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**To Our Friends of Friends
Bulletin 6:
Beds – The Next Big Challenge
Facing the Our Hospital Project**

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Introduction

The principle interest of Friends of Our New Hospital has always been to advance the best outcome for the Our Hospital (“OH”) project. We are now in our fourth year of trying and it has been a frustrating process. The Council of Ministers (“COM”) has directed the OH project like a juggernaut, providing very little information to the public and brooking no interference.

In our Bulletin 2 of 27 August we put forward our views on the site selection process. Since then the COM juggernaut has continued.

On the 3rd November, the States Assembly passed the Jersey Care Model (“JCM”). The Model will radically change how health care is delivered. It is untested, without parallel or peer review and reliant on very questionable financial projections. The first three years of the Model will be financed by a £28.1 million raid on the Health Insurance Fund which has been established for the long-term care of Islanders. There is no plan for replenishing the Fund.

On the 17th November, the public was given another *fait accompli* when the States Assembly approved Overdale as the site for the new hospital at a projected cost of £804.5 million. There was no choice of where the new hospital should be built and no debate to compare the costs of building on alternative sites such as St Saviours Hospital or Warwick Farm.

As the juggernaut rolls ever onward the COM and Health & Community Services (“HCS”) have still not made public a design brief, or functional brief, for OH. With most projects one would determine what was to be built in detail, then chose a site and a contractor by tender. The juggernaut has completely reversed the logical order.

So, let’s focus on the as yet unannounced functional brief. In this Bulletin 6 we will cover the issue of the number of beds that will be in the OH, as that number will be crucial to the success of the project. First, what are the issues affecting the bed numbers proposed for the OH?

What is a Hospital?

Very simply a hospital consists of two areas, the Clinical Area where the clinicians see and, if necessary, operate on and treat patients. The other area is the Recovery Area. It is that area that contains the beds.

Deciding the size of a hospital is dependent on a calculation of the individual components of each area and that is set out in a design brief or, in the case of the OH, a “functional assessment”. That establishes the overall size of the hospital by aggregating the individual clinical areas for each area of treatment, such as surgeries, consultants’ offices, treatment rooms and outpatients’ rooms, as

well as the supporting services such as laboratories, radiography, dispensary, day surgery and a myriad of specialist and administrative areas. It is a very complicated business.

Sitting on top of the clinical areas, the recovery area is where the beds are, grouped in wards. In the OH the aspiration is for the majority (75%) of the beds to be new, single, en suite occupancy. Currently, the General Hospital has 172 beds, a reduction of 73 from the 245 beds in 2013 and 21 beds since January 2020, albeit with a declared expansion capability to 236 beds, if required.

The Jersey Care Model

Overbearing the design of the OH is the JCM whose principle objective is to save money. Put simply, it is an experiment with the people of Jersey's health, with the aim of delivering care "closer to home". It is a system that has been tried in the NHS and largely rejected because it is too expensive as, not only does it lead to a poorer patient experience, but also to an overall dilution of care due to the need to deploy nurses and consultants away from the hospital to deliver it.

Jersey is a small island, nine by five miles. We do not have large specialist hospitals close by. We use NHS hospitals to provide care in specialist areas such as oncology and cardiology, which can be very disruptive to patients. We need to have the best care we can afford. What we do not need is a new hospital based on an experimental system of care

An early aspiration for the OH was to have an enhanced radiology service to save cancer patients, typically, spending weeks in a UK hospital, principally Southampton, which can be very difficult for patients separated from their families and certainly is very expensive. This seems to have been dropped, but who knows? Who knows anything about the JCM? There was a set of twelve identical public presentations to Parishes last autumn setting out the aspirations for the JCM – together with a promise by the Health Chief Executive Officer, Ms Caroline Landon, of more public consultation. There have been no further public consultations in 2020. Instead the States were presented with a 493-page Report & Proposition P.114 2020 on 22 September for debate on 2nd November.

Today the answer to the "who knows" question is, "a very few people", as there is literally no information on the OH Functional Assessment, now months behind schedule and very little information at all, other than that the JCM 'experiment' which apparently will determine the size of the OH and, in particular, the number of beds in it. Even that is dependent on where the OH will be built, with the full sized OH apparently having 250 beds a figure to be ameliorated by having additional bed heads (systems access set into the wall of the rooms to allow additional beds, if and when needed). How many, we do not know.

The concept of delivering care in the community, or closer to home is not new. In 2011 the States commissioned KPMG to carry out a study into the future healthcare of the island. This resulted in a programme set out in 2012, called "Care in the Community." It was approved by the States, but never fully implemented as the aspirations for Primary Care were never realised. In 2015 it was tried again in a programme called "A Sustainable Primary Care Strategy" but again failed due to its cost and the difficulty of achieving agreement with GPs', who, unlike in the UK, are private businesses. Now we have a mass of former NHS bureaucrats in HCS pushing Jersey to adopt the experiment that is the JCM.

Beds

It is easy to forget that, in 1947, the General Hospital was the granite building facing Gloucester Street. Forty years later, in 1987, the General Hospital had expanded to what we have today, plus at

Overdale and at Clinique Pinel. Why are we now planning for a brand-new hospital with fewer beds?

We have certainly had lots of advice on bed numbers, having spent £23.7 million on consultants in support of the Future Hospital project. We did have good advice from KPMG in 2011, WS Atkins in 2012 and 2013 and from Gleeds Management Services in 2017, as a part of the Future Hospital business plan. It was consistent. It said that we needed 300 beds in our new hospital. So, where is Jersey, with its population of 108,000 in the ‘beds stakes’?

Type	October 2019 ¹	September 2020 ²
Medical	54	66
Surgical	60	60
EAU	16	16
Critical Care	12	12
Samares Ward (1)	23	27
Private Patients	14	30
Specialist (2)	73	70
Totals	252	281
Ratio/1,000 pop	2.33	2.60

Notes

1. At Overdale and closed for rehabilitation, substituted by up to 14 beds in Portelet ward.
2. Includes Day surgery, endoscopy, maternity, Robin Ward and the SBCU. Excludes, mental health and the treatment chairs in oncology and renal.

This gives a ratio, currently, of 2.60 beds per thousand people in Jersey, but the Covid 19 figure for beds is 197, including the declared and now closed 27 beds in Samares Ward at Overdale, giving a net and familiar total of 170 beds and a ratio of 1.57 beds per thousand population. Meanwhile, to cope with the Covid 19 situation our government has invested £26.578 million, including £357K on heating costs, £8.3 million on removal costs³ and site remediation in FY 2021 on the 180 bed Nightingale Wing.

Other Countries Beds⁴

So, how does Jersey compare?

Country	Beds / 1000 people	Remarks
Japan	13.05	
Germany	8.00	
Austria	7.37	
Switzerland	4.53	
Luxembourg	4.66	
Poland	6.62	
France	5.98	
United Kingdom	2.54	
Mexico	1.38	
Jersey	1.57	Proposed for the OH

¹ FOI Request 19 October 2019

² FOI Request 24 August 2020

³ All figures from a FOI Request response of 18 November 2020

⁴ https://en.wikipedia.org/wiki/List_of_countries_by_hospital_beds

Why More Beds?

Apart from the independent advice the States received over bed numbers, it is a fact that our population is growing, and our medical technology and treatments are extending our lifetimes. The older you get, the more likely it is that you will require hospitalisation. These realities are not going to go away just because we think we can get it better by being “closer to home”. It will not and we need to learn to live with that reality, particularly those in health management. So, let’s look at the same countries that we used when looking at bed numbers.

Countries	Life Expectancy⁵
Japan	83.7
Germany	81.0
Austria	81.5
Switzerland	83.4
Luxembourg	82.0
Poland	77.5
France	82.4
United Kingdom	81.2
Mexico	76.7
<i>Jersey</i>	<i>78.0*</i>

*As of September 2019. It is 11 years longer than people in Jersey lived in the 1960’s⁶

Summary

We, the public pay for government projects and services through our taxes. At this late stage of the OH project we are left with the development of a hugely expensive new hospital at Overdale. Despite the expense, OH is scheduled to have fewer beds than most other hospitals in every developed country except Mexico. In addition, the bed numbers will be seemingly determined without recognition of our Island’s demographics. We just hope that the people of Jersey and their politicians wake up before it is too late.

“Friends of Our New Hospital”

Chair - Brigadier Bruce Willing CBE

Tom Binet - Graham Bisson – Peter Funk – Andy Howell - Jean Lelliott

⁵ WHO data for both men and women, published in May 2016

⁶ Source States Mortality Report for 2018, published in the JEP on 27th September 2019