

21.07.19

5 Deputy G.P. Southern of the Minister for Health and Social Services regarding operations being cancelled: (OQ.169/2021)

Given reports that there are 82 vacant beds at the General Hospital will the Minister explain why operations are being cancelled and waiting lists are continuing to lengthen? Will he state what measures he is taking to ensure equal access to healthcare in the Island for all?

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

The recent cancelled operations within the General Hospital are specifically as a result of theatre staffing issues and they are not related to the availability of hospital beds or ward-based staffing. The vacant beds at the hospital are not closed beds; they are open but they do not have patients in them at this time. As we have previously reported since the pandemic started, we have seen a reduction in hospital admissions and emergency attendances. Indeed, that has been seen in most jurisdictions. We are unable to utilise these beds for additional selective surgery at this time because of the theatre staffing issues we have encountered and which have been explained in other places, and which I could explain again now if the Deputy wished me to.

4.5.1 Deputy G.P. Southern:

So the Minister is saying that his major problem with empty beds is that we cannot get the staff to do the operations or to perform the care that is needed. Is this a sustainable position and what does the Minister intend to do about recruiting a wider range of better qualified staff?

The Deputy of St. Ouen:

What we have had to do to meet this very temporary situation is to cancel routine surgery in certain cases, but all emergency cases were unaffected in the first week, and in our second week we have been taking emergency and urgent cases with only routine being deferred until September. This arises simply because 5 staff members have recently retired. One staff member has relocated to the U.K. for family reasons, one member of staff gained promotion and was moved internally within H.C.S. and one trainee assistant practitioner decided to stand down from training. There are currently 9 theatre staff on annual leave, which is standard allocation based on the overall staffing establishment of theatres. If we were to say they should not take leave that would disrupt the service to a later part of the year when they would need to take their leave and it may affect the well-being of staff and further increase staff sickness or absence. This is an operational decision to deal with a temporary situation that has arisen.

4.5.2 Connétable A. Jehan of St. John:

Is the Minister aware of patients who find themselves stuck in hospital and who are not able to be discharged due to the lack of availability of care packages?

The Deputy of St. Ouen:

Yes, I am aware that occasionally occurs, that a patient is fit for discharge either to their own home with suitable care being placed around them or into residential care. Of course, sometimes those arrangements are not in place immediately, so it might take a few days at most to bring those but that is monitored and there is work that goes on around that to reduce those waits and that anxiety and those pressures on the hospital system.

4.5.3 The Connétable of St. John:

Is the Minister aware that that part of the department is facing unprecedented pressure and what is being done to increase the capacity for care packages?

The Greffier of the States (in the Chair):

I was quite tolerant with your first question, Constable, because you were quite quick, but it is quite a long way removed from the original question.

The Connétable of St. John:

I do not believe it is, Sir, because it is about equal access to healthcare for all, which is part of the original question.

The Greffier of the States (in the Chair):

Good point. Minister?

The Deputy of St. Ouen:

Yes, the care packages are arranged through the long-term care funding system and also social care, so there are 2 elements that have to come together. The adult social work team is working to try to find a placement or the support that is needed and the financial aspects of it are managed by the long-term care team, which works within Customer and Local Services. Once those 2 pieces have come together then the patient is offered the care that is needed. I am not aware of any significant pressures at the moment that make that any more difficult than it sometimes is, but if the Connétable wishes to draw any cases to my attention I will look into it.

4.5.4 Senator S.Y. Mézec:

Can I ask the Minister a similar question to that which I asked under a previous question? What advice did he receive at the time of loosening of restrictions at the border on what potential impact a rise in COVID cases on Island could have on the ability to provide health services in other parts of the department and, in particular, the effect it would have on waiting times?

The Deputy of St. Ouen:

We received advice that the opening of borders would risk a feeding of cases into the Island. The rates of hospitalisation were considered, but we were aware with the continuing success of the vaccination programme that rates of hospitalisation would not be as seen during the second wave of COVID because of the good protection that vaccination offers. Assessments were made of the capacity and it was known that the hospital service would be able to meet any pressures.

4.5.5 Senator S.Y. Mézec:

Does the Minister believe that that situation has come to pass and that it is having a greater adverse effect on the provision of our health services, greater than what he may have anticipated at the time that that decision on the borders was made?

The Deputy of St. Ouen:

Our hospital is coping with COVID pressures at the moment and the theatre closure is not solely related to COVID but is more so related to other absences that have come together, retirements and the like, as I have explained. It is not a consequence of COVID that this temporary closure of the theatre has caused.

4.5.6 Senator S.C. Ferguson:

It is being said in the community that the relaxation on isolation and the rules for that, and the cutting of operations in the hospital, is due to keeping beds available for COVID. What is the Minister's comment?

The Deputy of St. Ouen:

That is not the case. I have given the reasons for the reduction in the theatre operations.

4.5.7 Senator S.C. Ferguson:

I understand it has been caused by the fact that if too many people are required to be in isolation then there will not be the staff available to run the emergency services. What is the Minister's comment?

The Deputy of St. Ouen:

Emergency surgery is continuing. That will never ...

Senator S.C. Ferguson:

No, emergency services, I am sorry, you misheard me.

The Deputy of St. Ouen:

Does the Senator mean fire, police and ambulance?

Senator S.C. Ferguson:

When an ambulance crew says that they were not allowed to ...

The Greffier of the States (in the Chair):

We are having connection difficulties, Senator. My understanding of the question, Minister, was whether there is an effect on the provision of emergency services due to COVID isolation in your area, not outside your area.

Senator S.C. Ferguson:

No, it was not that at all.

The Greffier of the States (in the Chair):

I am afraid, Senator, we cannot hear you consistently. Whatever your question was, we only caught snippets of it.

Senator S.C. Ferguson:

I am sorry. Well, I only catch snippets of Richard, but basically I have a case where a 91 year-old lady in a hotel, they called an ambulance for her and she was told that the ambulance crew could not take her to hospital but that she should get a taxi and she was quite ill.

The Deputy of St. Ouen:

I am afraid I cannot answer questions on individual cases like that, without knowing the circumstances behind it. Our ambulance service would never say anything like that. Our ambulance service would treat everybody in an emergency who needs their services.

Senator S.C. Ferguson:

Well, I think I had better come and see you about it.

The Greffier of the States (in the Chair):

Sorry, Senator, you have had a fair crack of the whip.

4.5.8 Deputy R.J. Ward:

Does the Minister have information or does he know whether operations undertaken privately are continuing as normal? Would any of the H.C.S. beds be used for private patients in their recovery after their private operation?

The Deputy of St. Ouen:

Private patients are accommodated on the private ward. The 82 vacant beds in the public service would not be offered to them. I am unaware of the activity within the private service. It is not something that I have any responsibility for. I am pleased to be able to represent the public service, which I believe is a good service and one we can be proud of.

4.5.9 Deputy R.J. Ward:

Is it the case that if public operations are being cancelled out due to a lack of staff but private operations continue unaffected there is a discontinuity and there is certainly not equal access to healthcare in this Island?

The Deputy of St. Ouen:

The Island has a private healthcare facility. That is part of Island life. In those terms, some people have a choice and others do not. That is something I accept. What I need to do, and what we are doing within H.C.S., is to make sure that all the activity within the public service is fully transparent and that all those working in the public service devote their time to public work, and that can be demonstrated to the satisfaction of myself, as the person overseeing the service, my Assistant Ministers and the whole H.C.S. governance structure. That is what is happening within H.C.S.

[15:45]

The private service offered by consultants to patients who choose to go private is something that is a matter of choice and is regulated only by themselves, but that must not impinge on public service, and we are striving to ensure that is always the case.

The Greffier of the States (in the Chair):

Thank you, Minister. Can I remind Members if they are not speaking to mute their microphones?

4.5.10 Deputy G.P. Southern:

The Minister appears to be saying that he has such a vacancy crisis that he cannot even build succession planning or even cover normal staff holidays. He referred to nurses. The overall vacancy rate for his department is hovering around 8 per cent. What is it specifically for nursing staff?

The Deputy of St. Ouen:

I do not have a specific figure for nursing staff. This is not a recruitment crisis. Theatre operations are continuing for urgent and soon cases. It is routine elective surgery that has had to cease temporarily because of very temporary pressures, which we are attending to and we are bringing in agency staff as quickly as we can to cover any gaps pending the situation regularising itself.

The Greffier of the States (in the Chair):

We have got through 5 questions in an hour. There are a lot of questions on the Order Paper so I do hope all Members, Ministers and questioners can be mindful of that and we can speed up to get through the other important matters which are on the Order Paper.