

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY G.P. SOUTHERN OF ST. HELIER  
ANSWER TO BE TABLED ON TUESDAY 12th JUNE 2012**

**Question**

Would the Minister, in relation to her recent Health and Social Services White Paper, explain –

- 1(a) whether there are any plans to introduce payment for other services than emergency services and if so what are they?
  - (b) what scale of charges are planned for emergency services?
  - (c) where the paper talks of “bringing in more third party and private sector organisations”, what services are under consideration for outsourcing and will this include “for profit” organisations?
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- 2(a) what strategic partners are under consideration for renal and oncology services?
  - (b) how the 5 objectives are to be delivered?
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- 3(a) given that Nursing pay and conditions and establishment were identified as issues in 2011, what progress has been made in mid 2012 and how is the £800,000 identified for 2012 to be used?
  - (b) what additional or unfilled posts are to be recruited by the sums outlined under establishment for 2013, 2014 and 2015?
  - (c) what improvements to nursing Terms and Conditions are envisioned for the £600,000 annual increases 2013 -2015?
  - (d) what explanation is there for the differences in totals between the two tables of growth commitments shown (pages 29-30)?

**Answer**

1(a) There are currently no plans to introduce additional payment for services. The only exception, as referred to in the White Paper, will be minor, non-emergency treatment for patients who attend the Emergency Department but should more appropriately be seen by a GP.

Emergency care provided in the Emergency Department will remain free.

1 (b) The scale of charges for minor, non-emergency treatment provided in the Emergency Department is currently being considered but will probably be broadly comparable with GP's charges. The aim is to remove the incentive for patients to attend the Emergency Department, as opposed to their GP, for non-emergency treatment.

1 (c) More detailed information about potential outsourcing of services will be available over the coming months as full business cases and detailed service specifications are developed. HSSD already outsources services to a range of providers in the third sector, private sector and the UK public and private sectors. It is envisaged this will continue and may expand.

2 (a) At present HSSD's renal unit links with Guys & St. Thomas' and our oncology unit with Southampton. HSSD is however currently working to develop closer relationships with other providers and future strategic partnership/s may be tendered to ensure HSSD secures the best possible services for patients and best value.

2 (b) The five outcomes outlined on page 25 relate to service improvements that patients will benefit from as strategic partnerships are progressed and refined. HSSD will work with partners to develop services specifications and standards that ensure delivery of those five outcomes, plus undertake associated monitoring.

3 (a) Recruitment of registered nurses and midwives remains a challenge for HSSD for a multitude of well documented reasons including: cost of living and childcare; difficulty that spouses/partners have in finding employment; the working environment; outdated terms and conditions. In recognition of these challenges the States, on the recommendation of the States Employment Board (SEB), approved an additional £800k in the 2012 business plan. This funding has been used to tackle systemic problems with recruitment and retention including:

- revising existing pay structures, bringing them more into line with UK structures thus aiding the continued employment of approximately 36 registered nurses and midwives
- development of a new grade for the non-registered workforce, known as the Assistant Practitioner role, in order to facilitate on island recruitment
- development of an enhanced relocation allowance enabling externally recruited nurses and midwives to better manage the financial impact of relocation, which had previously presented a barrier off-island recruitment
- creation of 7 new full time nursing posts within Older Peoples Mental Health In patient services, benefitting patients and alleviating workplace pressures which were threatening HSSD ability to retain existing staff
- implementing - at the request of the nursing unions - a review of nursing pay based on "equal pay for work of equal value" in order to establish if further reform of pay scales is required
- supporting nurse and midwife recruitment campaigns both on-island and off-island.

Whilst it is currently too early to fully assess the impact of these changes on recruitment and retention, the feedback received to date from nursing staff has been positive.

3 (b) The nursing establishment costs as outlined in the first table on Page 30 of the White Paper are for additional HSSD nursing posts and relate to existing unmet need. This continued investment will bring the ward area staffing levels into line with the recommendations set out in the nurse staffing review which was undertaken in 2008. This equates to approximately 40 new posts which are still outstanding despite the progress made in growing the nursing workforce since 2008.

This does not include the significant investment that will be also be required in order to recruit nursing staff to work within primary care and community settings, as per the overall vision set out with the White Paper.

3 (c) The terms and conditions funding stream will enable HSSD to continue to support the schemes outlined in 3(a) above. This will obviously be subject to a review of their impact which might result in some of those schemes being modified or enhanced.

3 (d) The first table on Page 30 shows the agreed 2012 growth budget plus the in-principle growth commitments for 2013 and 2014 as outlined in the States 2012 Business Plan. The 2015 figure, which represents a continuation of that growth profile, was not part of the 2012 States business plan but will included in the States Medium Term Financial Plan (MTFP) to be debated later this year.

The figures in the first table represented essential growth for existing core business.

The second table on Page 30 shows the additional funding required to deliver the priority work-streams set out in the White Paper. This includes significant investment in community based services to help ensure people are cared for in the most appropriate setting whilst relieving the escalating demand on acute care services. These figures will be included in MTFP, albeit there maybe with some variations between those outlining costing are further refined over the coming months.