

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

5.1 The Connétable of St. Mary:

Will the Minister advise whether her department has a policy on the upper age limit for employment and whether where all other factors such as qualifications, C.P.D. (Continuing Professional Development) and references, *et cetera*, are satisfied, age is an automatic barrier to employment?

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

Thank you, and I do try and be brief. I understand that a parishioner has contacted the Constable with this and in the case of recruitment of whatever age clinical quality and risk remains a priority and applies, as I said, to any case of recruitment. But also the Chief Minister in the discrimination pledge, which in most departments do make a pledge that in retention of recruitment and employment there will be no discrimination against age but it is on a case-by-case, and fitness to practice obviously is vital.

5.2 Deputy M.R. Higgins:

Can the Minister bring us up-to-date? Following the death of nurse Elizabeth Rourke a number of members of staff were suspended and have now returned to duty. Can she confirm that the consultant concerned is carrying out the full duties of a consultant and if not, why not?

The Deputy of Trinity:

It would be totally inappropriate of me to go down to actual cases. Suffice to say that there are 2 doctors who are on restricted practice and we are always trying to involve them and to get them to training and back to work as soon as possible, if that is possible, and all action is done through the H.R. (Human Resources) Department working with them.

Deputy M.R. Higgins:

A supplementary?

The Deputy Bailiff:

I had called for Senator Ferguson. Senator Ferguson.

5.3 Senator S.C. Ferguson:

Given that the original plan was for H. and S.S. (Health and Social Services) to take monies from the Health Insurance Fund in 2011 and 2012, will the Minister inform the Assembly as to the progress in moving the services listed as being primary care being undertaken by H. and S.S. to primary care providers?

The Deputy of Trinity:

Yes, some work is being done but, as you can expect, it is a huge piece of work and that is part of the strategic road map that we will have to look at and also will come out in the White Paper.

[11:45]

There are 8 outlined business cases which are being worked through at present and looking at the areas where there is a lot of service pressure and to bring some areas of that into what the Senator said about the primary care services is to work that in with the primary care, but it is down to resources and time, but it will have to be done.

5.3.1 Senator S.C. Ferguson:

Would the Minister not agree that there are some quick wins? The antenatal services: some of the G.P. (General Practitioner) practices have set up clinics. Smoking cessation: that is a very easy win to move to the primary care sector. Why are the easy wins not being taken?

The Deputy of Trinity:

She is quite right. There is, but they all have to be worked up to make sure that there is enough resources going forward and the most appropriate services are put in place for the right reason.

5.4 Deputy J.M. Maçon of St. Saviour:

Back to the P.I.P. implants; we have heard that these have non-medical grade silicone but there is no evidence to say that they are toxic. However, these implants can leak silicone, and does the Minister feel that there is enough information regarding the health implications of having silicone within the body and whether this type of information needs to be better communicated to Island residents?

The Deputy of Trinity:

I know that the Department of Health has commissioned an expert panel, or expert advice, whatever you call them, to look at all this area of implants. At the moment there is the information coming out from the Department of Health and from the M.H.R.A. to say that there is no evidence to recommend that implants should be routinely removed. If there are clear, clinical grounds for any removal of any implants then we will look at it on a case-by-case basis, and also we will continue to monitor what comes out of the expert panel.

5.5 Deputy M.R. Higgins:

If there is time I will come back to the supplementary I was going to ask before. However, I would like to ask a new question. Does the Minister think it is right that doctors should ration their time in terms of appointments and that if a patient comes in with a number of ailments, because we all know the cost of going to a doctor is very expensive in the Island, if they have got a number of ailments the doctor should say: "Oh, 10 minutes is up, you should have booked a double appointment, we will make another appointment", does she think that is acceptable when we are going to be moving to a primary care model based on doctors?

The Deputy of Trinity:

I am unsure if the Deputy is talking about time with G.P.s or time with consultants.

Deputy M.R. Higgins:

Time with G.P.s.

The Deputy of Trinity:

The time with G.P.s does not fall under my remit; it falls under the remit of Social Security. I would like to think that all doctors, whether they are in primary or in secondary health, will have time for the patient.

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

On 9th December the Minister made a decision to increase various service charges for the Community Contraception Clinics. One of the changes was to increase the attendance fee from £10 to £15. This would also be applied to the Well Woman Clinic. Could the Minister explain the rationale behind the increase in fees and to whom it will be applied?

The Deputy of Trinity:

Yes, I made a ministerial decision and the report attached to it is on the website. As I understand it, there have been no increases in the cost of the services since 2005 and the cost of contraception has not increased since 2003. As you appreciate the cost of different types of tablets or contraception advice continues to increase as drugs increase well above the cost of inflation. The cost of that was that we changed more priority to the under-23s. This is an important service and it needs to continue but this service can also be provided by our primary care with G.P.s and our cost falls well

below the cost of those provided in the private sector. Also, for the under-21s there is also Brook Service, which do a very vital and important service.

5.6.1 The Deputy of St. Peter:

Does the Minister believe that dealing with the Island's sexual health problems is a lesser priority than the cessation of smoking, for example?

The Deputy of Trinity:

No. They are both very important and they will continue to be important and sexual health is important, and that is why we do a contraception service, but we do not need to provide everything for everybody all of the time. As I said, the G.P.s continue to provide a very good service as does Brook, as does our Well Woman Clinic and that will continue.

5.7 Deputy T.A. Vallois:

With the recent departure of the Social Services Director, what training initiatives are in place to ensure staff can work their way up through the system to ensure that in future one of them will possibly become a director to serve for Health and Social Services in the States of Jersey?

The Deputy of Trinity:

I take this opportunity to thank the leaving Director of Community and Social Services. He is leaving for personal and family reasons and he has done an enormous amount of good work over the last 18 months and I would like personally to thank him for that. We are looking at internal re-arrangements to provide ... because that role is essential. It was a new role that he went into and internal management, but succession planning is important and it is high on the list of the Chief Executive Officer to make sure that the future planning of our directors especially hopefully will come within Island and also that training is important. They need to get the experience of having a wider U.K. perhaps Social Services Department or in the case of the Managing Director of the hospital, whoever he or she will be in years to come, needs to have experience of an acute hospital setting.

5.8 Deputy R.G. Le Hérissier:

Building on Deputy Vallois' question, would the Minister comment on the oft made assertion that Social Services is the poor relation, and if indeed this is the case, what steps is she taking to strengthen its influence?

The Deputy of Trinity:

I think it is fair to say that over the last years - before my time I hasten to add - that Social Services might have been the poor relation, but I think the importance of having a Director of Community and Social Services has made a tremendous difference. I know I take a great interest in Community and Social Services by visiting the group homes - Sandybrook, The Limes - because it includes all those, and St. Saviour's too. There has been some investment as we know with St. Saviour's Hospital the £2.1 million in refurbishing, *et cetera*. It is going to be even more important as we go forward to cope with our ageing demographics. Yes, it has to be high on not only my agenda but the States of Jersey agenda.

5.9 Deputy R.G. Le Hérissier:

A supplementary. Has the Minister got evidence that in all the areas of cover - adult, mental health, children's services, *et cetera*, that it is now benchmarked to standards of which she is proud and that relevant resources are in place?

The Deputy of Trinity:

I think it would be very foolish to say: "Yes, everything is in place and everything is rosy." There is a tremendous amount of work to do in all areas, let alone Community and Social Services but

also in the acute hospital settings and as the road map and the White Paper will say, as I have said, with the 8 outlined business cases those are just the tip of the iceberg where we have to redesign Health and Social Services for the future. One last point is that Health and Social Services are one department and I know that different health authorities in the U.K. are looking at bringing them together because the synergy is so important.

5.10 Deputy J.G. Reed of St. Ouen:

The Minister speaks about her concerns over sex and health matters and that it is treated as a similar priority to the cessation of smoking, yet I would like to ask the Minister, is it not the case that people who choose to stop smoking are not charged for the service and yet this new decision means that women with sexual health problems over the age of 23 will now be faced with a charge?

The Deputy of Trinity:

With the Well Woman Clinic there has always been a charge for this service. As I said it has increased from £10 to £15 and that has not been increased since 2005. The cost of actual contraception does, as I said, go up each year. It is important but then we have to be realistic that if we did not charge the money would have to come from somewhere.

5.10.1 The Deputy of St. Ouen:

Is it the Minister's intention, in a similar vein, that the cessation of smoking and the support that is now offered currently free of charge she will seek to introduce charges for that too?

The Deputy of Trinity:

I cannot comment on that seek to introduce charges but it is one of those things that perhaps needs to be looked at because smoking is a high priority too because it does a lot of damage, as we know, and can cause a lot of anguish and hardship as people get ill due to smoking.

5.10.2 The Deputy of St. Ouen:

Finally, as the proposed user pays charges are above the Treasury cost of living limit, has the Minister sought Treasury approval on the increase?

The Deputy of Trinity:

Yes.

5.11 Senator L.J. Farnham:

In the interests of protecting the health of the people of our Island and saving lives, would the Minister support a ban on the sale of cigarettes and tobacco by cigarette vending, and if so, when and, if so, would she be prepared to instigate such an important move?

The Deputy of Trinity:

That is a very interesting point because I had a discussion with the Health Improvement Officer last week about the vending machines, and pictorial warnings on cigarette packets comes into force at the end of this month and there is an issue with vending machines. My personal view is yes, I would like to see vending machines banned because I know that under-18s or under-16s do use vending machines regularly, but that is my own personal thought and I am sure the trade will make comment accordingly.

The Deputy Bailiff:

Very well, that brings the time for Questions without notice to the Minister for Health and Social Services to an end. There is nothing under J or K. We now come to Public Business.