

2.14 Deputy K.C. Lewis of St. Saviour of the Minister for Health and Social Services regarding the level and grade of medical staff required to bring the Renal Dialysis Unit up to the correct level:

Will the Minister inform Members of the level and grade of medical staff required to bring the Renal Dialysis Unit up to the correct level?

The Deputy of Trinity (The Minister for Health and Social Services):

I will ask my Assistant Minister to answer this question.

Deputy J.A. Martin (Assistant Minister for Health and Social Services - rapporteur):

As this started a couple of weeks ago, the renal unit needs 2 full-time doctors, one at consultant level and the other middle grade. If both posts are filled and we have the nursing staff to match, we can meet the demand. Unfortunately, for about 3½ years the hospital has struggled to recruit the middle grade and the consultant has had to work with a series of locums. We realise this is not ideal, as does the consultant, but it is better than reducing the service.

2.14.1 Deputy K.C. Lewis:

It is my information that the renal unit should have a consultant, middle grade doctor and a junior grade doctor, F1 or F2. That is foundation year 1 and 2. We just have one doctor doing the job of 3. Does the Assistant Minister not find this wholly unacceptable?

Deputy J.A. Martin:

As I just said, in an ideal world I have been told we need 2 full-times, one of those at a middle grade. Middle grade doctors across the whole of the U.K. are in shortage. U.K. trusts are recruiting middle grades to meet the European Working Time Directive and we are suffering. As I said, it is not ideal. We have just decided to give the unit more nursing staff and we would like to get this problem sorted out. We are looking at the pay structure and terms and conditions at this very moment. It has got to change. The demand for this unit is ongoing and will increase.

2.14.2 Deputy P.V.F. Le Claire:

The Minister for Health and Social Services said that the hospital was safe. Does the Assistant Minister consider the answer that Verita gave me that the position with locums has compromised and is compromising patient safety is one that can be continued?

Deputy J.A. Martin:

As I said in my reply to Deputy Lewis, locums are not ideal. Many, many locums have worked in Jersey General Hospital for many years and keep the hospital going. Due to our location and due to the economies of scale, we need them. But of course it is much better to have a full-time on-Island doctor of middle grade to do this post and that is what we are trying to do. As I have said to the Deputy, we will continue to do this.

2.14.3 Deputy D.J. De Sousa:

Bearing in mind that we cannot train doctors or locums on-Island, what steps is the department taking to encourage the relevant staff to move to Jersey, bearing in mind the high housing and cost of living?

Deputy J.A. Martin:

At the moment, we are looking to include the introduction of a new grade and salary scale for staff grades and associated specialists, similar to the agreement currently being implemented in the U.K. We have put a business case forward and it has been given high priority. We know we need to do this, otherwise we will not recruit. They will stay in the U.K. for the reasons that Deputy De Sousa has just stated.

2.14.4 Deputy A.E. Jeune:

While I appreciate that we are not part of Europe, would the 2 medical posts for this unit comply with the European Working Time Directive or would it require the 3, if the Assistant Minister could answer?

Deputy J.A. Martin:

I am not quite sure of that answer. I am told under our conditions that the 2 grades would be sufficient. Whether that would meet the European Working Time Directive I am not sure. I will find out for the Deputy, but it would probably not as far as I know the hours that the consultant works. I would say probably not.

2.14.5 Deputy R.G. Le Hérissier:

Has the Assistant Minister and the Ministry considered more Island-sharing, if that is possible, with Guernsey? Secondly, given this never-ending issue that has now appeared about the shortage of consultants, is she aware that there is a different model applied there where, as I understand it, in certain specialities they have contracted with a U.K.-based organisation to provide certain consulting services and they are provided automatically with none of this will-we-or-will-we-not recruit a certain staff member?

Deputy J.A. Martin:

To the first part of the question, we are really consulting well with Guernsey at the moment. To the second part, I do not know if the Deputy is inferring that we could - and this has been looked at - not have a permanent renal consultant on-Island but one - and it may not be the same one - that visits regularly to deal with the renal unit. This is something that will also have to be considered. This unit is growing. We know at least 5 to 10 patients need to go on the dialysis in hospital in the next 12 months, so all these things are being considered. I hope that is what the Deputy was asking.

2.14.6 Deputy G.P. Southern:

Does the Assistant Minister, and thereby her Minister, accept that the absence of a Working Time Directive agreement is causing serious problems with all grades in recruitment and retention?

Deputy J.A. Martin:

Yes. Obviously, we may be paying slightly more but if you then... as everybody now, including nurses are looking across the board at what it costs to live in Jersey, the hours that will need to be worked and the price of housing, obviously we are fishing in a much smaller pool and we really need to take all this into consideration. That is what the hospital is doing, but it will not be done cheaply. We really need to take this into consideration. We have got a business plan and it is high on our priorities. We will be looking at this.

2.14.7 Deputy G.P. Southern:

Could the Assistant Minister say in what timescale her department expects to do that consideration of adopting the European Working Time Directive so we can compete on a level playing field with the U.K. and others?

Deputy J.A. Martin:

I wish I could inform the Deputy of what timescale. As the Minister has said, we will be having a new chief officer. There is a lot to be done at the hospital and we know if we do not overcome this very soon it will be harder and harder to recruit. So, I hope it is as short as possible that we can get to the level playing field the Deputy requires, and so does the Minister.

2.14.8 The Deputy of St. John:

The Assistant Minister mentioned the small pool in which to get her staffing numbers up from. Will she give this House an assurance that within that small pool the staff are sufficiently qualified to the highest standard when choosing their staff and, if need be, they will go out to a larger pool? If it does mean that we have to pay more, then so be it. We need the best medical treatment for our people that money can afford.

Deputy J.A. Martin:

I totally agree and on meeting with the consultant 2 weeks ago, he has been going out and he is very, very conscious of the necessity for very highly skilled people. They are not there. They are not there to meet his requirements and if they are there they are getting better offers elsewhere. But to the Deputy's answer, no, we will not compromise the specialist we need. If we had have done, we would have recruited to this post many years ago.

2.14.9 Deputy K.C. Lewis:

The Assistant Minister took me a little by surprise there, stating we have just decided to increase the nursing staff. I just wonder why it needs questions in this House to get things moving. In 2007, Health and Social Services encouraged the purchase of 5 machines by the Kidney Patients Association on the promise that H.S.S. (Health and Social Services) would employ adequate nursing staff. The number of nursing staff has not increased since 2003. This situation is wholly unacceptable. Does the Minister not agree?

Deputy J.A. Martin:

Maybe I used the wrong word. I should have said recently reprioritised resources, and there are a few more nurses because the conditions on the ward were that the nurses were working too many shifts. The Deputy says that the nurses are ... sorry. I am told, and I have spoken to the consultant, the nurses there at the moment are sufficient for the present demand. It will need to be increased in the future and if the Deputy tells me it has not increased since 2003 with the amount of people that are being on dialysis, I am very surprised and I will look into this.