

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

The Greffier of the States (in the Chair):

We now come to oral questions without notice and the first question period is to the Minister for Health and Social Services and I invite questions.

3.1 Deputy K.C. Lewis:

The nurses and health workers are the backbone of the Jersey Health Service, working very long hours and many of whom are educated to the agreed standard in their field. They have been grossly undervalued for so long and should be given a fair salary for their excellent work. Does the Minister not agree?

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

The Deputy is absolutely right about nursing staff being the backbone of the service. They fulfil a vital and central role at the moment, but moreover they are going to have to fulfil an even greater role of greater responsibility in the future. This is because things like the introduction of the European Working Time Directive is going to make it very difficult for the Jersey General Hospital to have the same level of junior doctor support that we have at present. More and more nurses will have to step into that role to make sure the patients are cared for adequately. I think society in general - and I am not just talking about Jersey here - has undervalued nurses and society is going to pay a price for that. There is a global shortage of nursing staff and the demand is going to become absolutely astronomical in the coming years. There is a slight softening of the situation in the United Kingdom at the moment because of the immense budgetary pressures that many N.H.S. (National Health Service) Trusts have come under, so they have had to release some staff. But there is no doubt the general trend in the long term will be a much, much greater demand for nurses and upon nurses. The simple mark of reality we face is that if we want nurses to carry out this crucial role for the community, we are going to have to pay them commensurately with their skills and dedication.

3.2 Deputy P.V.F. Le Claire:

That leads nicely into my question: why are nurses at the moment, in the General Hospital, working hours that would take them into an overtime position and then being asked to take time off in lieu? In other words, they end up working longer hours than they had planned to work to carry out longer lists that they are servicing, and then find themselves in the position that they are forced to take the time off and not paid overtime. Is this satisfactory, and is the Minister aware of this occurrence and in which areas it is happening?

Senator S. Syvret:

I would have to investigate the matter to answer the Deputy's position comprehensively. It has to be understood that there are many complex and confounding factors that affect the rota upon which the nurses work. In some cases the arrangements are that if they work a certain amount of extra they will get time off in lieu. Another situation is that they will get paid overtime. It varies. There is not one single set system across the entire organisation, but certainly the general point is true that our nurses are worked extremely hard in the organisation.

3.3 Deputy D.W. Mezbourian:

Bearing in mind the acknowledged shortage of suitably qualified medical staff, is the department changing its recruitment strategy in order to recruit and retain to Jersey suitably qualified staff?

Senator S. Syvret:

The answer to that question is, yes, we are. While we have had a reasonably good and reasonably successful recruiting process in the past, as the pressure has risen in other

jurisdictions for the staff the recruiting process has become much, much more difficult. More and more we are adopting our own approach within Health and Social Services rather than using simply sample States' H.R. (human resources) practices. For example, any nurse expressing an interest, say, in a nursing job in Australia will have that inquiry followed up avidly. They will be given all the information, assistance, support that they need that might help and encourage to take up the post. In Jersey we have not met that standard, but certainly we are moving towards doing so now. It is also true to say that the lack of any adequate or serious resettlement package for nursing staff is another serious disincentive to nurses coming to Jersey, as well as the fact that rates that are paid between nurses here and nurses in the U.K. have broadly equalled, and there is not the differential advantage that Jersey used to have.

3.4 Deputy S. Power of St. Brelade:

Could the Minister give the Assembly an indication of his future plans for the provision of respite care in the private sector, and could he indicate whether or not the plans are to keep the 7-plus respite beds in the one location in the private sector?

Senator S. Syvret:

We will be using the private sector to deliver respite care, as I indicated in an answer earlier this morning. I cannot guarantee at the moment that all the respite beds would be in the same building, but certainly once we have had a settled definite contract it is our wish and our intention to have all of the respite beds provided by the same institution. This, of course, depends on the normal factors of the availability, the contracts, the costs and all of the other commercial variables that have to be taken into account. But the need to keep that kind of a facility and the staff who work in it focused in one location is recognised by the organisation.

3.5 Deputy S. Power:

My question, Sir, is related to the previous question. Would the Minister not agree that it is in a family's best interest and for the respite patient's best care and interests to have continuity of care, because some of these patients use respite once a month, twice a month or once every 2 months?

Senator S. Syvret:

Yes, Sir, continuity of care is always an extremely important consideration, and one that will be one of the major considerations in any decision in respect of patient care, client care in whatever field. However, continuity of care cannot always be guaranteed and indeed may not always be possible, and there may be substantial advantages to moving to a different environment which would outweigh the advantages of continuity of care.

3.6 Senator J.L. Perchard:

In a recent open letter the Minister made reference to morally bankrupt policies adopted by the States of Jersey.

The Greffier of the States (in the Chair):

I am not sure this is relevant to the Ministerial question time, Senator. You are relating it to health matters, are you?

Senator J.L. Perchard:

Yes.

Senator S. Syvret:

I am happy to answer it.

The Greffier of the States (in the Chair):

I know you will be happy to answer.

Senator J.L. Perchard:

Would he expand on whether morally bankrupt policies exist within the Health Department?

Senator S. Syvret:

Well, I am not in a position to answer that question precisely, because I do not know which moral framework Senator Perchard uses and adheres to. Perhaps if he wishes to explain that to me afterwards, I would be happy to try and answer his question. As far as my view of morally bankrupt policies are concerned, I would suggest charging people tax on things like incontinence pads and dressings for ulcerated legs for pensioners is the kind of thing I would describe as morally bankrupt.

3.7 The Deputy of Trinity:

Could the Minister inform the House what measures the Alcohol and Drugs Service has put in place regarding the abuse of Fentanyl patches, please, and if doctors have supported any measures at looking at reducing the numbers of patches they prescribe?

Senator S. Syvret:

Yes, Sir. As a result of a number of tragic deaths which have occurred as a result of the abuse and misuse of Fentanyl patches, as a matter of some urgency the Alcohol and Drugs Service have taken a look at the situation. We have co-operated fully with other organisations, such as the police, where appropriate. We have also discussed this with Island G.P.s, and both the Medical Officer of Health and her Deputy Medical Officer of Health have been in contact with the Island's general practitioner community warning them of the need to only prescribe this kind of drug where there is absolutely a genuine and legitimate need for it, although we have to be pretty confident that most G.P.s do meet that standard, anyway. But the danger is that some still will find its way on to the street and be misused, possibly with tragic consequences.

3.8 Deputy P.V.F. Le Claire:

As the Minister is aware, recently, unfortunately, my wife and I had to call upon the services of his department, who were exemplary in their attendance at our house for our child becoming ill. We then experienced an issue where, although everything worked out fine, we have put forward from our own experience a question in regards to noise levels outside of the sick kids unit and the maternity unit and it has been eloquently suggested - and I commend him for it - by Deputy Fox that perhaps we might benefit from signs to indicate to people who are in the area. I am not saying anything about the people in the area or that they should not be there, but what progress, if any, has been made in relation to improving knowledge of the locations of these sensitive units to people that might be gathering in the vicinity of that area of the hospital?

Senator S. Syvret:

I am aware of the issue raised by the Deputy. There is signage around the hospital saying that it is a hospital, so could people please be quiet. But it is not, in reality, possible or practical to guarantee always absolutely minimal noise or disturbance around the building. I am aware that sometimes excessive noise - especially late at night - can certainly be problematic for the clients of the organisation, but ultimately it is not all entirely within our control. The hospital is next to a public park, and the public park, therefore, is a legitimate congregation and play area for children and young people. I would not want people that are simply gathering, perfectly lawfully, to socialise and enjoy themselves to feel under pressure or any way driven away from the area.

3.9 Deputy P.J.D. Ryan:

Specifically with regard to his department - Health and Social Services - is the Minister now happy with the new arrangements that have come out of our Scrutiny Panel's review of the G.S.T. (Goods and Services Tax) Law or are there still some blind spots that he might be worried about?

Senator S. Syvret:

I am considering that very question at the moment. I am engaged in the post-reading of the Law. In tribute to Senator Le Sueur and others, I have met with him and the Chief Minister some time ago to discuss all of this detail, and I think it is fair to say that we are 95 per cent of the way there to agreeing all that I was seeking in the original amendment that sought to exempt medical products and medical services from the G.S.T. We are 90, 95 per cent of the way there.

3.10 The Deputy of St. John:

Mindful of the growing demands on services provided by care homes, does the Minister believe that very sophisticated, technologically-advanced sheltered housing units could go some way to solving this problem? Thank you, Sir.

Senator S. Syvret:

Yes, indeed, Sir. This is very much the kind of development we will be advocating and hoping that takes place in the future. New advances in care facilities, be they nursing homes, residential homes or sheltered housing of the kind the Deputy described - that is, more technologically advanced and therefore able to address more complex client needs in this case, at the moment - is certainly something that we believe the Island needs and this kind of approach; this kind of development for the future will be advocated in the health strategy.

3.11 Deputy S.C. Ferguson:

For some years there has been a problem with infirm patients being unable to feed themselves and effectively starving to death. Can the Minister tell us what steps he is taking to ensure that this does not continue to happen at the hospital? I received news of a case of this last week.

Senator S. Syvret:

Well, Sir, perhaps in private the Deputy can make me aware of the details of that particular case, because certainly it is true that this has become a problem in some institutions in the United Kingdom, but I am not aware of it being a problem in Jersey. I think it is quite misleading to say that patients are starving to death in the Jersey Hospital because of a lack of care. I just do not believe that there is any evidence for that. I think that is an absolutely wild and excessive accusation which is taken, I am afraid, from U.K. situations reported by tabloid newspapers.

3.11.1 Deputy S.C. Ferguson:

Can I ask the Minister if he has spoken with the Director of Age Concern recently? I can confirm that this happened because it happened with my mother.

Senator S. Syvret:

I do not want to get involved in discussing individual patient details, but if, as I have said already, the Deputy has specific examples where this may have occurred, I invite her, please, to email me with the details. Because if, hypothetically, this kind of thing was occurring, I would regard it as very serious and I would want to take action to see that the problem was addressed.

3.12 Deputy R.G. Le Hérissier:

Prior to the introduction of the independent complaints process by the end of this year, would the Minister tell us what is in place to deal with this small group of highly intractable complaints where complainants essentially have fallen out with the Health Department and there is no

apparent resolution to the complaint? Is there, for example, a possibility of bringing in independent assessors?

Senator S. Syvret:

There is always the possibility of bringing in independent assessors on an *ad hoc* informal basis, but as far as the overall complaints procedure is concerned, it is certainly true to say that some complaints in some particular cases do become intractable and, therefore, an external agency is often needed to intervene. In the present situation, we have our internal complaints procedure. There are, of course, the higher clinical bodies, such as the G.M.C. (General Medical Council) and others that patients can complain to ultimately if they consider they have been failed in some kind of clinical way and, there is, of course, the Administrative Decisions Review Court which people can turn to here if they ultimately feel that decisions made by the department have been wrong or they have been treated badly in some way. But the solution is to get a proper, comprehensive, independent complaints procedure in place that will be what we call a second tier complaint level. Obviously, initial complaints will always be dealt with initially by the organisation just to get a general picture. If the client is not happy then it moves up to the second tier of independent investigation scrutiny. We are hoping to have that in place by the end of this year.

3.13 Deputy J.J. Huet:

Is the Minister aware that there is a system in place now down at the General Hospital - this is in reference to Deputy Ferguson's question, because I was in there a couple of weeks ago - where a red circle is placed on the headboard above the patient that could be suffering from this problem. It is great to know that there is this, but is the Minister aware that not all his domestic staff know what that circle means? I saw that in the hospital. It is there but I do not think the staff are all aware of it, and would he assure us that he will make sure that they are now aware of it?

Senator S. Syvret:

As far as patient care is concerned, domestic staff are not able, or employed, to make clinical decisions about the treatment of patients. It is up to the nursing staff and other clinically-trained staff to make decisions. It is true that some patients have no appetite and do not want to eat, or will not eat, and that does occur, because people cannot be compelled to eat. You cannot force-feed people. But what we do strive to do is avoid the situation which we have seen, reported in some U.K. institutions, whereby older people could eat, and would eat, but they need a little assistance to do so, but there is not sufficient nursing staff or time available to give them that assistance. That, I think, is the problem in some places in the United Kingdom. As far as I am aware, we have not had that problem in Jersey.

Deputy J.J. Huet:

A supplementary, Sir.

The Greffier of the States (in the Chair):

I am sorry, time is well over, Deputy.

Deputy J.J. Huet:

Well, it does go with the question, Sir.

The Greffier of the States (in the Chair):

Well, I am sorry, time is up, Deputy. Just table an oral question for next time, perhaps.