

The Deputy Bailiff:

So, we move now to questioning of the Minister for Health and Social Services.

4.1 The Deputy of St. Martin:

It is apparent that there has been an exchange of correspondence between a local GP and the Health Department regarding enhancing cardiology services in Jersey. This exchange is now being conducted through the local media. I also understand that the GP and the Health Department have never met to discuss any of the relevant issues. Given the matter is very much in the public domain and attracting public attention, would the Minister agree that possibly the best way forward would be for the GP and the Health Department to get around a table to discuss their differences and make their findings known to the States Members and the public?

Senator S. Syvret (The Minister for Health and Social Services):

No, Sir, in this particular case I do not. The GP in question has made a number of inflammatory and grossly inaccurate statements. He has defamed other clinical colleagues in Jersey and he is now going to be the subject of a complaint to the GMC (General Medical Council). He has made completely erroneous assertions in the *JEP*, to the effect that people were dying needlessly in Jersey when, in fact, a simple telephone call to the Medical Officer of Health would have told him that the age standardised death rate for Jersey from heart disease for the under 75's is 96 per 100,000, whereas the U.K. rate is 108.5. Therefore, the actual death rate, which is the key figure, from coronary heart disease is lower than it is in the United Kingdom, which is quite surprising given that there are increased levels of smoking, drinking and, perhaps, a consumption of fatty foods in Jersey than you would find in the U.K. average. Even if there were any merit in privatising cardiology care in the way that this particular GP proposes, it simply would not meet the most rudimentary of due diligence procedures for the States to get involved with an individual who has - and this is in the public domain - a very significant number of Petty Debt Court judgments against him and is teetering on the verge of bankruptcy.

The Deputy Bailiff:

I am not sure that it was necessary in the context that that person cannot answer back.

4.2 The Deputy of Trinity:

In the nationwide report 2005, one of the main recommendations was that the States should consider transferring responsibility for prison health to Health and Social Services. Would the Minister inform this House if the recommendation will be put in place and, if so, when?

Senator S. Syvret:

The recommendation will certainly be considered. As far as the responsibility of Health and Social Services for prison health is concerned, it is already the case that any acute care incidents are treated by Health and Social Services. Prisoners sometimes are brought to the hospital for acute care treatment. There is an element of mental health care provided which is important for many prisoners via Health and Social Services. But, at present, the internal more minor health care matters, for example matters particularly pertaining to disease and illness prevention and health improvement are, it is true, within the ambit at the moment the responsibility of the Prison Service. There may well be some merit in transferring that responsibility to the Health and Social Services Department, but that is a matter clearly you would have to discuss with the Home Affairs Minister and her officers.

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

Is the Minister satisfied that there are no health risks relating to the current mobile phone masts scattered all over the Island and, equally, the proposed new generation forms of phone masts that are planned to be erected?

Senator S. Syvret:

Yes, Sir, the advice that I have is that there is no risk or no significantly quantifiable risk from these telephone installations. It is the case we have just recently received a report on this question from the Health Protection Department and its recommendations will be followed, and those recommendations are that all such installations in Jersey will need, as an absolute minimum, the recognised national and international statutory requirements in terms of siting such installations away from the public. So, that will be the case and, indeed, with existing installations there will be some testing of the strength of the signal within the region of some of the base stations.

4.4 Deputy J.A. Martin:

Could the Minister comment on a recent article where a member of the I.O.D. (Institute of Directors) says opposition to plans for a private hospital in Jersey is anti-competitive?

Senator S. Syvret:

The author of that article is a noted market fundamentalist, he believes as an article of faith that anything carried out by the public sector equals bad and anything carried out by the private sector equals good. I am afraid the author of the article does not know the facts. He has not contacted the department to get a proper inside account of our views and our reasoning on the question. The fact is that were this particular private proposal enabled to piggyback on taxpayer provided services, which they quite erroneously regard somehow as a free good when they are not: in fact they are paid for by the taxpayers. If that kind of advantage were to be given to this particular proposal, that would be anti-competitive because it would seriously disadvantage a range of other private sector independent sector healthcare providers who are developing their own primary healthcare sectors as proper stand-alone businesses, entirely with their own resources and entirely on their own bat. It would be grossly uncompetitive and unfair to them if this particular single operation was enabled to piggyback on the back of taxpayer provided resources.

4.5 Deputy P.N. Troy of St. Brelade:

Will the Minister confirm that he has now fully reviewed the strategy for the provision of respite care and can he inform whether a Ministerial decision has been taken regarding the implementation of his future strategy? The Minister also stated, in the media, that beds will be purchased in the private sector. Can he advise how many beds will be purchased and at what cost per bed per annum?

Senator S. Syvret:

The number of beds purchased might be in the range of 40 to 50 at this stage, although this will be a fluctuating figure on the basis of need and the development and implementation of the strategy. I do not know, off the top of my head, the cost per bed. If the Deputy likes I can find that information out for him later today. I have not yet made a formal Ministerial decision to implement the strategy but nevertheless I will be doing so very shortly. I can assure the Deputy that where people are currently receiving respite care at the inadequate buildings at Overdale, it is our intention, and our plan, to have everyone who needs respite care moved completely out of those facilities by the end of June so that people will be receiving respite care in decent, civilised accommodation, as opposed to the totally inadequate buildings that presently exist at Overdale.

4.6 Deputy R.C. Duhamel:

The Minister just made the statement that he had been advised that there were no risks with mobile phone masts. Is the Minister not in agreement that that is not quite the case, and in actual fact, the reports that have been supplied to his department for advice indicate that there are risks, but those risks fall off with distance, hence the protocols for allowing areas close to mobile masts to be, in effect, exclusion areas?

Senator S. Syvret:

There may be a very, very tiny risk, but the evidence presented to me and the recommendations made to me is that the risk is of no significance and no consequence compared to the RF (Radio Frequency) radiation an individual receives, which is much, much greater simply via using a mobile phone themselves, so it is important to keep a sense of perspective about this matter. The recommendations of the Stuart report, for example, which is regarded as being one of the definitive works on the subject, made it quite clear that there was no robust clinical evidence for harmful effects, but it recommended, on a precautionary basis, a few rudimentary standards in terms of the siting of base stations. But if we accept the Stuart report as the definitive work on the subject, then I am satisfied that we will comply with those requirements in the Island. I must also point out, because this has been raised previously, that whatever requirements are put in place in respect of radio transmissions, they will apply equally to all providers. There will be a level playing field. There can be no question of one standard being applied, for example, to cable and wireless and a different standard to Telecoms.

4.7 Deputy S.C. Ferguson:

Is the Minister aware that the Stuart report made very strong recommendations that there should be no transmitters located within a short distance of schools or highly populated residential areas? He has not mentioned it this morning.

Senator S. Syvret:

Yes, I am aware of that. In my defence, I would point out that the report by the Health Protection Department has only been completed in the last 10 days or so, and I have in fact been out of the Island, and I have not yet had time to consider each of its recommendations in detail, but certainly I would say at this stage my personal preference would be that where any station is sited that is within the distance recommended by the Stuart report, my preference would be for those stations to be moved so that they do comply with the recommendations of the Stuart report, but this is a matter I will be sitting down and discussing with the officers of the Health Protection Department once I have had time to fully digest the material.

4.8 The Deputy of St. Ouen:

Still on the same subject, I would like to ask the Minister whether he would confirm that in fact, as claimed in the media, he will undertake to monitor the effects caused by the mast and possible health risks involved and furthermore, could he confirm or otherwise whether or not the incidence of cancer is currently monitored and recorded on an Island-wide basis, and whether there are indeed any hotspots currently on the Island? Thank you.

Senator S. Syvret:

As far as monitoring is concerned, the monitoring that is going to be carried out will be monitoring on the strength of the radio wave signal within the region of the transmitters. It may be very, very difficult to monitor supposed effects on people of these stations, because the evidence would appear to indicate that there are no significant effects occurring, but as far as health intelligence is concerned, we do monitor overall cancer rates in the Island of every description. I think though it is fair to say that the health intelligence database that we presently have in the Island is not as good and as comprehensive as we would like, so it is being expanded and this is something the new Medical Officer of Health is working on and developing at the

moment. I am no expert in these subjects, but my understanding is that there are certain methodological and statistical difficulties in trying to monitor health impact in very small, localised cohorts of people, for example, on a particular housing estate and so on, and extrapolating from that statistically robust and useful information, particularly given the nature of population mixing within the Island, and indeed, the mobility of people within the community. So, while I am certainly happy to ask the Medical Officer of Health to take these things into consideration, it may not be methodologically feasible to reduce the monitoring of health effects on individuals down to the very, very small cohorts.

4.9 Deputy P.N. Troy:

Can I ask the Minister: the report that he has had for the last 10 days from his department, is it being circulated to States Members? Certainly, Deputy Power and myself have been approached by a large number of people in St. Brelade who are concerned regarding the unit to be placed at the western fire station. Can he give an undertaking that that report will be circulated to Members?

Senator S. Syvret:

Yes, I am perfectly happy that it be circulated and made public.

4.10 Deputy P.V.F. Le Claire:

Along with the composting issues and the health impacts and the effects on residents, I made a call in my proposition for the Health Protection Team or the Health Department to assist residents in monitoring areas where their lives were being affected by pollutants. Could the Minister briefly touch upon how he intends, if at all, to address the interaction between the population in respect of the possible effects from the composting at La Collette, and also from the water pollution at St. Peter?

Senator S. Syvret:

I am not sure I entirely understand, Sir, the reference to the water pollution at St. Peter. As far as the health monitoring in respect of the La Collette composting site is concerned, it has been monitored regularly now for some time by the Health Protection Unit, and the advice I have from them, and indeed, the evidence available to them in respect of referrals to the hospital from GPs (General Practitioners) that have patients in the area is that there was no evidence of any health impact from the composting site. This is the professional, clinical view. Now, I cannot argue with that. I am not going to stand here and just assert, as some Members do, that there is ill health effects, because there is no evidence, I am afraid.

The Deputy Bailiff:

I think fairness dictates, the Connétable of St. Brelade has been trying to catch my eye for some time.

4.11 Connétable M.K. Jackson of St. Brelade

In view of the impending closure of McKinstry and Leoville Wards at Overdale, and the closure of the Secker Ward, could the Minister let the House know what the long-term plans for Overdale Hospital are, in view of the considerable value of the site?

Senator S. Syvret:

I am not aware that there are any plans in existence at the moment. The point is certainly true, the site is valuable. It is a large site in a good location, and many of existing buildings on the site are extremely obsolete, wholly inadequate, and should be demolished and no longer used, but it is worth pointing out that a variety of other Health and Social Services buildings also on the same site are extremely modern, of a very high standard, very high quality, delivering very good

standards of care. A variety of services are provided at Overdale and will continue to be provided there, so it might be that the rest of the site that has the obsolete buildings on it might well be utilised at some point in the future for future Health and Social Services activities. A decision has not been taken yet on the site, and I imagine that when it is, it will be part of the overarching States of Jersey property policy that is going to be developed.

4.12 Deputy P.V.F. Le Claire:

I was trying to ask before, Sir - maybe I did not put it across clearly - there has been an issue of contamination in St. Peter, which was denied at first, rebuffed, and now has been acknowledged, and the residents have been - and are in - an ongoing process in relation to being supplied with water free of charge by the States because of a pollutant. I concur and agree wholeheartedly with [Interruption] ...

The Deputy Bailiff:

I am sorry, is this the clarification of a question then ?

Deputy P.V.F. Le Claire:

This is clarification to my question, Sir. I concur and wholeheartedly agree with the Minister's statement that politicians are not qualified in these areas, and what I was asking was would he help facilitate the accumulation of evidence that is required, because I am being presented with people telling me they are ill, they are going to their doctors, they are coming back, they are going off work. They are telling me that they are being affected by these pollutants at La Collette. Would the Health Minister undertake to help me facilitate the correlation of these cases so we can get the evidence? I have been asked recently to provide the Health Protection Department with letters and evidence so that they can go along to the JEC (Jersey Electricity Company Limited) and ask them about their smut emissions over the last 12 months. I cannot do this, I am not resourced for this, I am not qualified for this. Will the Minister undertake to ask his department to help me correlate the evidence that is clearly in front of me that I cannot put clearly in front of the House?

Senator S. Syvret:

I am absolutely certain that if the Deputy has evidence that he is not qualified to expound that the Health Protection Unit will be more than happy to sit down with him and discuss that evidence. Certainly, it is absolutely valid that pollution from the La Collette power station chimney is potentially a health risk, possibly a worse health risk than anything emanating from the composting site, but the fact is, when you are making decisions about ill health effects on people, these really are decisions that are best left to the clinically qualified, and this is why I always say to people who approach me privately about various health issues they may have in respect of, for example, waiting times to the hospital and things of that nature, that if you have concerns about your health, the appropriate path of action is to go to your GP and if your GP is satisfied clinically, professionally that you have a problem, you have an issue - especially one that might need secondary health care - then they will refer you to the hospital, where you will receive appropriate treatment, and that has to be the advice to people in the region. If they are having genuine health problems, the appropriate pathway is for them to go their GP and then for their GP to refer them to the hospital if needed. It is wholly, completely disastrous, I would suggest, if we, as individual politicians, start trying to involve ourselves in clinical assessments of what ill health effects people may or may not be suffering from.

The Deputy Bailiff:

That concludes questioning of the Minister.