from!

J. **The Outpatient Department.** There are no measurements for the Departments and facilities in the General Outpatients Department.

K. **Private Patient Operating Theatre.** Having a separate operating theatre for Private Patients seems to be a waste of resources and space.

L. **Radio Therapy.** Much play was made in the Parish JCM presentations in the autumn of 2019 of the desirability of reducing the cost of off-island treatment and meeting patient needs by having Radio Therapy facilities in the new OH. There is no indication in the Functional Brief that there will be Radio Therapy Department in the OH. Has this Department been shelved? If so, why?

Communications

The Functional Brief is referred to as a "working document", or "work in progress". It might be, but it is difficult to square these remarks with the reality that a contractor has been appointed, architectural and engineering firms are working on the design and plans for construction at Overdale are rapidly advancing. Surely the Functional Brief should have been completed before now.

HCS placed great emphasis in the Parish presentations of the JCM in November/December 2019, that the JCM would fulfil the States healthcare strategy stemming from P82/2012. Further public consultation was promised but it has not been delivered. RoK/FCC, the chosen contractor has

created a website⁵, but there is a real need for more, positive public information, to explain the background to the questions raised, above. This is a huge and very expensive project, one that affects everyone living on this Island and one that is going to be paid for by the people of this Island, probably for as long as the hospital is in use.

If there needs to be additional expenditure for further clinics to support the move of outsourced services into the community, that cost should be specified. If the intention is to relocate Departments and Services from Overdale permanently to the old Quennevais School building, then that cost should be made available and included in the OH budget. Or is the plan to create Nightingale hospitals, at great expense, (currently at £20 million and counting) when needed?

There needs to be more communication, not from the contractor, but from government, in particular, HCS.

Summary

Jersey is small Island with one General Hospital. The Covid 19 pandemic has clearly demonstrated how difficult it is to get off the Island when there are forced cuts in airline and ferry schedules. Covid 19 is the fourth global pandemic this century and others will follow.

An Acute Hospital may be a cheaper option (fewer Departments and lower projected running costs) but not having a General Hospital is leaving our island a hostage to pandemic misfortune. Relying on a smaller Acute Hospital requires the JCM to meet all its outsourcing objectives including reaching agreement with Primary Care business (GPs, Dentists, Pharmacists, Opticians, Family Nursing and Home Care). These agreements need to be concluded before the full Planning Application for the detailed design of the OH is submitted in November 2021. HCS cannot just add Departments and Services that were left out without incurring major additional costs. The design and construction of the OH is an already signed fixed price contract, albeit with a very large contingency which may well be needed.

The Bottom Line

Be clear. Jersey needs a General Hospital, not an Acute Hospital, and there is very little time before November 2021 for HCS and the Government to reach that conclusion.

“Friends of Our New Hospital”

The Friends Steering Group

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⁵ <https://ourhospital.ie>