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To Our Friends of Friends of Our New Hospital

Bulletin 26

The Challenges of the New Hospital Project

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Introduction

1. Following the general election of June 2022, the new government decided to review the previous government's 'Our Hospital' (OH) project. It was clear that its financing was flawed now that the era of low interest rates had come to an end. It was also evident that the design of that project excluded at least 50 services and departments, mainly because it was based around the seriously flawed and now defunct Jersey Care Model to provide healthcare for patients in the community.
2. The Friends of the New Hospital are, therefore, supportive of the Minister for Infrastructure's New Healthcare Facilities Project (NHFP) following the review of the OH project. However, there are a number of issues that need to be considered, not least the context, organisation, staffing and cost implications, and how these will be funded. Creating buildings is one thing but they are only there to help facilitate "an innovative, supportive, exciting and dynamic healthcare system", as one island commentator has described it. We need a strong vision from the Health Minister that will support this aspiration and make the best use of the new buildings for the benefit of the whole health community.
3. While the Friends of the New Hospital supports the New Healthcare Facilities Project (NHFP) this Bulletin covers some of the challenges facing it.

Guiding Principles of the Review

4. The principles governing the new project, set out by the present Infrastructure Minister, and endorsed by the Council of Ministers (C of M), are that the project:
 - a. Should make best use of the existing infrastructure and local construction businesses.
 - b. Be affordable by extending the project over a longer period than the OH project, and by making best use of government funding without the need to finance expensive loans or take money out of the States Strategic Reserve (the 'Rainy Day fund').
 - c. Provide all the services that are currently available in secondary care.
5. Prudence was and is the watchword.

The Outline Plan

6. Following this review, the Infrastructure Minister proposed a 4-site health facility referred to as “Option B”, which is supported by the Friends of the New Hospital.
 - a. An acute, 24-hour hospital at Overdale where patients receive short-term care for acute illnesses and injuries. The facilities include an emergency department, maternity, neonatal and paediatrics, the renal unit and operating theatres for emergency and planned surgery which require an overnight stay. It will provide 45,000 m² compared with the 75,000 m² OH project at Overdale.
 - b. An ambulatory hospital on the Kensington Place site bought from Andium Homes, which was originally planned for housing. This will include an urgent treatment centre, radiology and imaging, a day surgery unit, endoscopy and outpatients clinics, open 12 hours a day. Space is estimated at approximately 24,000 m².
 - c. An outpatients department at Les Quennevais, making use of the old Les Quennevais school (now called the Enid Quénault Health and Wellbeing Centre), repurposed for a longer life than the 5 years proposed by the OH project. The new centre opened officially on 1st August and will be fully functional by the end of the month. It incorporates the outpatient departments from the present Overdale site.
 - d. A health village at St Saviour’s, combining mental health and rehabilitation facilities, eventually to include a new and expanded Samares Ward. for patients requiring both rehabilitation following a stroke or serious injury and patients requiring medium term care who otherwise take up beds in an acute hospital's wards.
7. The total space of the NHFP estate is planned to total 139,000m² compared with the 75,000m² of the OH project.

A Future Healthcare Strategy.

8. The Health Minister has yet to publish a Health Strategy covering the next 10 years. Much has happened since the original brief for a new hospital was developed back in 2012. The Covid Pandemic has re-taught us the lesson of yesteryear and that the health estate has to be organised in a way to be able to isolate infectious diseases.
9. Diagnostics are now at the heart of much of the decision making in both primary and secondary care and the quicker this can be delivered, the less time patients have to wait, the earlier the diagnosis and the better the outcomes. Diagnostic Centres are now common in other countries and the UK is aiming to set some up before long. This does not seem to be a part of HCS management thinking at present.
10. The desire to have a thriving private care sector has been shown to be difficult to achieve because of the shortage of carers and the cost. The result is that patients are taking up beds in the hospital when they could recover more quickly in a non-acute environment and at less cost than being discharged without enough support. If the main acute hospital is to do its job well, then provision for recovering and rehabilitation of patients has to be factored in.
11. It is therefore welcome news that the Minister for Infrastructure has given assurances that Samares Ward at Overdale will not be demolished until a new temporary replacement, as good as, or better than, the existing Samares Ward has been established. It will probably

remain in situ at Overdale until the end of 2023. There are several options under discussion and as soon as negotiations are complete a public announcement will be made.

Functional Brief

12. Determining the cost of the NHFP cannot happen until the Health Minister has decided in detail on which services go where in the acute hospital at Overdale and which in the ambulatory hospital in Kensington Place. Once that has happened the following can proceed.
 - a. The individual buildings in both locations can be designed.
 - b. The equipment to go in them can be costed.
 - c. The Quantity Surveyor (QS) can cost the construction work.
 - d. New plans can be submitted for the Overdale site and then for Kensington Place.
13. Therefore, everything is hanging on the Health Minister's decision for the functional brief.

Costs

14. There is no commitment that the NHCP will be cheaper than the OH. The key is to recognise that it will provide more space, more beds (approximately 130 more than the OH project) and that it will be more affordable over a longer period.
15. However there is a distinct possibility that we may end up with a hospital building that is out of date before it is commissioned, either because of the lack of critical analysis about future developments in secondary healthcare, or that it does not take advantage of the opportunities to rethink delivery and make the appropriate investment in the rapidly changing techniques in healthcare.

Summary

16. The island has a plan for its NHCP that makes business and infrastructure sense. What it does not have yet is clear direction from the Health Minister on which departments and services go where and what goes in them. Key to this is an understanding of the way in which medical practice is changing and how this will be included within both the NHCP and the island's overall healthcare strategy.