STATES OF JERSEY

DRAFT ANNUAL BUSINESS PLAN 2011 (P.99/2010): THIRD AMENDMENT

Lodged au Greffe on 12th August 2010
by Deputy G.P. Southern of St. Helier

STATES GREFFE

PAGE 2, PARAGRAPH (a) –

After the words "withdrawn from the consolidated fund in 2011" insert the words –

"except that the net revenue expenditure of the Health and Social Services Department shall be increased by –

(a) £6,000 in order to maintain services and not proceed with the Comprehensive Spending Review proposals on page 62 of the Plan HSS-S3 "Redesign sports injury outpatients clinic" and;

(b) £153,000 in order to maintain services and not proceed with the Comprehensive Spending Review proposals on page 62 of the Plan HSS-S8 "Reduce physio services" and;

(c) £90,000 in order to maintain engineering maintenance and not to proceed with the entire Comprehensive Spending Review proposals on page 62 of the Plan HSS-S18 "Reduce gardening & non-essential engineering maintenance; re-profile project management costs; engineers' overtime costs,

and the net revenue expenditure of the Treasury and Resources shall be decreased by the same amount by reducing the allocation for Restructuring Costs."

DEPUTY G.P. SOUTHERN OF ST. HELIER

REPORT

There is no doubt that these reductions in staffing in the Physiotherapy Department represent a serious cut to front-line services.

In a department where 88% of the running costs are staff costs, cuts cannot be made without losing staff. This cut represents not a 2% reduction but around 6% of the departmental budget. The result is that 3 highly trained and skilled staff will be made redundant.

At a time when there is no firm evidence that the recovery is in place, any move which increases the number of unemployed on the Island is to be avoided if at all possible.

(a) HSS-S3 This proposal will see the end of a sports injury clinic operated every Monday afternoon. Patients will need to seek treatment from private clinicians and physiotherapists.

This clinic is operated by one senior physiotherapist working with a G.P. who has this area as a special interest. It is a very efficient and effective way of dealing with these types of injury, often temporary, which often result in days off work; prompt and effective treatment by specialists can and does promote a rapid return to full functioning.

The current approach must be seen as part of priority 11 of the Strategic Plan –

> **“to enhance and improve health care provision and promote a healthy lifestyle**.”

Removal of this clinic would represent a backward step in our commitment to investment in our health and social care system (‘New Directions’) which will lead to improved health and social well-being within the population.

In the words of the Council of Ministers: “We need to put the emphasis on prevention, rather than cure, and make the healthy choice the easy choice. A healthy population will have a greater sense of well-being and will be more productive.

The Minister for Health and Social Services is committed to take lead on the actions necessary to support people to manage their own health through the promotion of healthy lifestyles. What will this do for the key indicator of sport and leisure participation levels? The fact is that this service not only gets people back to work after injury, but enables people to maintain a healthy active sports regime well into their mature years, preventing and postponing the onset of cardiovascular problems, which account for over 20% of premature deaths on the Island.

(b) HSS-S8 This will result in a loss of 2.9 posts in Physiotherapy. 1.0 FTE will come from a voluntary redundancy, and the other 1.9 will be found from vacancies currently within the service.

The 3 main areas affected from the CSR Physiotherapy service proposals will be –

- the closure of the hydrotherapy pool,
- a reduction in the physiotherapy care provided to in-patients, and
- the removal of the ante- and post-natal services.

Maternity

This is a clear cut to front-line services. Routine physiotherapy services to the Maternity Unit will cease. Advice will be given by midwives either at JGH or The Bridge and patients will receive information and leaflets on pelvic floor exercises and post-natal exercises. Effectively in recovery from childbirth, mothers will be given advice and leaflets in the place of specific and expert training in the required exercises.

The physiotherapy on-call system will ensure urgent patient needs will be met. Patients at their 6 week check after delivery may be referred to the Urotherapy physiotherapy clinic if deemed necessary by the consultant or his team. Here we will see an increase in those joining a waiting list for treatment by the physiotherapy team whose workload will increase.

Rehabilitation

The reduction of 1 FTE equivalent physiotherapist from a complement of 6 on the wards at JGH means that all urgent medical and post-surgical patients will be seen as necessary. However, at busy periods and times of annual leave, etc., out-patient cardiac and pulmonary rehabilitation classes will need to be prioritised and may need to be cancelled or postponed to ensure the more urgent in-patient chest-care patients are seen.

"Rehabilitation classes may need to be cancelled or postponed."

Here we have a serious cut, which illustrates just how poorly thought through these proposals are. The Ministers for Health and Social Services and Social Security are committed to co-operating with G.P.s and others under the New Directions policy to keeping people in work and to encourage early return of patients to work after illness or injury.

The Physiotherapy Department has been leading the way in this initiative. There is measured evidence that the department has been enormously successful at reducing times to return to work. It is reported to be 2 years ahead of the U.K. in this area. The department is proud of the success achieved through the pain clinic, where patients are seen for back pain, the most common cause of sick leave, within 2 weeks.

The savings achieved in short-term incapacity benefits and the higher levels of productivity that arise from an effective return to work policy are put at risk by these short-term measures. Certainly the 2-week maximum wait for back pain will be a thing of the past.

Hydrotherapy

There are 10 patients per day who currently attend the hydrotherapy pool, currently 250 appointments per month.

The department states simply that "*this will lead to increased activity in the gym*" but goes on to state that –

> ***"alternative venues for some current gym patients (sports injuries) will need to be explored in order to find more space."***

Here we see the result of part (a) above in piling up demand for the service. At the time of writing then, we have an indication that there will be increased pressure, but that no solutions have been found to cater for this pressure on facilities.

Equally, there are no clear alternatives indicated for those post-surgical patients and multi-trauma patients who need hydrotherapy. We are informed that the proposal to close the hydrotherapy pool at the General Hospital may include outsourcing this facility to other hydrotherapy pools in the Island. What will be the cost of this outsourcing? How much will be saved in reality by these proposals? The proposals are under development at this time, and have yet to be costed.

Nor is it the case that alternative hydrotherapy facilities can be used to replace the specialist pool proposed for closure. The pool at Cheshire Homes is not sufficiently deep for one group of people who benefit greatly from hydrotherapy. Patients who have had polio need regular therapy in water which is sufficiently deep to submerge the whole body, and require much warmer water than is usual in the pool to get the best from their treatment. They also require extensive use of hoists and equipment to get them in and out of the pool. This requires fully trained physiotherapists at the poolside. For this group of people the current pool is an essential.

(c) Turning to HSS-S18, which appears to be a mixed bag of efficiency savings, including what is described as "non-essential" maintenance. One has to question the validity here of cutting back on routine maintenance and what constitutes "non-essential". One of the easiest targets in any series of cuts is always maintenance. It can be left sometimes for years without any apparent problem. But lack of routine maintenance just stores up larger and often critical repairs in the long term. Just look at what happened to our housing stock when maintenance was ignored.

Here the response to the Deputy of St. Mary's question in the States has proved useful. It shows that the mix is £192,000 of efficiency savings and £160,000 of service cuts. The link to the main proposition here is that this saving is accounted for thus –

> *"**A combination of reduction in service levels (e.g. closure of hydrotherapy pool)** and re-prioritisation of workloads will deliver these efficiencies."*

In this case the 8.5 posts to be lost are: 1 gardener, 1 electrician, 2 fitters, 1 carpenter, 1 painter, 2 project managers and 0.5 FTE secretary. Maintenance of the hydrotherapy pool would, I believe, be part of the responsibility of the electrician and one fitter. My proposal replaces sufficient funding to allow these 2 posts to be retained in order to ensure that the hydrotherapy facility can remain in service.

Financial and manpower implications

The amendment is cost-neutral as the increase in expenditure for Health and Social Services would be funded by a reduction in the £6,000,000 provision for Restructuring Costs in the Treasury and Resources Department. The cancellation of HSS-S3 and HSS-S8 would save 3 posts in Physiotherapy. The consequential cancellation of HSS-S18 will save 2 maintenance posts.