

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY SENATOR S.W. PALLETT  
QUESTION SUBMITTED ON MONDAY 13<sup>TH</sup> DECEMBER 2021  
ANSWER TO BE TABLED ON MONDAY 20<sup>TH</sup> DECEMBER 2021**

**Question**

Will the Minister provide the following information with regard to the provision of rehabilitation services in Jersey –

- (a) the number of patients requiring rehabilitation services on Samarès Ward for the 12-month period prior to the closure of the ward in May 2020, broken down by month;
- (b) the number of patients requiring rehabilitation services on Plémont Ward at the General Hospital for the 12-month period after the of closure of Samarès Ward in May 2020, broken down by month;
- (c) of the patients in (b), how many were provided with detailed care packages upon discharge from Plémont Ward;
- (d) following the relocation of rehabilitation services to Plémont Ward, how many individual appointments for care were made for patients with the following services in the subsequent 12 months –
  - (i) physiotherapists;
  - (ii) occupational therapists;
  - (iii) speech therapists; and
- (e) following discharge from Plémont Ward, the number of individual appointments made for care at home delivered by the services detailed in (i), (ii) and (iii) between May 2020 and May 2021?

**Answer**

(a) The last patient recorded in the specialty “Rehabilitation” was discharged from Samares Ward in March 2020 so the period 1 April 2019 to 31 March 2020 has been used. Please note that there were less than 5 patients where the specialty was not “Rehabilitation” – these patients have been excluded from this analysis.

During the early days of the pandemic, Samares Ward was provisioned, but not used, as an acute ward. This was superseded with the decision to build the Nightingale Hospital. As previously stated, the decision to close Samares was taken in May 2020.

As stated in the answer to WQ495/2021, patients can be transferred to a rehabilitation ward when they do not need rehabilitation. This is to place all patients within the hospital in the ward that best cares for their needs. This includes patients waiting for community residential/nursing home placement or care at home provision. These patients are classified as ‘Rehabilitation’ on TrakCare, so form part of the figures in total discharges.

Table 1: Number of patients discharged from Samares Ward, April 2019- March 2020

Discharge Month	Number of discharges
Apr-19	22
May-19	26
Jun-19	18
Jul-19	21
Aug-19	19
Sep-19	23
Oct-19	20

Nov-19	26
Dec-19	26
Jan-20	30
Feb-20	22
Mar-20	38

Data Source: Hospital Patient Administration System (TrakCare, Report ATD5L)

b) The first patient recorded on Plemont Ward was admitted in July 2020. The period from 1 July 2020 to 30 June 2021 has therefore been used, noting that the first discharge was in August 2020. Not every patient is recorded in the specialty of Rehabilitation. Table 2 below shows the count of *all*\* patients discharged from Plemont Ward per month.

Table 2: Number of patients discharged from Plemont Ward, July 2020 – June 2021

Discharge Month	Number of discharges
Aug-20	10
Sep-20	21
Oct-20	27
Nov-20	10
Dec-20	26
Jan-21	28
Feb-21	23
Mar-21	21
Apr-21	20
May-21	8
Jun-21	15

Data Source: Hospital Patient Administration System (TrakCare, Report ATD5L)

\*It should be noted as in part (a) that not all patients discharged from Plemont Ward were admitted for rehabilitation. To maintain the comparability, the data in Table 2 includes all patients discharged from Plemont Ward, irrespective of the specialty they are recorded in.

c) The question has been interpreted as referring to care packages provided under the long-term care scheme. Of the 209 unique patients discharged between July 2020 and June 2021 (excluding patients who died in Hospital), 109 have been recorded as having new or revised long-term care packages since the date of admission (at any point up to 30<sup>th</sup> November 2021), of which 75 were within 30 days of discharge.

It should be noted that rehabilitation covers a wide variety of conditions and not all patients will require support under the long-term care scheme. Some patients may also have already had a package of care in place when admitted. Please note that not all patients discharged from Plemont Ward were admitted for rehabilitation.

d) Table 3 shows the count of appointments/contacts recorded for patients discharged from Plemont Ward and is split based on whether the contact occurred during their inpatient stay or after discharge. Please note that much of the inpatient activity that occurs on the ward will be recorded in the patient’s bedside notes and therefore may not be in the Electronic Patient Record where these figures are drawn from – the figures for the inpatient part of the care will therefore be undercounted.

‘Contact’ data is defined as telephone contacts as well as face to face contacts with the patient and may not be related to the reason for admission. It is not possible to extrapolate information from this relating to inpatient stay to community follow-up pathways as these are not held within a single system.

Table 3: Number of contacts by therapists to patients admitted to/discharged from Plemont Ward, by month of contact and therapist type, July 2020 – June 2021

Month of contact	During Inpatient Stay			After Discharge from Plemont Ward		
	Occupational Therapy	Physiotherapy	Speech & Language Therapy	Occupational Therapy	Physiotherapy	Speech & Language Therapy
Jul-20	8	2	58	N/A (No Discharged Pts)	N/A	N/A
Aug-20	52	6	60	7	16	0
Sep-20	113	9	51	57	113	15
Oct-20	99	10	69	81	189	24
Nov-20	192	0	29	112	199	19
Dec-20	222	6	46	120	174	10
Jan-21	246	21	56	220	251	39
Feb-21	262	16	52	172	214	39
Mar-21	259	24	85	193	345	41
Apr-21	203	22	34	123	308	54
May-21	162	17	21	115	229	39
Jun-21	109	13	9	129	203	23

Data Sources: Hospital Patient Administration System (TrakCare, Reports ATD5L, BKG1A); Community Electronic Client Record (CarePartner, Activity Report)

Therapy services have recently been defined as a Care Group within HCS and a structured cycle of review and development has commenced, continuing into 2022. This includes the review of performance indicators and development of integrated therapies pathways. Focus is being given to systems capturing key data across Therapies to enable efficient reporting to support service delivery. This work has commenced and is planned for completion within the first quarter of 2022.

e) Due to limitations in recording, we are not able to identify whether appointments/contacts occurred in the patient's home or in an alternative setting, such as an outpatient appointment.