

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

The Deputy Bailiff:

We now come to the second question period with questions of the Minister for Health and Social Services. Deputy of Grouville.

4.1 The Deputy of Grouville:

Will the Minister tell the Assembly how many middle grade doctor posts are vacant or filled by locums at present? Also how the £1 million growth fund to improve the middle grade service will be spent?

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

I do not have those specific answers to those questions. But suffice to say that there is a vacancy for middle grade doctors and, at times, they are filled by locums. Middle grade doctors perform a very vital role. Also they are looking at their terms and conditions to be in line with U.K. terms and conditions. This is vital if we want to attract doctors at that level to Jersey.

4.1.1 The Deputy of Grouville:

If she does not have that information nor even how the £1 million pound growth fund is going to improve the middle grade service, could she supply it to the Assembly at some point?

The Deputy of Trinity:

I can get that information about the number of vacancies we have. As regarding the £1 million pounds funding, part of that is recruitment of middle grade doctors and part of that too is funding of their terms and conditions, as I said, to bring them in level with U.K. terms and conditions, which is vital if we want to attract middle grade doctors to Jersey.

4.2 The Deputy of St. Martin:

In the Council of Ministers' comments to P.137, which is my amendment regarding the Children (Jersey) Law, it is claimed that the Children's Policy Group believes that its interest would be better served by not supporting my proposition. Will the Minister inform Members how it came to that decision and why?

The Deputy of Trinity:

As you know, the Children's Policy Group is made up of the 3 Ministers: Home Affairs, Education and myself. Our overriding policy within the Children's Group is the best interests of the child. We take every issue very seriously. The comments we came to was on reflection from officer advice. We had advice from Probation. We discussed the issue with the Attorney General and with all officers around the table. The comments stand as it is. At the moment the discretion is left with the Court. We felt that that was appropriate.

4.3 Deputy G.P. Southern:

Will the Minister undertake to update Members on the progress she has made towards her Stage 1 C.S.R. target and, in particular, finding a replacement for the hydrotherapy pool?

The Deputy of Trinity:

The process is still continuing and it will continue as we go into next year. All these projects are being worked through. Over the next course of the months more will come to light. Regarding the hydrotherapy pool, yes, that work is still being carried on. If there is any other way that I can find within the budget then I will look at all those issues in front of me at that time before I make a decision.

4.4 Deputy P.V.F. Le Claire:

I would like to thank the Minister for circulating the waiting times to all States Ministers that Senator Ferguson and I asked for on the previous session. In reviewing that, just on the surface level, I note that the U.K. system is completely different to that of Jersey. Where the U.K. has adopted an 18-week referral time, Jersey works towards 26 weeks. What I would like to ask the Minister is if she can give us some targets and achievements in relation to Jersey, and targets and achievements in relation to the U.K. so we can monitor the performance, because at the moment we have an average waiting time for routine referral for back pain of 3 weeks and 144 people waiting between 90 to 180 days for those surgeries. Yet plastic surgery is dealt with so rapidly that only one person had to wait that long.

The Deputy of Trinity:

I am glad the Deputy brought up the issue of the U.K. In my comments I sent around yesterday, I think it is very pertinent that I read it out: that there is in the U.K. an 18-week list, as they say, from pen to knife which means from when the G.P. (General Practitioner) writes the referral to the operation time. It is very interesting because this is due to specific investments in primary and secondary care. Again it shows, and goes on to read, if the Deputy read through, which I am sure he has done, that the G.P.s are much more involved in a diagnostic test before the patient even gets to the hospital. So it shows that primary care is so important. All the G.P.s have a major input in that. This is where we fall down over here because all the diagnostic tests, *et cetera*, are done in hospital - or most of them are - because it is free. If those people had to do them in G.P. it would cost. That is why the whole issue of primary care and secondary care needs to be re-looked at. We need to bring it into the 21st century.

Deputy P.V.F. Le Claire:

Sir, may I ask a very brief supplementary?

The Deputy Bailiff:

No, Deputy, I will come back to you if there is time. You had a very rambling question, if I may so. I shall also ask the Minister to keep her answers concise in accordance with Standing Order 65.

The Deputy of Trinity:

I do try, Sir.

4.5 Deputy R.G. Le Hérissier:

Given the additional funds that are being channelled to Health, and given the comment on the U.K. Health Service, that all the millions never really resulted in any obvious productivity improvements, would the Minister reassure the House that she is fully aware of the cost of every service she now operates and she can make informed decisions as to where that money should go?

The Deputy of Trinity:

That is a very big question and I only have a little brain. If I could put all those figures in my head I think I would be definitely in the wrong job. I would be a professor mathematician. I am very aware of the cost but, most importantly, we need that money from the Health Insurance Fund to tide us over for the next few years. As I have said many times, we are at a crossroads with Health and Social Services. There are big decisions that we, as an Assembly, and the Islanders will have to make in the next couple of years; before that if we can. A strategic roadmap is vital because we have to decide what we want to do on-Island, what we want to do off-Island. As I said, the subspecialisation of consultants has made a difference, and it will make a difference in how we do things and what the Island wants to pay for their health service. I put in that, as I have just said in the previous question about primary care, that it is going to be even

more vital. We need to bring the regulations and the law, so that we all do it together and we all move forward. We do need to do it otherwise ...

The Deputy Bailiff:

Concise answer please.

4.6 Deputy A.E. Jeune:

Could the Minister please identify to the Assembly how effective her department has been in recovering monies from visitors who have received hospital treatment or A. and E. (Accident and Emergency) services since the loss of the reciprocal health agreement or at least in the past year?

[12:00]

The Deputy of Trinity:

As we know with the reciprocal health agreement we do go out actively seeking those who are on holiday or tourists or whatever. If they need A. and E. treatment or inpatient care we actively go and try and get that money back, and we have been successful. I have not got the amount. It is as good as the information that we are given. But we do go out actively and follow it up. That is why getting the agreement back is so important. My officers and the officers of the Chief Minister's Department are working actively with the Department of Health to reinstate it.

4.7 Deputy M. Tadier:

Will the Minister advise whether she believes that there is any causative correlation between the reduction in bed occupancy in mental health units and the increase in suicide rates in recent months and years?

The Deputy of Trinity:

I do not have the rate of bed occupancy regarding mental health but suicide is an important issue. As you know, we have had some research done with Southampton University. They have come up with a couple of recommendations, of which we are following through. Again one of those important recommendations is the A.T.S. (Assessment and Therapy Services), which is assessment and therapy working with G.P.s in the primary care, along with officers of Employment and Social Security and Health promotion. That is important because we need to get that rate down, but we need to find out the reasons why and work to be one step ahead. But unfortunately 25 per cent of the people who do commit suicide never come anywhere near mental health services. That is why it is important that we need to do that work with G.P.s in the primary care service so those high risk patients are identified as early as possible.

4.8 The Deputy of St. Mary:

There are people all over the Island who do not go to the doctor because they are fearful of the cost. Does the Minister share the goal of making access to G.P. care and other primary and preventative care affordable to all?

The Deputy of Trinity:

Yes, the same as like anyone else. Regarding families with young children it is a problem. But, as it stands, under the Health Insurance Fund Law, the G.P. is paid to see a person in front of them. That is why it is so important that we get those primary care regulations changed so the G.P. can offer a range of services, and we have a contract with the G.P. surgeries or group of G.P.s to offer a full range of care. I ask why does a G.P. have to take a blood test where it can be done more efficiently and hopefully cheaper by a practice nurse? But the fact is that that law needs to be changed. That is why it is so important to get that Health Insurance Fund money so we can go ahead and take that next step and change it.

4.8.1 The Deputy of St. Mary:

May I just ask the question again? Does she share the goal of making access to G.P.s and preventative care affordable to all? It is really quite a simple answer basically.

The Deputy of Trinity:

Yes, I thought I made that clear.

4.9 Deputy P.V.F. Le Claire:

I take your ruling, Sir, and accordingly ask the Minister if X-rays have to be paid for by the public at the moment? They used to be. The Minister said that diagnostic tests in a hospital were all free.

The Deputy of Trinity:

If I remember rightly, but I probably need to check that, I think there is a small price paid for having an X-ray. But regarding any more like an M.R.I. (Magnetic Resonance Imaging) or anything like that, I think that is free. There is only a small price.

4.10 Deputy R.C. Duhamel of St. Saviour:

Members will have noticed an advert that appeared in the local evening newspaper a number of weeks ago advertising for members to join a new Ministerial advisory board to advise Health and Social Services. It also indicated that these persons would be paid. Can the Minister outline why we are embarking down this road of asking for paid advice when we have civil servants who are already paid to provide these services?

The Deputy of Trinity:

The Health and Social Services Minister's Advisory Panel: as I have said, the strategic roadmap is going to be important and the need for some independent advice to make sure that we are going down the right avenue. These are people that will begin to challenge me, to ask me the questions, what should I be looking at, as well as challenging the department. It is important that we get good professional advice and a challenging ... The strategic roadmap, which we are going to be undertaking is vital, and it will go out to consultation.

The Deputy Bailiff:

That brings question time of the Minister for Health and Social Services to a close, the time now having expired.