

**WRITTEN QUESTIONS TO THE PRESIDENT OF
THE HEALTH AND SOCIAL SERVICES COMMITTEE
BY DEPUTY T.J. LE MAIN OF ST. HELIER**

ANSWER TO BE TABLED ON TUESDAY 27th SEPTEMBER 2005

“Question 1

The President, when answering questions on 15th March 2005, informed members that the proposed private hospital scheme would require a *‘very, very substantial amount of public money’* and that would make the project unviable from a public interest point of view. Would the President inform members whether the company seeking to develop the private hospital ever approached the Committee for funding and, if so when?

Answer

I can confirm that the Health and Social Services Committee has never been formally approached by the developers of the private hospital for funding. Needless to say, within the Health and Social Services Department there is sufficient collective wit, intelligence and clinical expertise to work through what the broad costs of such a private hospital would be.

Rather than approaching the Health and Social Services Committee, the developers of the private hospital have chosen to use press statements, ‘flyers’ to States members and letters in the local news paper as a means of establishing a dialogue with the States of Jersey.

The rationale for my statement that the proposal would require ‘a very, very substantial amount of public money’ is contained within my response to Question 2559 of Tuesday 21st June 2005.

Question 2

On 21st June 2005, the President advised members that the private hospital scheme sponsors expected some services to be provided by the public sector on a shared basis *‘either free of charge or at a subsidised rate’*. Would the President provide members with details of these services and indicate whether or not these are already available at no cost?

Answer

This is a somewhat confused and impenetrable question; thus I have struggled to comprehend what the Deputy is asking of me. Specifically, I struggle to understand what he means when he asks me to provide members with details ‘of these services and indicate whether or not these are available at no cost’. The question is somewhat nonsensical as of course all of our services are a cost to the public purse.

To be helpful, I think the Deputy is struggling to ask the question; what are the clinical infrastructure costs and what are the non-clinical infrastructure costs which a private hospital facility would want to be provided ‘either free of charge’ or ‘at a subsidised rate’? These services include 24 /7 emergency medical cover, estates management, intensive care facilities and hotel services (linen and laundry, portering, catering and cleaning) and a pro rata cost of Health and Social Services management.

Question 3

In a report prepared by the Chief Executive Officer, Department of Health and Social Services, for the Policy and Resources Committee, it was stated that the PriceWaterhouseCoopers report on the proposed private hospital recommended that the only way in which the proposed private hospital was viable was through a *‘shared service agreement’* whereby the Jersey General Hospital clinical infrastructure, (intensive care facilities, radiology), was made available to the private hospital at marginal cost in return for benefits to the States. Would the President

identify in the PWC report exactly where it states that any services are requested by the private hospital proposers at marginal cost?

Answer

The term 'marginal cost' used by me in answer to Question 2559 is my term, and is not used in the PriceWaterhouseCoopers report. It is clear from the PWC report that the developers would look to use Jersey General Hospital facilities, such as intensive care, as and when they were used by the private hospital. The private hospital would not look to buy 'stand-by time'; in other words, all the costs of having the facilities available 24/7 whether they are used or not. The cost of the 'stand-by time' is a key component of the overall cost of a hospital service to the public purse. It follows that the developers are not prepared to pay the full cost of the service (including, that is, 'stand-by time'). If they were, then they would establish the Stafford Hotel as a separate stand-alone private facility, which clearly, they are not prepared to do.

Question 4

On 21st June 2005, the President advised the States that it would share the risks of the private hospital scheme should it proceed with the project as a partnership arrangement. Would the President identify for members where the public would be sharing the risks, be it financial or otherwise?

Answer

I refer the Deputy to my answer to the written Question number 2559 of Tuesday 21st June 2005.

Question 5

Would the President inform members whether any requests were made by the developers to meet or to provide any assistance for the project while the PriceWaterhouseCoopers specialist team was compiling its feasibility study and report for the developers of the private hospital and if so, whether any response was made or consideration given to possible benefits from shared services of the private hospital and the General Hospital?

Answer

I can confirm that senior officers of the Health and Social Services Department met with representatives of the developers to provide assistance. The representatives of the developers were given a number of documents to inform their business proposals and a dialogue was established in 2003; a dialogue which culminated in a minuted meeting between representatives of the developers and senior officers of the Health and Social Services Department, which took place on 8th October 2003. I can further confirm that the senior officers of the Health and Social Services Department 'understood' the 'possible benefits from shared services'. This 'understanding' of these senior officers was, frankly, that these benefits were spurious.

Question 6

Would the President inform members whether any arrangements are currently in place for public sector salaried consultants to spend time earning fees in private practice using the facilities of the General Hospital and, if so, what percentage of their contracted weekly working hours are spent treating social patients? Is a charge made for the use of the facilities at the General Hospital by salaried consultants on this basis?

Answer

I can confirm that arrangements exist by which consultants employed by the Health and Social Services Committee may undertake private practice using the facilities of the States of Jersey (for which the States of Jersey levies a charge for their use). Such consultants are subject to the 'Code of Conduct for Private Practice' which has, as its overriding principle, 'the provision of services for private patients should not prejudice the interests of HSS (Health and Social Services) or disrupt HSS services' (page 2). Any breach of the code is a potentially disciplinary offence.

The percentage of a consultant's contractual responsibilities to public patients depends on the individual consultant's contractual relationship with the States of Jersey, as some consultants work full-time for the States of Jersey, and do not practice private medicine, and some consultants work on a part-time basis. If the Deputy has a specific query about any individual consultant's clinical timetable, then he should write to me and I will furnish the full details.

The fact that these arrangements are in place will come as little surprise to the community as quite literally thousands of private patients receive care from consultants employed by the Committee each year, and have done so for countless years.

Question 7

Is the Committee satisfied that there are enough medical facilities available in the Island to cope with any emergency/disaster/scenario which would have a large local impact, such as a hurricane or tsunami and, if not, does the Committee consider there is, therefore, some merit in developing a private hospital project in partnership?

Answer

The Deputy implies that we should have available an additional 34-40 acute beds, (my estimate because the PWC report does not even mention the number of beds which the private facility would have available), and some limited step-down facilities, (provided from a private hospital), in the event that Jersey is struck by a tsunami. I find it extremely difficult to believe that this is a serious question.

Notwithstanding this, I wish the Deputy to know that the Committee has a Major Incident Plan in the event of an incident which would involve a multitude of casualties. This Major Incident Plan is kept under constant review by the Major Incident Steering Group which comprises an Accident and Emergency Consultant, doctors and nurses from other supporting clinical departments, a senior public health doctor, and appropriate managers. The Major Incident Plan will allow the Health and Social Services Committee to be able to bring on line at very short notice additional capacity, both within the Health and Social Services Department and within the States of Jersey more broadly, to meet any of the emergency scenarios which the Plan anticipates. Thus, no private facilities are required in this regard.

Further, the States of Jersey has established an Emergencies Council which is chaired by the Bailiff. This powerful Council is comprised of emergency planners, Presidents of appropriate Committees, and senior officers and clinicians. The remit of the Emergencies Council is to plan Island-wide responses to major catastrophic events which would impact harmfully upon the population.

If such a cataclysmic event such as a hurricane, tsunami or major nuclear incident occurred then an international response would be required to come to the aid of the Island; again, the work of the Emergency council has this consideration as part of its remit.”