

6. Questions to Ministers without notice - The Minister for Health and Social Services:

6.1 Deputy T.M. Pitman:

In the latter days of the last Assembly, a successful proposition asked the Minister to come forward within 12 months with a list of healthy foods for G.S.T. purposes. I know there is no support for that perhaps within certain elements of the Council of Ministers but it is 2 years this month. Can the Minister for Health and Social Services tell us where that list is and when we can see it, please?

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

Yes, the Deputy is quite right and the Medical Officer of Health was championed to go and look at this, which she has done, but it proved extremely difficult because what do you class as "healthy foods"? It is a case of what you do with it. Does it still continue to be healthy or is it the way you cook it? I take the potato as an example; chips are fried and unhealthy but a Jersey Royal can be extremely healthy. She has done a great deal of work regarding this and she has put a paper together about a possible way forward and that paper is due to come to the Ministerial team fairly soon.

6.1.1 Deputy T.M. Pitman:

A supplementary? Can I ask the Minister when she feels that this information can be shared with other Members so perhaps other people can contribute their thoughts to help bring this forward?

The Deputy of Trinity:

Yes, I will give that some thought. It does need to go to the Council of Ministers as well, but I will take the Deputy's question up and come back to him.

6.2 Deputy K.L. Moore of St. Peter:

Tomorrow will be the year anniversary of this Assembly agreeing P.82, the Health and Social Services Department's White Paper. Is the Minister content with the progress that is being made implementing that?

The Deputy of Trinity:

That is a very big and nice question, because in the year I like to think that we have come a long way, perhaps in some areas not as quick as I would like to, but I would like to say that the future hospital - which is high on my list of priorities because it is really essential - has taken a positive step forward. It is being launched and it is going to be over 2 sites. Hopefully in the budget, money will be allocated to the new hospital and to take the next stage of the feasibility study. One of the other aspects was the White Paper and service redesign in that. We are in the process of formulating 19 work-streams; several have been put in place, one of them is the Community Midwifery, one is the Specialised Fostering Extra Respite and there are some pilot studies which will continue: End of Life, Intermediate Care, which will continue into the next year. There are still some areas of work to do there but it is fairly positive. As regarding the sustainable funding, I think work is ...

The Bailiff:

I appreciate, Minister, it was a very large question ...

The Deputy of Trinity:

It was; there were 4 elements.

The Bailiff:

... but we only have 15 minutes so I think probably, do you want to ask a supplementary question ?

6.2.1 The Deputy of St. Peter:

Perhaps I could help with a supplementary. Is the Minister confident that she will be able to bring back the Sustainable Funding Mechanism to this Assembly by the date agreed, which is 24th September?

The Deputy of Trinity:

That is not all quite in my hands, because it is working with the Treasury and Resources Department as well and the Ministerial Oversight Group. I would like to think we can but I am not 100 per cent hopeful.

6.3 Deputy M.R. Higgins:

Could the Minister explain what the current waiting time is for a hip operation in Jersey and why it is costing £12,000 to have a straightforward hip operation in Jersey and £7,000 for the same operation in a general hospital in Dinard in France?

The Deputy of Trinity:

I presume the second part that the Deputy is talking about is private patient fees. The hospital has no control over the cost of what a surgeon charges for private patients. Regarding orthopaedics and the waiting list, it is a long waiting list and I know a lot of work is being done. There is a 16 per cent increase in referrals. This is because we are an ageing population. There is a business case in place hopefully for next year to have another orthopaedic surgeon who will hopefully help with the waiting list. It is a complicated issue because it is not just getting another surgeon in place, you need to make sure that you have got clinic times and also if some of those procedures go into having an operation, we need more theatre space, which we have not got enough of and that is why there is an application in for temporary theatres. So it is an area that they are looking at. The Hospital Director is looking at ways of ...

The Bailiff:

Very well, Minister. I think that will be all ... Deputy Higgins, a supplementary?

6.3.1 Deputy M.R. Higgins:

Perhaps the Minister can tell us what it costs for a public operation from the hospital, and can she also explain or tell us what the department charges the consultants for doing a private sector operation so we can work out what the cost is? Thank you.

The Deputy of Trinity:

As you would expect, I have not got that detail of information, but if the Member wishes to put that in writing to me I will get him the information.

6.4 Deputy R.G. Le Hérissier:

Following on, could the Minister confirm the total cessation of the bizarre practice whereby surgeons, if they have spare publicly-paid time, could engage in private practice?

The Deputy of Trinity:

No, private work still continues, it is an important part of the hospital. We get some income from private patients, which in turn goes into providing public funds. But also, it is very well monitored by the Hospital Director and I think it is a third of the time, and they work perhaps Saturday afternoons when the theatre is not being used either. But private practice is important to make sure that we get the right consultants to Jersey and to make sure that that continues.

Deputy R.G. Le Hérissier:

Just for clarification, is the Minister referring to private work in public time?

The Deputy of Trinity:

As I said, it works out. There is not one rule that fits all. It works out that if their waiting list is over a certain level then they can do a certain amount of private work but, to be absolutely clear, I am quite happy to give the Deputy the set policy.

6.5 Deputy J.H. Young:

Could I ask the Minister to please give us a little bit more of a clue following her written answer to my question about housing for elderly and groups needing support, where she puts the onus on the Minister for Planning and Environment and the Island Plan to make a determination of where these facilities should be provided? Could she just give us a little bit more of her thinking? Are there no views held by health professionals which would help the Minister come to a conclusion? Particularly, both the Connétables and the Minister for Housing have provided very helpful information; could she not just give us a little bit more of a clue about her thinking?

The Deputy of Trinity:

I know the Health and Social Services Department cover a wide range of areas but planning and sheltered housing is not one of them, thank goodness. We will work wherever the sheltered housing, or whatever, is approved. The most important thing is to make sure that those houses for over-55s meet the required standard of wide doorways, making sure that the beams can take hoists, *et cetera*. That is where our health input is. Also for sheltered housing, if there is a small community centre there, then again Family Nursing Services can work out of that. So we will fit into whatever plans are approved.

6.5.1 Deputy J.H. Young:

A supplementary, Sir. I think either the Minister misses my point or I have not made it clearly: would she not accept that the decisions on the locations of sheltered housing in the future depends crucially on the existence of support systems in those communities and the facilities her department provides for primary care?

The Deputy of Trinity:

Yes. Community support is important, but we will work with community support wherever that is required, along working with our voluntary sector, Parishes, Family Nursing Services and other voluntary sectors as appropriate. It is making sure that the right facilities are in the sheltered housing in the first place.