

4. Questions to Ministers Without Notice - The Minister for Health and Social Services

The Deputy Bailiff:

We now come to the questions of the Minister for Health and Social Services.

4.1 The Deputy of Grouville:

The Minister confirmed, and I am glad she did, that she accepts all 29 recommendations from the Verita Report. Could she tell the Assembly how she is going to implement these with regard to some of the recommendations that will cost... that will draw on her budget, and as we have heard from the Minister for Treasury and Resources this morning that he now expects health services to be more efficient and relevant cuts to be made within the budget to find these things. Could she just tell us how the recommendations are going to be funded?

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

As the Assembly knows, there are 29 recommendations and the thirtieth recommendation is Verita coming back. As I said earlier, some of the recommendations can be done within the allocated funds and some of them do not cost anything to put in place. There is a team set up to look at all these recommendations and that team works right across the board, including nurses, clinical management, as well as medical staff members, so it is right across the board. Each recommendation will have a lead person who is going to lead us and come out with that. Verita are coming back towards the end of the summer to where we are. Some of the recommendations are put in fairly easily and some of them will need more time.

4.1.1 The Deputy of Grouville:

The Minister did not answer my question. I asked how the recommendations, the ones that obviously are cost-hungry, how those funds are going to be found?

The Deputy of Trinity:

Those funds, if any recommendations... and there are some recommendations that will require extra funding, they will go through the process of how the funds are going to be obtained and it is a very set procedure that certain R.A.P. (Resource Allocation Panel) forms are done and it goes towards the S.M.T. (Senior Management Team) for a priority list, and there is a set procedure and it will take place.

4.2 Senator J.L. Perchard:

Is the Minister satisfied that her department now has the necessary systems, resources and funding in place to grow our own nurses, midwives and healthcare workers and that healthcare workers do all have the opportunity to upskill in the department by learning as they are earning?

The Deputy of Trinity:

Yes, and I am very pleased to be able to say - and I thank Senator Perchard for this - that over last week that we have ... as you all know that we have our Grow Our Own Nurses policy and 7 nurses qualified locally last week; 4 in mental health and 3 in general adult nursing. So I am very, very pleased. It has been a very successful training programme and one which I hope we will extend in the future. As regarding healthcare assistants, yes, they are - as any member of our staff - a vital part in providing the care to the patients and they do a very good job and training is vital for what they do.

4.2.1 Senator J.L. Perchard:

Just a supplementary, if I may. I am delighted that the Minister does acknowledge the importance of growing our own nurses and she clearly has the enthusiasm for the policy. Can she confirm whether there was a positive response from the Minister for Treasury and Resources on the application for fiscal stimulus to create the policy for a meaningful Grow Our Own

Nurses policy, and can she confirm that the fiscal stimulus fund has been made available to her department to this effect?

The Deputy of Trinity:

I will just need to check on that and the amount and come back to Senator Perchard.

4.3 Connétable D.W. Mezbourian of St. Lawrence:

The Minister will be aware that across the U.K., local authorities are appointing independent Children's Commissioners, those people who are there to listen to and speak on behalf of children. What consideration is being given within the planning for the Children's Plan itself to incorporating a Children's Commissioner to listen to and speak on behalf of the children of Jersey?

The Deputy of Trinity:

The Children's Plan, as we know, is in the process of being put together - and the themed response - and there is going to be a States Members presentation, I think, towards the end of next month. This is important and a Commissioner has been discussed but there are still plenty of other recommendations which resulted from Williamson which we will need to put in place which have got a higher priority at the moment than having a Commissioner. As the Constable knows, there is a Child Care Policy Group as well as a new Board of Governors for Greenfields and the other children's homes, which will visit those places and will speak to the young people involved. I think that is something, regarding a Commissioner, it is still there but it is not one of my highest priorities at this moment in time.

4.4 Deputy T.A. Vallois:

Could the Minister advise in relation to the Comprehensive Spending Review why members of staff are being asked to identify what they do within their job roles and when approximately 30 jobs have been identified in one role, they are being asked to pinpoint only 10?

The Deputy of Trinity:

Regarding the comprehensive spending review, as States Members know, this is a very important review and we need to look at all areas within Health and Social Services. It is important and it is also important that every staff member gets involved and there is a great deal of work. The officers from the Treasury Department have been talking to various groups within Health and Social Services of a way of what the Comprehensive Spending Review means and how they can be part of it, but it also needs to be proactive. We have to find ways of making our service more efficient. It is everyone's part to play. There is information asking staff to suggest ways out on the internet as well as written information. I must say walking around the wards, as I did about 12 days ago, I was greeted by nurses as well as consultants saying: "Yes, we have read the information. We suggest A, B, C and D", which if we did it round this way, we could make the service more efficient as well as consultants coming up with suggestions too. I think that is very positive and staff should be applauded for doing it.

4.5 Deputy P.V.F. Le Claire:

Given that many pharmacists appear to have stopped stocking over-the-counter medicines for coughs and colds for children, particularly those aged between 5 and 6, could the Minister give the reasons why, please?

The Deputy of Trinity:

The Medicines and Healthcare Products Regulatory Agency issued safety guidance relating to the use of cold and cough remedies in children in February 2009 following the review in the U.K. by the Commission on Human Medicines. The Commission on Human Medicines advised on a package of measures to improve the safe use of cough and cold medicines containing certain

ingredients for children less than 12 years old. The current advice is that parents and carers should no longer use over-the-counter cough and cold medicines, other than for simple remedies, for children under 6 years old. There is no evidence they work and they can cause side effects. I am very pleased that Deputy Le Claire brought this up because it also permitted me to make sure that that information is on the Health and Social Services web link, and if any members of the public are concerned about them, I would advise them to look at that or contact the department accordingly.

4.6 Deputy M.R. Higgins:

Again, like Deputy Le Claire, I am going to use a question that the Minister is aware of. Would the Minister advise the Assembly of the current average waiting times for the following medical areas and state what steps, if any, she has taken to reduce those for bariatric, which was 153 weeks, gastroenterology, dermatology and neurology procedures which were all in excess of 25 weeks' waiting times?

The Deputy of Trinity:

I am pleased that this is an oral question and it was quite long and I will try and condense it because it is 5 areas, and they all have specific different waiting times. The management of the waiting list is undertaken via the Waiting List Management Board, which meets monthly and is made up of senior managers and clinicians. The function is to predict areas of pressure and devise safe and effective remedial actions. If I can pinpoint a couple of questions, I am pleased to say there was a long waiting list due to problems in recruiting staff and locums but, in most areas, the waiting list has come down. The Deputy mentioned the bariatric surgery, which has got a very long waiting list, but this is a surgical intervention for patients whose obesity has become a serious risk to their life. The total waiting list for bariatric weight loss for referral, assessment and pre-surgical work-up is approximately 5 and a half years but this pre-surgical work-up is essential to be able to go ahead with the actual procedure. It is not a routine procedure so therefore the work-up is vital. Patients have to wait approximately 2 years for surgery after they have completed their assessment and pre-surgical work-up because it also can involve, once they have lost weight, surgery afterwards so it is not a procedure that anyone would go into very lightly.

4.7 The Deputy of St. Martin:

Last September, the States did not support my proposition but agreed that the Chief Minister would appoint someone to carry out the review into the circumstances leading to the suspension of the hospital gynaecologist. That report was supposed to be within 4 to 6 weeks. Six months later, can I ask the Minister whether, in fact, she has seen that report and has she got any comments to make on it?

[12.15]

The Deputy of Trinity:

That report was commissioned by the States Employment Board and I have not seen that report.

4.7.1 The Deputy of St. Martin:

Could I ask whether the Minister has been pressing for that report, bearing in mind that the suspended gynaecologist is now back to work?

The Deputy of Trinity:

Yes, but these things take time and I would not like to be in a situation that I have been so that I would interfere. It is due process. The Solace group get on with it in their own time.

4.8 Deputy A.E. Jeune:

The Minister, in an earlier answer in respect of training of our own nurses here on the Island, could she confirm that those who have qualified did so as Nursing and Midwifery Council registered?

The Deputy of Trinity:

Yes, I can indeed, and I would like again to repeat that I am extremely proud of them. There were 7 - 4 in mental health and 3 in general adult nursing - and I think we should congratulate them all. [Approbation]

4.9 Deputy R.G. Le Hérissier:

Can the Minister comment on the fact that when surgeons are appointed, there is the right to practise privately? What percentage of their time is devoted to private practice, what to public practice and is this system sustainable?

The Deputy of Trinity:

All consultants, as we all know, do have some private practice. That is part of the workings. They negotiate, I think I understand, at the time with the senior managers at Health and Social Services and, as I understand it, it depends on the waiting lists regarding public patients but to be accurate, I will give the Deputy some more information if he needs it.

4.9.1 Deputy R.G. Le Hérissier:

Would the Minister say whether or not the system remains sustainable because essentially the public is subsidising, at great cost, private practice.

The Deputy of Trinity:

Most consultants do private practice and that it is important because I think over half of the people in Jersey have private health insurance which allows them to access private consultants and that, in turn, if those private patients are admitted into hospital, then there is some income for the hospital as well. But it is also that consultants do like to do their private patients and also it ensures that consultants do come over to Jersey who are of high calibre which I think, and I hope the Deputy agrees, are important to every Islander, including our public patients.

4.10 Deputy M. Tadier:

I just wanted to follow on from the question of Senator Perchard about learning while you are earning. Would that extend to English learning as you are earning?

The Deputy of Trinity:

I do not quite know what to say to that, but I would assume so.

The Deputy Bailiff:

Very well, that brings questions to the Minister for Health and Social Services to an end.