

FRIENDS OF OUR NEW HOSPITAL

P O Box 442

Jersey JE4 5RE

A Non-Profit Organisation NPO1277

Email: Friends@ournewhospital.org.je

Website: <https://www.ournewhospital.org.je/>

To Our Friends of Friends Bulletin 8: Developing a Healthcare Strategy for Jersey The Jersey Care Model

15 February 2021

(©Copyright Friends of Our New Hospital 2021)

Introduction

Healthcare is the largest budget area in Jersey, and this model is common across most Western countries. It is driven by advances in medical technology and population growth, itself caused, in part, by demography with populations living longer despite the birth-rate falling. This skewing of the population growth caused by increased longevity brings with it additional medical costs due to the frailty brought on as people age, particularly in the last five years of life. This, in turn, increases the need for improved medical services and places a strain on the economy. It is therefore inevitable that governments focus on trying to control healthcare costs and is the fundamental reason behind the Jersey Care Model (“JCM”).

This is not new. In 2012 the then Department of Health and Social Services (DHSS), following a report by the consultants KPMG in 2011¹, introduced a Health White Paper: “Caring for each other, Caring for ourselves”². The Department’s White Paper was the starting point for a total redesign of Health and Social Services in Jersey. Following its publication, the Council of Ministers lodged P.82/2012 “Health and Social Services: A New Way Forward”³, which was approved by the States Assembly in October 2012. A new dawn in Island healthcare was promised, but never actually delivered, as there was no agreement between DHSS and the General Practitioners (“GPs”) on how this new healthcare strategy was going to be funded.

Healthcare in Jersey

Primary Care is delivered through individual, private businesses, the most visible being the GPs, collectively referred to as the Primary Care Body (PCB) plus Dentists, Pharmacists, Opticians and other supporting healthcare businesses, all of whom are independent of Health and Community Services (HCS).

Care in the Community is delivered through a combination of the PCB and a charity, Family Nursing and Home Care (“FNHC”), which is paid to provide certain services on a commission basis by HCS and generates other income to provide services that make a difference to peoples’ care. As both are businesses, Primary Healthcare is paid for by the user, the public. Making it affordable is through funds controlled by the Social Security Department, which will be covered in more detail our Bulletin 9 to follow shortly.

¹ KPMG - States of Jersey A Proposed New System for Health & Social Services - Jersey - 25 May 2011

² Caring for Yourself Caring for Each Other White Paper 240512

³ P82/2012 110912

Secondary Care is delivered free through the General Hospital in St Helier and a separate mental health facility at Clinique Pinel in St Saviour, both of which are part of HCS. Specialist Secondary Care not covered in the island is delivered through NHS hospitals, mostly in the south of England and paid for by HCS.

The combined healthcare system is totally different to the UK NHS (which is itself an uncommon system worldwide) and very difficult to comprehend if you have been in the NHS and are now working in HCS.

The JCM

In the late autumn of 2019, the Director General of HCS (DGHCS), Caroline Landon, with the Health Minister and accompanied by a team of presenters, including the Managing Director of the Hospital and Health Services, Rob Sainsbury, gave a presentation to the public in each of the Parish Halls⁴ setting out her aspirations for a new health strategy, the JCM. In it she promised more public consultation as the JCM evolved.

The programme banner was the promise of delivering ‘Care Closer to Home’ with the proposal for clinics around the island for services that had hitherto been delivered in the General Hospital, but which now would be delivered through a combination of the PCB, clinicians, nurses, physiotherapists and other health care workers coming out of the hospital to deliver this new model of care in the community and closer to peoples’ homes. However, the DG HCS was consistently questioned in these presentations about how the outsourced treatment from the hospital would be paid for. Her response was that the money saved within the hospital would follow the outsourced treatment. It was truly a promise of a brave new world for healthcare in Jersey, although she produced no figures demonstrating that it would be cheaper and better to do this in a small Island with a small population in either those presentations, or in the JCM document.

Then came the Covid 19 pandemic and all went quiet, including the promise of public consultation, until the publication of P114/2020 in late September 2020, together with a 493-page document setting out the detail of the JCM. The Proposition was scheduled for debate by the States on 3rd November 2020. It took our Friends Group three weeks to read and understand what was proposed and the enormity of the changes. The Friends sent a summary of the proposed changes to every member of the States immediately before the debate. (See Annex A)

Meanwhile, the Health & Social Security (H&SS) Scrutiny Panel published their report on the JCM on 23rd October 2020⁵ setting out 60 Key Points and 21 recommendations. The Health Minister accepted 18 of the Panel’s recommendations but without stating which three recommendations he did not agree with.

Accordingly, the H&SS Scrutiny Panel submitted an Amendment to the Report and Proposition P114/2020⁶ calling for “. . . the establishment of a non-executive board that will hold executives to account for the delivery of the Jersey Care Model and that will be responsible for agreeing monthly progress reports and the publication at the end of Tranche 1 of a detailed analysis of progress against set targets and a detailed look ahead to the delivery of Tranche 2.” The H&SS Scrutiny Panel stated

⁴ Jersey Care Model Meeting - YouTube

⁵ <https://statesassembly.gov.je/scrutinyreports/2020/report%20-%20review%20of%20the%20jersey%20care%20model%20-%2023%20october%202020.pdf>

⁶ <https://statesassembly.gov.je/scrutinyreports/2020/report%20-%20review%20of%20the%20jersey%20care%20model%20-%2023%20october%202020.pdf>

they had introduced the Amendment because “During evidence gathering, the Panel’s advisers found that there is insufficient pace and rigour behind the JCM programme and that those responsible for its delivery are not being held accountable for considerable slippage against previously promised actions. “

In return the Health Minister issued an Amendment to the Amendment to P114/2020⁷ seeking “. . . the establishment of an independent, non-executive board, that will report to the Minister and the H&SS Scrutiny Panel and keep under continuous review the delivery of the Jersey Care Model.”

Clearly this was a transparent attempt by the Health Minister to control the work of the “independent non-executive board”, but it was accepted by the Assembly who, surprisingly, voted in favour of the Health Minister’s Amendment, thus removing all accountability of the officers who brought this model forward.

What Happened Next?

On Tuesday 17th November 2020, in answer to a question from Deputy Inna Gardner in the States Assembly, about the formation of the independent board, the Health Minister said that his department was progressing the terms of reference (ToR) for the board, as well as establishing its modus operandi, reporting chain and funding. This included a clear and transparent statement indicating that the board would not be and could not be independent.⁸

As a result, we asked the H&SS Scrutiny Panel some direct questions about the formation and independence of the proposed Board. These, together with the answers received are at Annex B.

The JCM Marches On?

There is a statement in the Government Plan of 2019 which says: “In the Common Strategic Policy, the Government committed to actively engage General Practitioners and other health professionals in developing and testing new models of health care delivery and to Improve access for vulnerable people including children and an ageing population to all primary care services, including dentistry, and make it easier and more affordable to use.” This has not happened.

Instead, it is now clear that the JCM will not be implemented until 2025, but several of the changes set out in the JCM document have, or are in the process of being implemented, albeit without the associated money following these changes into Primary Care. Unsurprisingly, the PCB is finding it very difficult to reach an agreement with HCS, a situation made worse by the unannounced recruitment by HCS of at least two GPs to work in the Emergency Department (“ED” aka A&E).

Services have been transferred to community providers over the years including to the charity, FNHC. It is strange that this unique Jersey institution, which provides so much ‘care in the community’ and ‘closer to home’ and also runs its own clinics, was not highlighted in the Jersey Care Model report. There is no evidence that any of this has or will save money, nor that it is being done to improve the patient journey through the system.

⁷ <https://statesassembly.gov.je/assemblypropositions/2020/p.114-2020amd.pdf>

⁸ <https://statesassembly.gov.je/Scrutiny/Pages/scrutinyreports.aspx?query=%22The%20Jersey%20Care%20Model%20P114/2020%20Amd%20Amd%22>

It should be noted that the JCM has been developed, as an aspiration, by a group of ex-NHS managers recruited into HCS, seemingly without any recognition of the realities of Jersey as a small island community living in an area of 9 x 5 miles, with a perfectly good FNHC delivering care in the community, backed by the completely unachievable promise of making savings within the HCS budget of £194 million by 2036.

The JCM is being implemented as a diktat without the necessary funding, having been published and agreed by the States under P114/2020 on Tuesday 3rd November 2020 and without real consultation with the island's deliverers of Primary care, our GPs in the Primary Care Body and other Primary Care businesses. Although this has been promised it is exactly what did not happen under the previous Island healthcare scheme, 'Care in the Community', launched under P82/2012, now being repeated in 2020 and 2021.

More worryingly, the hidden agenda seems to be to end the current Health Insurance Fund but not your contribution in order to commission and pay for GP services on a per capita basis, similar to the UK. This completely changes the dynamics, taking the purchasing power away from individuals and putting that power in the hands of Health officials. We know how that ended up in the UK with limits on when you can see a GP, long waiting times and limited consultations.

This saga and the secrecy surrounding it really needs to be addressed directly with your local politicians before it is too late. It should not be down to a small group of citizens to blow the whistle.

Summary

Meanwhile, a truly independent Board to oversee the JCM is urgently needed, one with 'teeth' if the aspirations of the JCM are to be delivered sensibly and economically in the Jersey context. In particular, the Board needs to ensure that our disadvantaged islanders of all nations and those on low incomes are not hung out to dry. That is a massive island social responsibility, and our politicians need to focus on it and deliver it before the next General Election in May 2022.

What is clear is that the Primary care system is good value, as it costs the taxpayer practically nothing. What we want are as many services as possible on Island, which means that island healthcare must cost more. Common sense would tell us that having an Acute Hospital whilst setting up more clinics around the Island is likely to cost more than one clinic in a General Hospital.

"Friends of Our New Hospital"

The Friends Steering Group

Graham Bisson, Tom Binet, Ann Esterson, Peter Funk (Interim Chair),
Andy Howell, Stephen Regal, Tamara Vanmegglen, Mary Venturini, Bruce Willing CBE

Annexes:

- A. Service Reductions - This is What will Change in 'Our Hospital'
- B. Health and Social Security Panel - Response to Questions on the JCM and Independent Board

Annex A

Service Reductions - This is What will Change in 'Our Hospital':

***All the figures below are taken from the P114/2020 The Jersey Care Model's 493 pages**

Reduced Unscheduled Care:

Reduced ED attendances by 10%

Reduced ED attendances for other reasons age 65+ by 18%

Divert some remaining ED activity to a new UCC. 65% of remaining ED attendances go to the UCC, taken from non-urgent and standard activity

Reduced Scheduled Secondary Care

Reduced hospital admission rates by 17%

Reduced mental health average length of stay to Getting It Right First Time (GIRFT) target of 34.6 days

Reduced bed days by 27%

Reduced length of stay for stranded patients (>7 days) by the equivalent of up to 25 beds

Reduced bed days by 65% for patients over 60 age with a length of stay of more than 7 days (excluding mental health)

Reduced Outpatient Appointments

Reduced physiotherapy outpatients

100% reduction in physiotherapy outpatient activity

Reduced Trauma and Orthopaedics outpatient's activity by 23%

Reduced ENT outpatients

Reduce ENT outpatient activity by 12%

Reduced Ophthalmology outpatients' activity by 7%

Reduced Gastroenterology referrals activity by 20%

Reduced Gynaecology outpatients' activity by 32%

Move Community Dental Service outpatients to community dental Practices

Reduced Community Dental Service outpatient activity by 90%, all in age under 12

Reduced Outpatient Follow-up Appointments

Reduced Dermatology follow-up appointments by 12%

Reduced Cardiology follow-up appointments by 32%

Reduced Neurology follow-up appointments by 30%

Reduced General Medicine follow-up appointments by 35%

Reduced Thoracic Medicine follow-up appointments by 50%

Move Podiatry Education outpatients to the community

Reduced Podiatry Education outpatients by 100% (50% of total Podiatry outpatients)

Reduced Social Care

Reduced care home placements to England third quartile Reduced residential care placements by 50%

Reduced care home placements to England third quartile Reduced residential care placements by 46%

Annex B**Health and Social Services Scrutiny Panel
Response to Questions on the JCM and Independent Board
15th January 2021****Q1. Who will be responsible for the selection of the chair of the Board and its members?**

A1. The recruitment process will follow the Jersey Appointments Commission's standards which have been published, see here:

<https://www.gov.je/Government/Departments/OfficeChiefExecutive/OfficeChiefExecutivesSections/JerseyAppointmentsCommission/Pages/index.aspx>

The Jersey Appointments Commission will select the recruitment panel consisting of a variety of people with different expertise and conduct the interviews to ensure independence and selection based on merit and competencies.

Whilst consideration was given to whether members of the HSS Panel should sit on the interview Panel, we did not feel that this was appropriate. In order to maintain our impartiality and to ensure that we can undertake future reviews of the Jersey Care Model without any perceived conflict, we felt it was best that we remained independent from this process. However, we have been, and will continue to be, involved, when appropriate throughout the Board's establishment.

Q2. Why is the Minister of Health, rather than the H&SS Scrutiny Panel, who brought the amendment to the States Assembly, organising the work of an independent Board looking into the planning for and implementation of the JCM?

A. The Minister for Health and Social Services is not organising the work of the independent Board. The Minister and the Panel will be the recipients of the Board's reports to receive an independent view and assurance on progress of the JCM programme and its robustness of delivery.

Q3. How can the Board be independent if this is allowed to happen?

A3. The Panel's recommendation asked that the Minister establish an Independent Board. The Panel does not have either the manpower or resources to establish a Board. The Board will be comprised of members with extensive experience in complex multi-stakeholder programme management and delivery or experience of financial and risk management for comparable sized projects. The Board will report to the Panel on delivery progress and programme management rigour to support us and the States Assembly in holding the Minister to account for the efficient and effective delivery of the Jersey Care Model.

Q4. Will the ToR be published for public scrutiny and if not, why not?

A4. The Panel has had the opportunity to review and provide comments on the Draft Terms of Reference. It is our understanding that the Terms of Reference will be published when complete.

Q5. How can the paying public be assured that this Board will be allowed to work independently?

A5. The Panel will ensure that the Board is able to work independently through its regular meetings. Furthermore, whilst the Board will meet in private to allow free and frank debate, its agendas and minutes will be published to provide transparency of the key business and recommendations made except they contain commercially sensitive or confidential information.

Q6. Where will its offices be and with what support?

A6. We have been advised that it is anticipated that the Board will work virtually and meet using video conferencing tools once a month. Administrative support will be provided by the Government to support with papers, minutes and booking of meetings etc.

Q7. What is the reporting chain for the Board's findings?

A7. Based on the draft Governance structure, the Board will report to the Minister for Health and Social Services and the Panel. The Board will also share its findings and recommendations with the Strategic Partnership Board and the leadership team in the Department for Health and Community Services (depending final sign off of the JCM governance structure).

Q8. What authority will the Board have to stop the development of the JCM, should that be necessary?

A8. The role of the Board is to be an independent, non-executive board, that will keep the delivery of the Jersey Care Model under continuous review. The Board will report to the Minister and the Panel on its findings and recommendations. It shall also provide advice on good programme management practice to the JCM Programme team.

The Board will play an important role in providing independent advice on the progress and robustness of the programme delivery which will inform both the Minister and the Panel.

Q9. How will the Board's findings be relayed to the States Assembly and through which committee?

A9. The findings of the Board will be brought to the Assembly by the Minister for Health and Social Services, but we have been advised that the reports will be published immediately after they have been completed.

Q10. How will the work of the Board be funded?

A10. The finding of the Board will be taken from the funding agreed for the JCM as per the Government Plan 2021-24.