

STATES OF JERSEY



RE-OPENING OF SAMARES WARD

**Lodged au Greffe on 10th December 2021
by Senator S.W. Pallett
Earliest date for debate: 18th January 2021**

STATES GREFFE

PROPOSITION

THE STATES are asked to decide whether they are of opinion –

to request the Minister for Health and Social Services to:

- (a) to reinstate the full suite of stroke and injury rehabilitation services facilities and beds at the earliest opportunity, but no later than 1st March 2022, either at Samarès Ward at Overdale or at another suitable location, as determined by the Minister; and
- (b) ensure that a purpose-built rehabilitation unit offering the full suite of stroke and injury rehabilitation service facilities and beds formerly offered at Samarès Ward is delivered as part of the development of a new hospital campus at Overdale, or at another suitable location.

SENATOR S.W. PALLETT

REPORT

Introduction

In May 2020 the Samarès Ward rehabilitation centre was closed to offer a rehabilitation centre for recovering Covid patients coming off ventilators in the Nightingale Ward of the General Hospital. Later,¹ the reason given was that there is no piped oxygen available in the Samarès Ward. However, in the government's financial report for FY 2020 Samarès Ward's closure was shown as a £1.8 million HCS cost saving.

Consequently, the 17 patients in Samarès Ward were returned to their homes, or to nursing homes, or to complete their rehabilitation in Plémont Ward, which had been altered to accommodate up to six male and six female rehabilitation patients in two bays of this general medical ward. There was no gym, or specialised equipment available for the accompanying physiotherapy and occupational therapy that is an essential part of rehabilitation from serious injury, such as a stroke or major surgery affecting the ambulatory capabilities of a rehabilitating patients, although another bay in Plémont Ward has recently been converted into a form of temporary rehabilitation gym, as a development resulting from patient and family complaints about the standard of rehabilitation being offered.

Samarès Ward

The construction of the Rehabilitation Centre at Overdale (Samarès Ward) was completed in September 2004 at a cost of £ 6.8 million and underwent a refurbishment costing £815K that was finished in May 2016, only 5 years ago. Until it was closed, it was Jersey's only purpose-built facility and was designed to rehabilitate islanders suffering from severe strokes or severe injury. On completion of its refurbishment in 2016 it was able to provide the very latest in treatment practices and equipment for those who required specialist rehabilitation, particularly those from our older generation, having suffered a stroke. At the time of its closure Samarès Ward was compliant with the National Institute of Health and Care Excellence (NICE) guidelines for rehabilitation after critical illness guidelines².

Samarès Ward was and is a state-of-the-art, 27-bed rehabilitation centre delivering patients the privacy of their own rooms, support from nursing staff to assist and develop their mobility, specialist dietary meals from its own kitchen, specialist equipment to support the physiotherapy and occupational staff delivering the personal and individual rehabilitation needed for successful rehabilitation. It was also a calm and quiet place. Above all it operated as a community with rehabilitating patients supporting others through their journey with the aim of restoring the patient to a condition where he or she can support themselves in their own homes. At that stage the patient was discharged together with a follow-up rehabilitation programme.

Plémont Ward

All that was lost when Samarès Ward was closed, and Plémont Ward rehabilitation bays substituted. Today, despite Mr Sainsbury's comment to the H&SS Scrutiny Panel on 18th November 2021, this rehabilitation facility is certainly not in full compliance with

¹ In a statement by Mr Robert Sainsbury, at the time the Managing Director of the Hospital and Health Services to the Health & Social Services Scrutiny Panel on Thursday 18th November 2021.

² <https://www.nice.org.uk/guidance/cg83>

the updated NICE guidelines from 2017³ Worse is the fact that a patient's time in Plémont Ward is restricted to a maximum of 13 weeks, irrespective of their recovery at that stage. The intention was that, in accordance with the doctrine of the Jersey Care Model⁴, patients would be discharged with a rehabilitation plan involving ongoing physio and occupational therapy 'Closer to Home'. However, not only did the home-therapy service not materialise, but patients that need home-based nursing care have been discharged at a very high personal cost, in the worst case an annual £72,000 in care costs, plus a further £40,000 in modification costs to a home and the purchase of a second-hand mobility vehicle to move them to the Jersey Cheshire Home for hydrotherapy.

As a part of investigating the current rehabilitation situation a set of eight case studies relating to past and present rehabilitation in both Samarès Ward and today in Plémont Ward has been put together, from which four are quoted.

Case Study One

At a relatively young age, Mr. G collapsed with stroke like symptoms caused by a brain tumour while awaiting treatment at Southampton Hospital. He was stabilised in Southampton and returned to Jersey to start his physiotherapy and rehabilitation treatment with the expert staff in Samarès Ward. Without the skills and environment offered in Samarès Ward, G would not have been able to regain his strength or physical mobility essential to enjoy life as a young man. Mr. G felt that he had a small window of time to retrain his body to overcome his paralysis. The family have said that that he understood the value of the help he was receiving and worked long and hard with staff to achieve his goals. Samarès Ward was not a hospital environment; it was an environment where the person being cared for had gardens, private rooms, wide corridors enabling room to walk easily. It was light, airy, and equal to any gold standard rehabilitation centre in the UK. To quote the mother of Mr. G: "I would like to support by voicing my concerns, that every islander be it a son, daughter, mother, or father deserves better than what is on offer now"

Case Study Two

In late 2020 Mrs. X suffered a serious stroke and spent the following 13 weeks in the 'replacement', rehabilitation unit on Plémont Ward. The family do not believe that she has had the level of care that she would have received on Samarès Ward had it remained open. Mrs X has now been back home for 9 months and is still unable to walk or even stand up.

With some difficulty the family were able to put together a care package that was acceptable to authorities. They had to make alterations to their home and purchase a second-hand disability vehicle. After 3 weeks at home and with no physiotherapy provided by Health and Community Services, Mrs. X said that: "I really feel as if I have been neglected and I am worse now than the day I left hospital". Without considerable physiotherapy and occupational therapy, progress is not possible.

³<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwic9tmGzMD0AhXj4IUkHe4uBCgQFnoECAQAQ&url=https%3A%2F%2Fwww.nice.org.uk%2Fguidance%2Fqs158%2Fresources%2Frehabilitation-after-critical-illness-in-adults-pdf-75545546693317&usg=AOvVaw2EvHmamoin91itiWS0ZnWT>

⁴ See P114/2020 report debated in the States Assembly on 3rd November 2020

After several weeks without the necessary support the husband of Mrs. X contacted the hospital who offered his wife one hour per week of physiotherapy at Overdale. When he asked how long this treatment would last, the response was: “we have no idea”. After 6 weeks of one hour’s treatment per week the following 3 weeks were cancelled at short notice because there was no physiotherapist available.

HCS then encouraged the family to organise private physiotherapy, which they did via two one-hour sessions per week. In addition, they made private arrangements for Mrs. X to have two half hour sessions in the hydro pool at the Jersey Cheshire Home along with a massage and reflexology for one hour. Their home care package is costing the family £72K per year.

To add insult to injury, the costs of private physiotherapy, the Cheshire Home, massage, and reflexology are not considered to be, ‘care costs’ and therefore do not count towards the Long-Term Care threshold of £58K that needs to be met before the Long-Term Care payments begin. To quote the husband of Mrs X: “As far as we are concerned, every part of the care package that we have put in place is very much a care cost, as each one is essential for my wife’s well-being and recovery and would have been available had she been in Samarès Ward.”

Case Study Three

Mr. K suffered a significant stroke whilst in the operating theatre at the General Hospital in late 2019. When he awoke, he found that he was hooked up to several tubes and pipes and did not understand what was going on. He could barely move, speak, or eat. In his own words he has said that: “the hospital had neither the facilities nor the professionals to assist him” and that as he became more discouraged and depressed had it not been for the support of his wife and family, he would have simply lain in his hospital bed and vegetated.

He is clear that the day he was transferred to Samarès Ward at Overdale, was the day of his rebirth. From day one in a clean and private room equipped with a hoist, the medical and support staff were wonderful, and he was treated as an individual and encouraged and motivated in every possible way to make a start on rehabilitating himself. All the highly professional speech and occupational therapists together with the physiotherapist teams in the gym were exceptional and over time gave him the encouragement to meet his physical goals which included getting back on his feet and walking again. The staff harnessed his determination to achieve every step of the journey, including the catering staff who supported him in relearning his eating ability. Importantly, communal breakfast and lunch were social events where patients could share experiences and be supportive for those in a similar position to theirs.

To quote Mr. K: “I can never speak highly enough about the professional and dedicated team of medical and therapist staff in Samarès Ward. It was with disbelief that I learned that the world-class rehabilitation ward had been closed and that the incredible and dedicated team been disbanded. What a tragic loss to the people of Jersey – but **why** was this done? I have been forced to conclude that the closure of Samarès Ward was decided on purely economic grounds, as though the wellbeing of Jersey residents is counted in pounds and pence!”

Mr K. goes on to say that he is aware of people who have suffered strokes, accidents, and other issues since his own stay in Samarès who were left to languish in the General

Hospital, or in nursing homes without equipment, or facilities, or the dedicated health professionals that gave Mr K his life back. He finishes by saying that: “our short-sighted politicians will appreciate the importance of immediately restoring the rehabilitation centre somewhere on the island for the enormous benefit of unfortunate Jersey people who now, and in the future, need these vital rehabilitation services. They should be readily available for all who need them when they need them”.

Case Study Four

This case sets out clearly the lack of rehabilitation currently available and what should be readily available for those who are severely ill or injured

In late September 2021 Mr H fell and broke his hip. He was admitted to the Beauport Ward in the General Hospital and was operated on successfully two days after admission. Unfortunately, he contracted an infection and was bed bound for a two of weeks, with no physiotherapy until the third week, apart from an occasional visit from physiotherapists who gradually got him out of bed and into a chair for short periods. At this stage he was unable to stand without help or walk. At weekends there was no physiotherapy so any small progress he made during the week was lost by Monday.

It had been hoped to move H to Plémont Ward where there would have been more physiotherapy. However, there were two more men in the same bay as H on Beauport Ward who were also waiting for beds in Plémont Ward and who were well enough medically, but not mobile enough to go home.

After four weeks Mr H had the added complication of a further infection caused of being on antibiotics for a long period. As a result, he was moved to a private room on Portelet Ward which made him for more isolated, as he is blind had no way to ask for help, instead having to wait for someone to come.

His wife said: “At the end of five weeks, we agreed he would discharge himself and I would care for him at home. They were not happy with this but, as they were unable to provide any rehabilitation, I felt we had no choice.”

“In summary, it seems to me that there is no coherent rehabilitation service currently in the General Hospital, other than a few beds in Plémont Ward. Had Samarès Ward been open, with its 27 beds, I am sure that my husband would have been sent there to be rehabilitated. As it is, I am the reality of ‘Closer to Home’. Fortunately, I can communicate, but I am really concerned that rehabilitation is so limited following the closure of Samarès Ward that there are people less fortunate than my husband who are simply being left to rot.”

The Current Situation

The above statement from the wife of Mr. H says it all. I would also bring to Member’s attention the letter to the Jersey Evening Post from Brigadier Bruce Willing CBE who set out some very pertinent questions about the Health Minister’s letter to the JEP of the 30th October 2021 about the Jersey Care Model.

He asked why, given that the island has an ageing demographic, is it planned to provide only 12 rehabilitation beds in the new hospital and no specialist rehabilitation ward? He

asked why there is no hydrotherapy pool in the new hospital, why the organisation and delivery of rehabilitation at home is so poor and in some cases non-existent, and why do rehabilitation patients having to pay for their own post-hospital rehabilitation when the Director General of HCS made it clear in the Parish presentations on the JCM in November and December of 2019 that “where a service delivered in the hospital is passed into the community, the cost of that service will go from the hospital into the community”?

The response from Deputy Renouf has been met with derision by many in our local community. In his response the Minister stated: “it has been recognised that there has been a positive impact for patients of the changing model” yet he gave no evidence of such an impact and I and others suspect that it would be impossible to do so. Indeed, the oft made statement from HCS management of bed blocking in Samarès Ward as a reason for closing it is simply not true. There was one woman there for 42 weeks because no suitable alternative accommodation could be found for her. That is not ‘bed blocking’; that is management incompetence.

The Our Hospital

In the UK NHS there are specialist rehabilitation hospitals and wards and of course there is an understandable emphasis on rehabilitation at home due to the distances involved. There is also a National Rehabilitation Centre in Nottingham. By comparison Jersey is a tiny island a hundred miles south of the nearest NHS rehabilitation facility. This was the reason the States Assembly had the wisdom and foresight to build and operate the Samarès Ward from 2004 onwards. Now, in the Our Hospital, we propose to replicate the current situation in Plémont Ward in the new hospital except this time they will be in single rooms and remote from any chance of assisting their rehabilitation in a Samarès Ward type of community. This is simply unacceptable.

Successful rehabilitation is dependent on a recognition of the extreme fatigue suffered by those recovering from a stroke or serious head injury, which in turn makes them very sensitive to coping with everyday noise, let alone those experienced routinely in a medical ward like Plémont Ward.

A further consideration, which seems currently to be missing in the management and leadership of HCS, is a recognition the unsuitability of some people’s homes and the staff-intensive nature of a home service, as opposed to a centralised, expert, and consistent service where staff do not need to be spending time travelling to patients but are actually helping the patient recover in order that they can go home and survive.

It seems that the leadership in HCS too often believes that second best will do; I suggest that islanders are not prepared to accept second best when it comes to family members recovering from an accident or serious illness and want the best for their loved ones. If we accept this current situation, I believe we are shirking our responsibility to those who elected us. We need Samarès Ward now, an interim facility while the Our Hospital is being built (which looks unlikely to be before 2023) and a new Samarès Ward on the Overdale Our Hospital medical campus.

Is what is happening now in Plémont Ward and is planned for Our Hospital what we expected when we listened to and voted for the Jersey Care Model on 3rd November 2020?

Financial and manpower implications

Part (a): In terms of the financial implications of reinstating Samarès Ward, an estimate of £550,000 is suggested. This figure is based upon the difference between the running costs for Samarès Ward in 2019, its last full year of opening (£2,382,939) and the running costs of Plémont Ward from June 2020 (£2,227,811) which is £155,128, combined with an uplift of £200,000 for the running cost of Samarès Ward in 2020 and 2021 = £550,000. This figure includes staffing costs.

If the Minister determined that another location (such as Le Bas Centre, for example) could be suitably re-purposed or refurbished to accommodate a rehabilitation unit in place of Samarès Ward, this could incur costs to ensure the alternative site was fit for purpose. Equipment that had previously been in use on Samarès Ward could be transferred to this site to reduce additional expenditure.

Part (c): the cost of building Samarès Ward in 2004 was approximately £7,923,000. Updated in line with inflation, this produces a figure of £11.13million as an estimated capital cost of constructing a replacement rehabilitation facility.