

#### **5.4 Deputy D. Johnson of St. Mary of the Minister for Health and Social Services regarding admissions to Accident and Emergency:**

Is it the case that the disproportionate number of admissions to A. and E. (Accident and Emergency), particularly at weekends, relate to conditions induced by the intake of excessive alcohol or drugs, and that such admissions deflect medical staff from attending other emergencies and impact upon the overall health budget? Will the Minister therefore introduce a standard charge payable by the patient when their condition is self-inflicted?

#### **Senator A.K.F. Green (The Minister for Health and Social Services):**

While I have some understanding of the Deputy's line of questioning and can understand the frustration that some people may feel when it appears that their treatment has been delayed in A. and E. by those who appear to be under the influence of drink or drugs, I have to make the point that we are there to treat everybody that reports to A. and E., irrespective of their ailment or however caused. **[Approbation]** We are not there to judge. Every patient must be assessed on clinical need and the clinical staff will attend them accordingly. In fact, the concept of charging patients who may attend with perceived self-inflicted conditions is fraught with problems. For example, should we charge the short of breath patient who is a smoker, or the heart attack patient who eats unhealthy food and smokes, or the obese patient who fails to take medical advice? While all emergency departments see an increase in attendance of individuals under the influence of alcohol or drugs, particularly at weekends, it does not necessarily mean this is the cause of their attendance.

#### **5.4.1 The Deputy of St. Mary:**

I have to say, I am somewhat disappointed at the response. I do not wish in any way to suggest that medical services should be not made available to all who require them. All I am saying is that where those services are required to rectify a condition which is self-inflicted, some regard should be had to the requirements of both the medical staff who are providing that service and to the taxpayers as a whole who pay for them and that there must surely be some measure of procedure which could be implemented to ensure that such people do pay. As a crude example, we have parking fines where there is an initial charge which can be appealed against, and I would not wish there to be anything other than an appeal process, so the concerns which the Minister suggest could, I suggest, be fairly easily resolved by putting a procedure in place such as that. I would therefore ask him to reconsider the general principle.

#### **Senator A.K.F. Green:**

As I said in my initial answer, the problem is that once you start to look for different reasons for treating people differently, I believe the doctors would not be fulfilling their oath as a doctor. They are there not to judge people, but to treat people, and I would not be part of a health service that did do that. The evidence that I have is that the Emergency Department, although we do not keep significant records on alcohol ingestion and substances in the form of drug-taking ingestion, the evidence is that there is not such a big problem in the department. It is about one patient per hour over the weekend, compared with many other people reporting for medical treatment. The one thing that I will not tolerate is abuse of the staff, and I am sure Members would agree that a zero-tolerance policy, supporting our staff, who should not have to put up with abusive behaviour. But I have to say that people do not have to be drunk to be rude.

#### **5.4.2 Senator Z.A. Cameron:**

This question concerns me greatly. Having worked on the front line in A. and E. Departments and subsequently as a G.P. (general practitioner), responding to people with both mental and physical emergencies, all too frequently unfortunately the behaviour brought about by a mental health crisis

can be viewed as a flawed character, rather than a sign of distress and breakdown. I am fortunate: when I am stressed, I do not turn to drugs or alcohol, cutting, violence or bingeing. I tend to lose my appetite, and currently it is quite fashionable to be thin. I also have a support network of kind family and friends and fellow professionals to turn to when facing hard times.

**The Bailiff:**

Can you get to the question, Senator, please?

**Senator Z.A. Cameron:**

I can assure the Assembly that it is not generally a place, A. and E., that people choose to spend a large part of their time. It is a place of last resort, when people have failed to find help elsewhere.

**The Bailiff:**

Sorry, will you get to the question? Senator, will you get to the question, please? This is not a speech, it is question time.

**Senator Z.A. Cameron:**

I would like to ask the Minister for Health and Social Services, recently in the U.K. (United Kingdom) there was a report that demonstrated that unfortunately, when attending A. and E., only 35 per cent of the time were people with mental health problems able to find the support that they needed. I hope that in Jersey, our A. and E. staff, medical staff, will receive the training they need to treat these people and recognise and treat mental health problems as well as physical health emergencies. Thank you.

**Senator A.K.F. Green:**

I think there is a question there, and I think the question is around the provision of how we treat mental health patients presenting in A. and E. Of course mental health should be treated and is treated just as seriously as any other physical condition, although they may come together sometimes, and the Senator knows that I take this matter seriously. It is something that I stood on the platform before election and we are bringing forward a new mental health strategy. We have a new capacity law coming forward and all staff will be trained in that. In fact, some staff have been trained already in interim Capacity Law to help people understand the conditions of mental health.

**5.4.3 Deputy M. Tadier:**

In a different thrust perhaps to the initial questioner, does the Minister for Health and Social Services think that is a good argument, that people who are conscientious drinkers should be given priority treatment at A. and E., given the fact that they have probably paid in lots in the form of duty and G.S.T. (Goods and Services Tax) on the alcohol, and that if that money was ring-fenced, compared to somebody else who might have an injury and they have never paid into the system whatsoever, the hard-working drinker may feel quite disgruntled when such comments are being made in this Assembly?

**Senator A.K.F. Green:**

All treatment must be based on clinical need and no other.

**5.4.4 Deputy G.P. Southern:**

The Minister will be aware of the facility at Kensington Place, the Drunk and Incapable facility, where drunks are allowed to recover in a monitored and safe way. Will he continue to support this facility or expand it, if possible, as he sees fit?

**Senator A.K.F. Green:**

First of all, I must congratulate and thank the shelter for the work that they do there in allowing people who are intoxicated to sober up in a safe place. I have no plans to change my arrangements

or my department's arrangements with them. As to expanding it, that depends on the clinical need. If there is evidence it needs to be expanded, then we would consider it.

**5.4.5 Deputy A.D. Lewis:**

Although congratulating the efforts and the action at the Emergency Department - they provide an excellent service - they are often inundated with perhaps cases that would normally be seen by a G.P., and this is an issue that is on the increase because of the cost of G.P.s. Not that I am saying that G.P.s are charging too much, more the issue that some people cannot afford it. What is the Minister prepared to do to negate that problem whereby A. and E. is getting clogged-up with people that would normally perhaps in the past have gone to see their G.P.? What measures could he introduce to prevent that happening?

**Senator A.K.F. Green:**

While there is no doubt that in Jersey we do have people attending A. and E. that would be better-placed attending their G.P., I have to say that we do not have the problem that the A. and E. Departments have in the U.K., where over Christmas last year some departments were practically brought to their knees by people attending A. and E. that should not be there. It is a problem, but we have an excellent G.P. service and people do use it appropriately and very often can get their doctor of choice. That is why we do not have a significant problem in A. and E. But to come to the question, am I considering a charge for people who should be attending their G.P. rather than A. and E., it is all in the melting pot. This is something that we are working on at the moment. We are looking at whether it is appropriate to have user pays in some areas; we are looking at whether it is appropriate to have a similar system to ring-fence for health, a similar system to the long-term care. We have not come up with our decisions yet. We are looking at it. I have to answer the question the Chief Minister was not able to to Deputy Southern: in June 2001, the previous Minister made all this quite clear in a written reply to him.

**5.4.6 The Deputy of St. Mary:**

Again, I repeat that I am somewhat disappointed at the responses. I believe it is quite feasible to introduce a system whereby those less-deserving cases ...

**The Bailiff:**

Deputy, it is the opportunity for a question, not a statement.

**The Deputy of St. Mary:**

I have no further questions then, Sir.