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To Our Friends of Friends

Bulletin 15:

Management of Jersey's Health System – Part II

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1. Introduction

The following Bulletin highlights concerns about the Jersey Care Model, its implementation and funding.

2. The Jersey Care Model

The Jersey Care Model is skewing the 'Our Hospital' project into providing a largely Acute, rather than a General Hospital. Protestations to the contrary have not sounded very convincing. Switching to an Acute service means that everything else will have to be provided in the community or off island.

There are no details on what conditions will be treated elsewhere, by whom, where the facilities will be and what it will all cost. Although, in principle, the ethos of moving certain services to the community has some merit, each aspect must be looked at from a small Island perspective. Community health services must be supported to provide these additional services with sufficient cover if they are not to become overwhelmed, as in the UK, and healthcare rationed.

If the hospital is to become a smaller and Acute operation, then funding for an accompanying change of our health model should be coming from the projected savings of building and staffing a smaller hospital service. This does not seem to be happening.

The Jersey Care Model is being implemented now, incrementally, as individuals are beginning to discover as they are charged for treatments that were previously free. For example, the Samares Specialist Rehabilitation Ward at Overdale was closed in May 2020, ostensibly to make room for Covid-19 patients. The Samares facilities have been replaced with a third-rate rehabilitation service of 12 beds in the Plemont medical ward in the hospital. Patients were able to stay in Samares until their recovery and aftercare had been assured. Now the maximum stay in the hospital is limited to 13 weeks after which patients are sent home or into a nursing home. In either case the rehabilitation support is minimal compared to what had been available in Samares Ward. The plan is for the same limited rehabilitation facilities in the new hospital, which will have three small gyms, no dedicated physiotherapy or occupational therapy departments and no hydrotherapy pool, the latter being outsourced into the community. Where is not specified.

A very similar scheme to the Jersey Care Model was recommended to and trialed by the North Devon NHS Trust starting in January 2017. In July 2017 the North Devon NHS trust stopped the trial, as it was too expensive and there were too many patient complaints. In January 2018 the same scheme was proposed to the East Devon NHS Trust Board, who rejected it out of hand. Why is Health & Community Services here in Jersey now seeking to adopt a similar failed care model?

We therefore have grave doubts about the “savings” promised by the Jersey Care Model. We expect the new health care system will be more expensive in the long run, unless each aspect is subject to a cost benefit analysis. It is not right to pocket the savings from cutbacks in rehabilitation services proposed by the Jersey Care Model whilst the patients and Long-Term Care Fund pick up the cost. That is not the money following the patient nor savings to the taxpayer.

3. Development of the Jersey Care Model

To achieve the development of a yet to be fully described Jersey Care model, let alone consulted on, the States Assembly voted in favour of P156/2020 in December 2020 including a budget of £58 million to develop the model. The budget was broken down as follows:

Source of Funds	£
Health Insurance Fund	44,285,000
Charitable Funds	2,033,000
Loans to the Consolidated Fund	5,700,000
Criminal Confiscation Fund	5,961,000
Total	57,979,000

The Assembly passed amendments to the Jersey Care Model requiring Health & Community Services to establish an independent Board to oversee and report on the progress of implementing the Jersey Care Model. The Board has not been established, no terms of reference have been published, yet the Health Minister reports that its first meeting is scheduled for the end of September 2021. We have asked the Chair of the Health and Social Services Scrutiny Panel, who initiated the requirement, if the Panel has seen any terms of reference and whether they intend to oversee the independence of the Board that the Panel got the States Assembly to approve. The Chair has responded to say the Panel has not received a response. Meanwhile, the recruitment of new managers and the plans for the Jersey Care Model are being implemented.

4. The Health Insurance Fund ‘Money Tree’

The Health Insurance Fund (under its law of 1967) is hypothecated to defray the cost to patients in a face-to-face appointment with their GP, as well as the treatment of certain specialised medical conditions like gluten intolerance and for prescriptions. It was designed to meet 50% of the patient appointment cost. It has not been reviewed for 10 years. A similar arrangement for the Dental Fitness Scheme has not been reviewed for 28 years.

The Health Insurance Fund is primarily designed to provide financial assistance to Jersey residents who need access GP services, by partially offsetting the doctor’s consultation charge and meeting in most cases the full cost of drugs prescribed by the GP. The Health Insurance Fund is currently financed by 2% of social security contributions from individuals.

In the spring of 2020, the Fund was raided for £3 million to pay for the Urgent Treatment Centre (UTC) during the initial Covid-19 crisis. Its current value is about £114 million and the latest actuarial report from December 2017, published on 25 March 2019, predicts that the Fund will run out of money by 2035, unless its contributory amount is increased, or corrective action taken. It will run out a lot sooner if a further £44,285 million is removed from it rather than States General Funding to pay for the Jersey Care Model, if it is needed at all and that is unclear because, despite promises of “further public consultation” at the public launch of the Jersey Care Model, nothing has happened.

The Treasury Minister has been asked to clarify her remarks before the Future Hospital Scrutiny Panel on Monday 12th July, when she said that the Health Insurance Fund was being passed to the General Fund or Health & Community Services directly. In either event, this contributory fund, paid into by social security contributions from individuals, is being abused to pay for a model of care that has yet to be defined and consulted on. We have been unable to get a breakdown of how this money will be spent but it seems extraordinarily high when you consider the relatively small size of our health sector servicing 110,000 island residents.

5. A Lack of Effective Political Oversight

Collectively our politicians have ‘dropped the ball’ mainly because they are faced with huge indecipherable documents in support of everything planned for the new hospital and the Jersey Care Model, epitomised by a lack of leadership from the Council of Ministers.

As a result, a fundamentally flawed hospital site selection process ended with five civil servants deciding on the shortlist for the new hospital, four of whom had been in the island for less than three years. The shortlist consisted of three public parks, Overdale and a random collection of fields northeast of Five Oaks. Is it therefore pure coincidence that Overdale was selected, and two other sites owned by the States did not even make the shortlist? Despite requests to see the relevant Council of Ministers minutes on this decision under a Freedom of Information application, excuses have been found to keep them secret which only serves to reinforce the view that it was not a robust process.

6. Summary

It was called the “Jersey” Care Model, but it draws heavily on UK NHS policies and shows no understanding of providing health services in a small Island with limited resources and a history of using Health Insurance Systems to spread the cost.

As we discussed in Bulletin 14, leadership is needed as never before through our elected politicians in order to sort out the huge and unnecessary bureaucracy in Health & Community Services, restore morale, focus on filling staffing vacancies in the hospital, supporting our GPs, and delivering a General Hospital that is affordable and fit for Jersey’s purposes.

The Jersey Care Model is already showing signs of a hospital centric approach with no thought being given to the patient after leaving hospital. Without the strong input from the main community providers, GPs and FNHC in particular, the situation is not going to improve.

True consultation and involvement of all concerned is vital, otherwise what is already a dubious model, will only end up costing the Island dearly and leaving us with a worse system than before.

“Friends of Our New Hospital”

The Friends Steering Group

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