

22.01.18

13 Deputy K.G. Pamplin of the Minister for Health and Social Services regarding Samares Ward (OQ.9/2022)

Will the Minister state the current use of the former Samarès Ward and advise what clinical barriers, if any, there are to using the ward for complex rehabilitation in the short term while work is ongoing in relation to the new hospital??

The Deputy of St. Ouen (The Minister for Health and Social Services):

Currently the building that houses Samarès Ward is occupied by various services that are due to move to the former Les Quennevais School during 2022. There are 6 of them: a pre-assessment service, retinal screening, the fit-for-life service, neurology, the assisted reproduction service and community therapies. The Deputy has used the phrase “complex rehabilitation” in his question that clinically refers to patients who should be managed in specialised tertiary centres in the U.K. Patients with complex rehabilitation require access to acute healthcare services that, from a clinical safety point of view, cannot be provided on a satellite site such as Overdale as this limits access to key professionals and services and can therefore lead to risk and delays in treatment. I wonder if the Deputy did not mean patients needing complex rehabilitation as clinically defined and, if that is the case, I refer to comments I have made already and which are in my amendment on Samarès. It would notionally be possible to move services around but that would only be for a few months before they would need to move again and the building housing Samarès is to be demolished if the hospital planning application is granted. Operationally, I do not see how that is possible or in the best interests of anyone.

3.13.1 Deputy K.G. Pamplin:

I thank the Minister for his answer. If the States decision this week is approved as unamended, what has been looked at to make that achievable, if it is the will of the Assembly, in the short term, not knowing the full outcome of the Future Hospital as of yet? Could it work that some services could be returned to Samarès in that instance if it is the will of the Assembly?

The Deputy of St. Ouen:

I consider we would need to do a very careful risk assessment that considers the disruption caused to patients and the effects on staff in them undertaking yet another short-term move. The planning would need to be what happens after a few months, or is it feasible to move for a few months, and then what? That would have to happen. What other alternatives there are that can provide the right clinical environment for the patients we want to care for. That is the difficulty here and we know that the clinical advice is this would be an unsafe thing to do and I believe the disruption it would cause to the service, detracting from the delivery of care to planning relocation, is not something we should consider.

3.13.2 Connétable A. Jehan of St. John:

Can the Minister confirm the last time he visited Samarès Ward and if he found the building to be sound, warm and watertight?

The Deputy of St. Ouen:

I last visited in November. It appeared to me to be sound and watertight.

3.13.3 The Connétable of St. John:

Would the Minister agree with me that those services that have been put in there, including 4 officers, could be relocated within the States estate?

The Deputy of St. Ouen:

It is possible to move services around. I am not aware of any officers working from there who are not also clinically qualified and working clinically. There are lots of things that might be possible but that building, if we proceed as we all have chosen to proceed, which is to build a hospital at Overdale to serve the Island that is desperately needed, that building is planned to come down. Is it in the interests of patients and staff to move up there for such a short period and then need to plan where to go after a matter of months?

3.13.4 Deputy M.R. Higgins:

The Minister keeps on referring to a very short period of time. Does he have the critical path analysis of the build and does it not start with all the roadworks first? It could be a year or even possibly 2 years before doing some work on that site. Will he obtain a copy of the critical path analysis and provide it to States Members?

The Bailiff:

Will you obtain a copy, Minister?

The Deputy of St. Ouen:

My understanding is there are groundworks involved. The wish would be to demolish many of the present buildings at Overdale at an early stage.

3.13.5 Deputy M.R. Higgins:

The Samarès Ward is contained in one of the best buildings on the site and I am sure it could be worked around that it could be maintained for as long as possible to provide some of these services. Will the Minister investigate and report back to the States?

The Deputy of St. Ouen:

I would disagree with the Deputy, I am afraid. Maintaining a building which has got to come down at some time in the middle of a building site, a huge building site where there has to be ground levelling and all sorts of investigation. This building we want demolished because we want to create the better picture of building a new hospital for the Island which is so desperately needed. So, it seems to me, we need to concentrate on services; we need to concentrate on patient outcomes, and not on a building and a disruption caused by going backwards and forwards to different buildings all the time.

3.13.6 Senator T.A. Vallois:

Other than the Jersey Care Model rhetoric around rehabilitation, what are the long-term plans for rehabilitation in terms of secondary care with regards to the health service?

The Deputy of St. Ouen:

I know Members have received a letter from our Island's medical director and chief nurse which set out their vision for the delivery of rehabilitation in all scenarios in healthcare. So from the very moment somebody comes into healthcare services thought should be given to their rehabilitation. Rehabilitation is far more than just care after stroke or therapies after injury; it is about restoring somebody to the condition they were before, or as near as possible. That covers all healthcare

interventions and is something that the medical director and chief nurse want to deliver as a whole service in all settings and not in a standalone building.

3.13.7 Senator T.A. Vallois:

Rehabilitation is more than about community services and community care. I have not heard anything about the work of Health and Social Services working with the likes of Sports Jersey or other areas ...

The Bailiff:

Senator, there has to be a question, I am afraid. At the moment there is a series of statements.

Senator T.A. Vallois:

The Minister referred to patient outcomes. Members of the public want to see those good patient outcomes like they saw at Samarès Ward. So what does the Minister expect to see without Samarès Ward going forward?

[15:30]

The Deputy of St. Ouen:

On the first part of the Senator's question, that there is work that has been carried out with Jersey Sport. The programme called Move More takes patients - organised by Jersey Sport but in conjunction with H.C.S. (Health and Community Services) - helps people to recover their ability to walk and to be mobile. I am just trying to reach for the second part of the Senator's question. I am sorry; I have lost it.

The Bailiff:

I am afraid I do not remember it either.

Senator T.A. Vallois:

If I may, it was in reference to without Samarès Ward what does the Minister expect to see in terms of rehabilitation services as part of the Jersey Care Model.

The Deputy of St. Ouen:

Yes, because I remember the Senator referred to my reference to patient outcomes. This is the difficulty; there was good care delivered on Samarès Ward but there was no recording of patient outcomes. There were no clinical parameters that were set out there and we are now in a position where we are recording patient outcomes in the rehabilitation service, as we are trying to do throughout H.C.S., to be able to measure our services and give assurance that we are achieving. As I have said in answer to the petition and other answers, we are part of what is called S.S.N.A.P. (Sentinel Stroke National Audit Programme) which is a U.K. stroke rehabilitation assessment scheme, and we feed into that and provide the results of our outcomes for recording throughout the U.K. and assessing how best to provide stroke services throughout the U.K.

3.13.8 The Connétable of St. Brelade:

Given the public outcry suggesting the mood of Samarès Ward to Plémont Ward at Gloucester Street has been grossly mishandled will the Minister be reviewing the performance of staff who have been directing the process?

The Deputy of St. Ouen:

What I am doing, and what I said in the response to the petition, is that I am asking for external eyes to report to me. So I am putting in place an external adviser with expertise and proficiency in rehabilitation services to take full view of our provision in Jersey and report to me. I am looking forward to receiving that report; it will be valuable.

3.13.9 The Connétable of St. Brelade:

The Minister has yet to put forward a satisfactory interim facility prior to the completion of our hospital. Is it his intention to do so given that Plémont Ward is far from satisfactory?

The Deputy of St. Ouen:

I disagree with the statement that Plémont Ward is far from satisfactory. Plémont Ward is not Samarès Ward. Samarès Ward was luxurious, it was quiet, it was a calming place. But Plémont Ward is the same ward that we deliver all our services in, and this is the reason why we choose to build a new hospital because we recognise the limitations on the wards but we continue to deliver care and that care is safe and that care will need to be delivered in the General Hospital for the next 5 years. We can deliver a good service from Plémont Ward with good clinical outcomes, and in fact the staff are doing so. I know and I have accepted that there are cases where we have let patients down, but we have also delivered good clinical outcomes for other patients.

The Bailiff:

Can I just mention that the supplemental questions - the last 2 at least - have stretched the limits of relevance to the original question and I may need, in terms of the time available, to be a little bit more hawkish going forward.

3.13.10 Senator S.W. Pallett:

Irrespective of the timing of any demolition, and we accept that may happen, is there any clinical reason - and the Minister has not answered this - why a move back to Samarès Ward cannot take place?

The Deputy of St. Ouen:

The medical director for the Island has expressed the view that that is certainly not the best provision, it is not optimal, it is a standalone service and it is best to deliver this clinically where there are all other services. But it is also apparent that it could be done and it was being done 2 years ago. The objection really is that it is wholly impractical to do so, and disruptive to the whole service and the staff, with the result because of that disruption that we will see worse clinical outcomes and none of us want to achieve that.

3.13.11 Senator S.W. Pallett:

Whether you agree with that statement or not there seems to be no clinical reason why the service cannot go back to Samarès Ward, so will the Minister agree then that, unlike the comments in his amendment, it would not be clinically unsafe to go back to Samarès Ward?

The Deputy of St. Ouen:

I refer to the amendment; I refer to the view of the medical director. Services might be able to be delivered there but the real point is if the place has to be demolished the disruption caused by all of this would be totally pointless and would result in worse patient outcomes.

Senator S.W. Pallett:

Sir, could the Minister answer the question? Is it clinically unsafe?

The Deputy of St. Ouen:

To that extent I think it would be clinically unsafe for us to be shifting services around all the time and not concentrating on patient outcomes and the services instead concentrating on location.

3.13.12 Deputy K.G. Pamplin:

Will the Minister join me in paying tribute to the hard-working staff who are delivering the service and caught between this political issue at the moment? Particularly on that measure my final supplementary is around staffing. Is that one of the reasons clinically why the move to Samarès also would be complicated due to a lack of dedicated staff to fill the roles previously fulfilled on Samarès Ward?

The Deputy of St. Ouen:

Yes, I do feel very much for the staff at the moment who are dedicated and working hard and qualified and equipped to deliver the service they are. We do have a full complement of therapists on Plémont Ward. We have essentially the same staff that were operating on Samarès Ward, so the report in recent media that dozens of them had left was in fact incorrect and arose from an incorrect freedom of information response which I had never seen and it seems no one in H.C.S. had seen. In fact the number of retirees over the period asked was I think just 7, or the number of persons who had left the service. Most of the staff have remained to deliver the excellent care that they do, and they have come through COVID and all of those anxieties and stresses and they have come through this unsettled period and are presently delivering a great service from Plémont Ward, which is delivering for patients. We have an improvement plan which we are putting in place ...

The Bailiff:

Sorry, I must ask you to bring your answer to a close please, Minister, you have gone over the one minute and 30 seconds.

The Deputy of St. Ouen:

I will close, thank you.