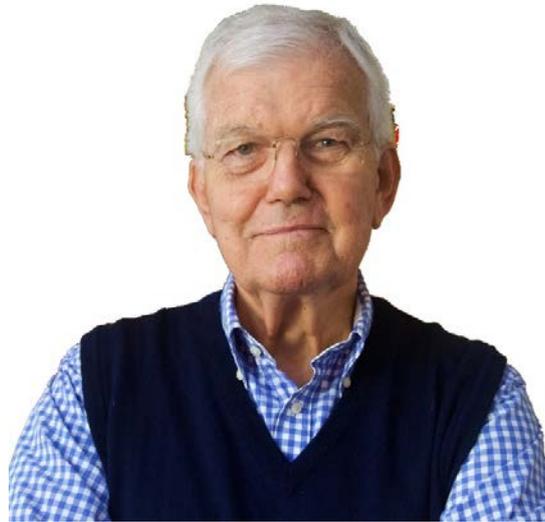


## Opinion Column

### Real consultation is needed before States Members debate the Jersey Care Model



Brigadier Bruce Willing, member of Friends of Our New Hospital

On 22 September Health Minister Richard Renouf submitted the Jersey Care Model Report and Proposition P.114/202 for consideration by the Assembly on 3 November. In the interim the Health and Social Security Scrutiny Panel has reviewed that Proposition and submitted their Report SR5/2020 on the JCM. The public awaits the minister's response to the 60 key points and 21 recommendations in that report.

The panel's report includes a confidential survey of the Island's GPs, which reveals a significant difference of opinion between the GPs and the Health Department regarding the care model. Approximately 74% of all GPs responded, of whom 100% said they did not think the care model supported general practice. As yet, the minister has not started detailed consultations with our GPs. He should tell Islanders when he intended to do so.

The Jersey Care Model calls for a significant reduction in services at the Hospital, some of which will be moved into the community. This will require a huge influx of experienced and certified healthcare staff who are already in short supply, particularly in our General Hospital. What are the minister's plans for their recruitment, pay, conditions and housing?

Having patients attending clinics in remote locations cannot be a cost-effective or efficient way of delivering services. Keep-fit classes delivered in parish halls are commendable. However, they do not replace a proper physiotherapy department in the Hospital, which the care model intends to remove entirely. It is naive to imagine that charities, largely staffed by retired people, will have the capability to expand their services, as envisioned.

There are major concerns about the closure of the Samarès Ward earlier this year under the guise of Covid-19. Samarès was a world-class facility for stroke and trauma patient rehabilitation and there are no plans to reinstate it. The closure was done without consultation with patients or staff. Why?

The care model continually refers to a much smaller 'acute' hospital. We are an island and we

need a General Hospital with all existing services, including mental health.

It calls for approximately 200 beds in the new Hospital as opposed to 300 beds recommended by consultants in the Future Hospital project. It states that the bed requirements are based on the report 'Jersey Populations Projections 2016 Release'. The population model in the report assumes 700+ per year migration figure and an Island population of 145,800 by 2065. The current net inward planning figure of 1,000+ per year with a population of 166,000 by 2065 is more realistic.

Meanwhile, the care model fails to recognise that the King's Fund is calling for a review of all bed numbers across the UK and has stated that they must rise rather than being reduced. Our present bed numbers in Jersey per 1,000 population are even lower than the UK.

The care model business plan requires a raid on the Health Insurance Fund, as a result reducing it from £94 million to £35 million within five years. The HIF is a contributory fund that pays for our prescriptions and is a lifeline to those on low incomes and in poor health. The minister was due to report on affordable healthcare by now with implementation in January 2021. Where is his report and proposition?

In the UK, the Government and the NHS must follow formal consultation procedures before any major actions may be undertaken. Section 242 of the NHS Act 2006 requires the NHS to:

- Consult with users of the services who must be fully involved in the development of the proposals;
- Introduce specific arrangements to consult with the public and to take into consideration the public's views and responses before a final decision is made;
- Public consultation must begin at a formative stage with sufficient information provided to enable the public to give an informed response. The information must set out the preferred options and make clear what other options exist;
- The consulting body must disclose the data and modelling available to it to allow the public to interrogate that information. Adequate time must be allowed for challenges;

Failure to adhere to these actions relegates the consultation to a rubber-stamping exercise and is vulnerable to legal challenge. None of these procedures have been followed in relation to the Jersey care Model. Why is Health not following best practice?

Whilst efficiencies can be made in our health care, especially concerning IT systems and respite care, these efficiencies should be developed slowly. They do not require a major rewrite of the entire health system.

Proposition P.114/2020 should be withdrawn and brought back to the Assembly when real consultation has taken place and agreed by the main stakeholders: the Primary Care Body, charities, private sector health providers, HCS staff and, most importantly, patients and the public.

We look forward to a full response from Deputy Renouf.