

**FRIENDS OF OUR NEW HOSPITAL
P O Box 442
Jersey JE4 5RE**

A Non-Profit Organisation NPO1277
Email: Friends@ournewhospital.org.je

To Our Friends of Friends

**Bulletin 4:
The Absence of Consultation
&
The Demise of the Samares Ward**

14 October 2020

(©Copyright Friends of Our New Hospital 2020)

Introduction

Sometime in May 2020, as a part of the Covid 19 pandemic reaction, the hospital managers closed Samares Ward at Overdale, ostensibly to provide its twenty-three beds as a resource to rehabilitate patients recovering from Covid 19, having been admitted to the temporary Nightingale Wing of the General Hospital at Millbrook. The contingency was never implemented and today Samares Ward remains empty of its original function and is being used for the Assisted Reproduction Unit (ARU), pre-operation assessment and sundry other outpatient appointments. All the specially trained and dedicated staff have been redeployed within the General Hospital.

There was no consultation before the closure of Samares Ward with either the specialist staff, the patients there at the time or the public

Samares Ward

Samares Ward opened in 2009 as a specialist unit providing rehabilitation for those having suffered a stroke, or other serious head injury, or post-operative care following major surgery. In 2012 it was updated and refurbished at a cost of £2.7 million. At that time, it had 27 beds in single rooms with not only specialist staff, but also specialist treatment, including hydrotherapy, for both in and outpatients.

Following its closure as a rehabilitation facility, when it had twenty-seven staff (and six unfilled nursing staff vacancies) with twenty-three beds and seventeen patients, there has been an allocation of six beds, with the ability to expand to fourteen beds, to deal with rehabilitation in the Portelet Ward of the General Hospital. Meanwhile, the long-term patients from Samares Ward have been distributed to private nursing homes and to the States nursing home at Sandybrook. Meanwhile, from 17th August 2020 the Portelet ward rehabilitation facility has been staffed by nine nurses (with two more to be recruited) and twelve health care assistants. Whether these nursing staff are rehabilitation qualified is unclear. Inevitably, the previous level of expertise and treatment of very vulnerable people has been lost without any public notice or consultation.

The UK NHS Consultative Position

The closure of the Samares Ward is yet another example of Our Government's continuing lack of communications and consultation regarding our Island's health policy. The Samares Ward was a vital rehabilitation facility. In the UK, had a similar situation arisen, there is a formal, public procedure which Government and the NHS must follow before such actions may be undertaken:

- a. Section 242 of the NHS Act 2006 requires those government bodies which run the NHS to:

- i. Consult with (not merely advise) users of the services and the users should be fully involved in the development of the proposals.
- ii. specific arrangements to consult with the public, not just vague expressions of intent. In other words, the public body is obliged to ensure that there is enough information in the public domain regarding any proposed change. It must then develop a mechanism that allows the public to provide its views on that information and it must obtain the public's view/response before it makes its final decision to change the service.

Failure to obtain and consider the public view prior to the final decision-making process, relegates the consultation to a rubber-stamping exercise. As such, it is not a true consultation/engagement with the public and is vulnerable to legal challenge.

It must also be done at a formative stage, not when the governing body has made the final decision and it must provide sufficient reasons/information to allow those consulted (the public) to give an informed response. The documents must set out its preferred options but also must make clear what other options exist.

For fairness, the consulting body should disclose data and modelling which is available to it, to allow consultees to interrogate that information and they must allow adequate time for challenges to be put forward, in the region of 12 weeks.

Despite our General Hospital being full of ex NHS senior managers, none of the above happened regarding the closure of Samares Ward

Summary

The Jersey Care Model (JCM) has been submitted to the States Assembly in a Report and Proposition P.114/2020 by Deputy Richard Renouf and is due to be debated on Tuesday 3rd November. It is a huge and very complicate 493-page document that has been sent to all States Members, who simply will not have time to read it and who will therefore come blind to the debate with the inevitable consequence that this huge change in public health, stretching forward to 2036, will be adopted. More major changes, like those that led to the closure of Samares Ward will follow, including how our GPs' are paid and used and with the distinct possibility of there being "a much smaller hospital".

The wonderful rehabilitation service in Samares Ward at Overdale has effectively ceased to exist. It is a tragedy for those who were there being rehabilitated in May 2020. Goodness knows how existing stroke and head injury patients are being rehabilitated today, let alone those who will follow. The hospital management should be using best practice when making these changes, not taking advantage of a medical crisis to cease a service without notice, let alone public consultation.

Please be alert to the consequences and encourage your local Senators and Deputies to read the JCM report and be very careful, as the paid representatives of the people of Jersey, to fully understand what they are actually voting for, both in terms of what is being proposed, how much it will cost and who is responsible for the JCM if it goes wrong and its promises are not met. This is not an experiment. It is a programme that will affect every man, woman and child living in Jersey. We will comment further on the JCM in our Bulletins to follow.

In the meantime, Mr Stephen Lawson has given us his kind permission to publish his letter originally sent to the Jersey Evening Post in August 2020. In his letter Mr Lawson recounts his experiences following a major stroke and the unique and major role the Rehabilitation Centre at the Samares Ward had in his recovery. Sadly, the Samares Ward facilities are no longer there to assist Mr Lawson and others. The people of Jersey deserve better.

*The Editor
Jersey Evening Post*

9th August 2020

Dear Sir

I wholeheartedly support Pam Evans' (JEP 6th August 2020 August) disapproval at the closure of the Rehabilitation Centre on the Samares Ward of Overdale.

Following a significant stroke at the General Hospital in mid-December last year, I gained semi-consciousness in a noisy, smelly and dirty environment, hooked up to tubes and pipes, and not knowing where I was or why I was there. I was totally confused, and at that time could barely move, speak or eat. The thankfully few days I was on ITU and later on Corbiere Ward was the worst and most torrid time of my life. The nursing staff were impersonal, and I felt, rightly or wrongly, that I was being treated merely as a lump taking up bed space.

I became dehumanised and totally discouraged. And even when I was eventually able to understand what had happened to me, despite being a non-smoker and non-drinker for many years, having a good diet and a healthy lifestyle with exercise every day, I had little incentive to live, and no encouragement or assistance from hospital staff to start recovering. Without the support of my wife and family and friends and my own determination, I would simply have lain there and vegetated.

But the day I was transferred to Samares Ward at Overdale was, without exaggeration, the day of my re-birth. From day one in a clean and quiet private room equipped with facilities for moving me, the medical and support staff were wonderful, and I was treated as an individual and encouraged and motivated in every possible way to make a start on rehabilitating myself. And the highly professional speech therapists, eating and occupational therapists all provided excellent personal care and attention that made me want to improve and get better; soon I was able to learn again to wash and dress myself, admittedly with willing assistance to start with, and to eat again. The equipment and facilities available in the rehabilitation Centre were excellent.

The physiotherapist team in the gyms were exceptional, and gave me every encouragement to move, strengthen my badly affected left leg and left arm, and to keep exercising. Gradually with their close attention to my personal needs, I was able to stand, take a few steps, and eventually to walk a little, first with frames and eventually with a stick, and even to ascend and descend steps. In clement weather I was escorted outside to exercise and practise what I had re-learned to do in the gym. I looked forward with anticipation every day to the visits by or to those highly trained and friendly professionals, often the highlights of my day. They harnessed my determination and encouraged me, literally, every step of the way. They were genuinely pleased, even delighted, at every little progress I made, even when I could not see or feel it for myself.

The restaurant staff were always willing and helpful, and very patient with those of us who had difficulty eating, drinking and using cutlery. Communal breakfast and lunch in the dining room were social events during which patients could meet and chat about themselves, their problems and their progress. The food was varied and plentiful.

It was wonderful to be able to have regular visits from family and friends. As my health and physical condition improved, some evening meals were brought in by family or friends and we were able to eat in one of the very pleasant sitting rooms. Later we were allowed to play bridge in one of the rooms in the afternoons.

I can never speak highly enough about the very professional and dedicated team of medical and therapist staff of Samares Ward. It was with disbelief that I learned that the Ward had been closed and that the incredible and dedicated team had been disbanded, with individual members of it being scattered amongst other wards, some with their training, skills and experience being disregarded. What a tragic loss to the people of Jersey – but WHY was this done?

Sadly, I know of cases of people who have suffered strokes, accidents and other afflictions since my stay at Overdale who were left to languish in the General Hospital or in nursing homes without equipment or facilities or the assistance and treatment from trained and dedicated professionals like those who gave me back my life. Sadly, I know of one lady who did not survive, when she would have had a good chance of doing so had she, like me, been fortunate enough, as I was, to be treated and rehabilitated on Samares Ward at Overdale.

Occupational therapists also visited and inspected my house and arranged for improvements to help me get around safely. I was back home earlier than I had ever dared hope to be. Occupational therapists and rapid response personnel visited and assessed me regularly at home until the lockdown regulations prevented them from doing so and helped me to continue my recovery.

All I can say is thank you from the bottom of my heart, and to sincerely hope that our short-sighted politicians will appreciate the vital importance of restoring immediately the Rehabilitation Centre somewhere on the Island for the enormous benefit of unfortunate Jersey people who now and in the future desperately need the vital services it provides. Nobody, not even politicians, knows “what’s around the corner” or who will be afflicted next, but I feel strongly that professional rehabilitation facilities and personnel should be readily available for all who need them, when they need them.

Sincerely.

Stephen M Lawson”

“Friends of Our New Hospital”

Chair - Brigadier Bruce Willing CBE

Tom Binet - Graham Bisson – Peter Funk – Jean Lelliott