

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY SENATOR S.W. PALLETT
QUESTION SUBMITTED ON MONDAY 6TH DECEMBER 2021
ANSWER TO BE TABLED ON MONDAY 13TH DECEMBER 2021**

Question

Will the Minister provide details of the following in respect of rehabilitation services provided in Jersey –

- (a) the total number of patients requiring rehabilitation services at Samarès Ward for each year between 2015 and the closure of the Ward in May 2020;
- (b) of these patients, how many had experienced –
 - (i) a stroke;
 - (ii) a head injury; or
 - (iii) other injury or illness;
- (c) the length of stay for each patient treated on Samarès Ward between 2015 and the closure of the Ward in May 2020;
- (d) the average length of stay for patients receiving treatment at Samarès Ward during this timeframe;
- (e) the estimated number of people requiring rehabilitation services in Jersey upon which 2022-2025 budgets have been based, broken down by treatment provided in hospital and in the patient’s home;
- (f) the estimated figure in terms of demand for rehabilitation services that has been used in assessing requirements for rehabilitation services within the new Hospital at Overdale; and
- (g) the number of people estimated to require rehabilitation services within the new Hospital at Overdale in 2030, 2035, 2040 and 2050?

Answer

- a) The total number of patients requiring rehabilitation services at Samarès Ward for each year between 2015 and the closure of the Ward in May 2020**

Table 1 shows the number of patients each year who were discharged from Samares ward and had been recorded in the specialty of “Rehabilitation”. Please note that there were less than 5 patients across the whole time period where the specialty was not “Rehabilitation” – these patients have been excluded from this analysis. The last patient discharge recorded from Samares was in March 2020.

Table 1: Number of patients discharged from Samares ward, by year

Year	Number of patients
2015	175
2016	158
2017	202
2018	213
2019	252
2020 (Jan – Mar only)	90
Total	1090

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

b) of these patients, how many had experienced – a stroke; a head injury; or other injury or illness;

Table 2 shows the analysis of the clinical coding information for these patients. The following clinical codes have been used in the analysis:

- U54.3 - Delivery of rehabilitation for stroke
- U51.1 - Delivery of rehabilitation for brain injuries
- U53.4 - Delivery of rehabilitation for trauma not elsewhere coded.

Other trauma (U53.4) may include a patient with a head injury in cases of polytrauma. These patients would not be having rehabilitation solely for a head injury.

It is noted that there are approximately 50 rehabilitation related admissions episodes still awaiting clinical coding. These have been excluded from the analysis.

Table 2: Patients discharged from Samares ward, by year and clinical coding applied

Year	Patients receiving rehabilitation for Stroke	Patients receiving rehabilitation for Brain Injury	Patients receiving rehabilitation for other trauma	Other discharges from ward
2015	42	< 5	< 5	130
2016	30	<10	<10	120
2017	35	5	12	150
2018	31	7	11	164
2019	51	< 10	<10	189
2020 (Jan – Mar)	9	< 5	< 5	76
Total	198	25	38	829
				1090

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

(When the number of patients per year is under 5, then the exact figure is not given as per Exemption 25 under the Jersey Data Protection law 2005. In 2016 and 2019, figures under 10 have been suppressed to prevent the exact figure being calculated.)

While Samares had 23 active beds, it should be noted that not all of these were used solely for rehabilitation. On occasion, patients were transferred from the General Hospital to Samares when safe to do so to. This ‘Step Down’ process is a usual function of the hospital and continues today within the General Hospital. This places patients in the ward that best cares for their needs. This included patients waiting for community residential/nursing home placement or care at home provision. These patients are classified as ‘Other illness or injury’ in the table above. These patients are classified as ‘Rehabilitation’ on TrackCare, so form part of the figures in total discharges.

c) The length of stay for each patient treated on Samarès Ward between 2015 and the closure of the Ward in May 2020

Table 3 shows the length of stay data for the patients discharged from Samares ward. This has been grouped into weeks for ease of presentation.

Table 3: Length of Stay of Patients Discharged from Samares ward, by year

Discharge Year	Up to 1 week	1-2 weeks	2-3 weeks	3-4 weeks	4-5 weeks	5-6 weeks	6-7 weeks	7-8 weeks	>8 weeks
2015	12	26	28	20	18	18	15	5	33
2016	19	18	17	19	19	11	11	7	37
2017	31	35	31	25	15	10	9	9	37
2018	23	27	37	32	19	19	19	6	31
2019	30	39	38	33	22	25	22	13	30
2020 (Jan – Mar)	9	27	20	9	5	6	5	2	7

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

d) The average length of stay for patients receiving treatment at Samarès Ward during this timeframe

Table 4: Summary of Length of Stay Data for Patients Discharged from Samares ward, by year

Discharge Year	Patient Count	Average LOS (days)	Median LOS (days)
2015	175	37.2	29
2016	158	42.0	30
2017	202	36.8	23
2018	213	33.5	26
2019	252	31.5	27
2020 (Jan-Mar)	90	25.4	19
Total	1090	34.8	26

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

The in-patient rehabilitation programme is tailored according to the patient’s condition and level of function. Length of stay will vary dependent upon clinical need. At times, other associated medical conditions may delay a person’s discharge from hospital and, likewise, rehabilitation.

e) The estimated number of people requiring rehabilitation services in Jersey upon which 2022-2025 budgets have been based, broken down by treatment provided in hospital and in the patient’s home

The budget set for the inpatient facilities is based on the 14 rehabilitation beds that are based in the General Hospital. Therapies happen as an inpatient, an outpatient, and Out of Hospital Basis. Historically, the budget for therapies was not split between these different locations for treatment. Medical services are conducting a review of rehabilitation services as a priority in 2022. This will help identify options for rehabilitation both as inpatients and in the community.

f) The estimated figure in terms of demand for rehabilitation services that has been used in assessing requirements for rehabilitation services within the new Hospital at Overdale

The UK National Stroke Strategy informed the bed base for rehabilitation as well as an improved offering in the community. In Jersey, the number of persons diagnosed with a stroke is between 100 and 140 people annually. Rehabilitation beds are part of the inpatient bed base. The total number of beds available for acute rehabilitation can be flexible from 12-30. 75% of these are single ensuite rooms. They are adjacent to one of the four gyms used for daily physiotherapy. Patients will have access to Occupational therapy services as well as Speech and language therapy depending on the rehabilitation requirements. Initial assessments and treatments take place in an acute ward.

g) The number of people estimated to require rehabilitation services within the new Hospital at Overdale in 2030, 2035, 2040 and 2050?

The planning does not include any modelling for Healthcare beyond 2036. Healthcare provision forecasting is a dynamic process that requires frequent updates. Partly due to lessons learnt through the pandemic, the service models are being developed further currently. Changes to the model will continue to evolve with advances in medical treatments and knowledge. The design of the Our Hospital allows for change of use of spaces if needed e.g. administration and education spaces can become clinical spaces including rehabilitation units (beds, gyms or clinic rooms). With changing patterns of diseases or increasing healthcare needs, Our Hospital has been designed to be flexible to accommodate the needs of Islanders.