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To Our Friends of Friends

Bulletin 14:

Management of Jersey's Health System – Part I

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1. Introduction

With all the letters and articles in our local media about staff shortages, staff morale, the controversy over the Our Hospital Project (“OH”) and the Jersey Care Model (“JCM”) the following report highlights key issues relating to the management of our health service.

The report gives details of worryingly high vacancy levels amongst clinical and nursing staff in the hospital and also community GPs. At the same time, numbers of health managers are increasing beyond reason, apparently unchecked, and money is being syphoned out of the Health Insurance Fund (“HIF”) for reasons other than the purpose it was set up for - making primary care affordable.

The recent whistleblowers’ revelations of a toxic, bullying culture at the hospital where morale has deteriorated over recent years, together with unpublished performance and review reports which may shed a light on the reasons for this state of affairs, must raise serious questions about the quality of leadership and management.

We believe an urgent independent review of the management of our Health Services including the hospital, is vital.

2. Finding Consultants and Clinicians

Currently there are 31 vacancies (19 consultants and 12 Junior doctors) in this category. These posts have to be filled, something that is becoming increasingly difficult, otherwise the service delivery is harmed across the hospital.

Until replacements can be recruited, locums are employed through agencies on short term 40-hour a week contracts at an average fee of £120 an hour for consultants and £75 per hour for junior doctors. Some locums have been here for months. This represents at least £4.1 million a year for consultant grade locums and £1.55 million for Junior Doctor grades a total of £5.65 million per year¹. To that figure has to be added the percentage the agencies charge for finding people to fill these vacancies

Such high vacancy levels cause a huge amount of additional work and stress to the full-time clinicians and consultants, who are responsible for the delivery of the required clinical standards throughout the hospital.

¹ Figure based on a 40-hour week for 52 weeks a year.

There is a similar picture amongst nursing staff which is equally worrying. Recently, operations have been cancelled because of staff shortages of Theatre staff after a reorganisation and eight members of nursing staff left together, adding to the crisis.

3. Hospital (HCS) Management

On the other hand, there seems to be no difficulty recruiting managers. This in itself causes friction when nursing staff and consultants see those jobs advertised at levels above their pay grade and hard-pressed medical staff pass office doors with ever more silly management job titles.

In 2012 there were 12 managers in the Health Department. By 2015, this had increased to 35. According to a Freedom of Information response received on 9th July 2021 there now are 61 managers. The vast majority of them having been recruited directly from the UK NHS, not from within Health & Community Services (“HCS”). It is therefore hardly surprising that HCS seems intent on creating a branch of the NHS in Jersey. The newly recruited NHS managers may know a lot about the UK NHS but seem to know very little about Jersey’s health system or even understand the context of healthcare in Jersey.

Meanwhile, the recruitment of a further 17 managers is underway at grades 13 and 14 to develop the Jersey Care Model. At a straight salary level this represents an annual cost of £902,000 from 2021 onwards.

How has the Minister of Health justified this number of managers when the clinical side is so short of the deliverers of secondary healthcare in the General Hospital?

If you include the 17 additional managers being recruited to develop the JCM, this brings the current total to 78 managers which cannot be justified by any benchmark. It therefore appears that the solution to any crisis in the hospital is to recruit another manager. What it does mean though is that money is being spent on managers at the direct expense of the delivery of healthcare services in the hospital.

In short, numbers of managers have risen by 408% in the nine years up to July 2021 and that will increase to 550% with the additional managers being recruited.

How has this happened and what is being done about it? Despite numerous articles and letters in the printed and social media, there is a stony silence from HCS, presumably hoping that the fuss will die away.

4. The Effect on Primary Care

Our GPs, on the other hand, who run private practices and deliver about 80% of the island’s healthcare, would go out of business if they adopted such a management structure.

GPs are also in short supply. Again, reports in our local media indicate that presently there is a shortfall of 12.5% just at a time when numbers of GPs and nurse practitioners should be increasing to take on the additional work to be transferred from the hospital under the Jersey Care Model. All this threatens the easy access Islanders have had to their GPs.

There are a number of reasons for the short supply including a worldwide shortage of doctors, according to the World Health Organisation. But, at a difficult time, when we should be supporting and valuing our medical staff, it seems that the opposite is happening.

We have already raised the issue of affordability of healthcare following nearly 10 years of freezing the medical benefit co-payment. There is clear evidence that it is causing hardship and putting people off going to the doctor. It also directly affects the Jersey cost of living rate. Annual numbers of patient GP consultations in that period have dropped by 14%, a very clear indication that people are putting off visiting their GP. Unless the Scheme is restored to its original intent of meeting half the cost of a GP visit, matters will get worse. Promises that the money will follow the patient are not being honoured on the basis of recent developments and the patient is being left to pick up a substantial part of the cost.

Appeals to the Social Security Minister, who controls the Health Insurance Fund, have also fallen on deaf ears. It seems that no States Assembly member is even prepared to support the many Islanders who are only “just about managing” and whose health is being compromised for no good reason.

The impact on GP’s is clear. Their business model is being badly affected now which is making matters worse in a difficult recruitment market. The high cost of living and operating a surgery in Jersey with the huge costs of accommodation, equipment, infrastructure, insurance and pensions and so forth is not the most attractive proposition for recruiting GPs.

5. Summary

The current medical and nursing staffing situation is detrimental to a well-functioning health service. It indicates management and political failures.

Leadership is needed as never before through our elected politicians in order to sort out the huge and unnecessary bureaucracy in HCS, focusing on filling staffing vacancies in the hospital, restoring clinical and staff morale, supporting our GPs and their patients to keep primary care affordable for all.

The management of the hospital and service delivery has never been independently inspected in recent years, if ever, as in most countries. In the UK hospital inspections are carried out by the Quality Care Commission. We have no similar oversight of our hospital here in Jersey.

We submit that the situation is now so critical that the Council of Ministers needs urgently to commission an independent review of the management of HCS and the operation of the General Hospital in order to benchmark the management and delivery of Jersey’s healthcare against best practice.

“Friends of Our New Hospital”

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