

## **6. Questions to Ministers without notice - The Minister for Health and Social Services**

### **6.1 Deputy M. Tadier:**

Will the Minister explain whether waiting lists for joint replacements includes the time that it takes to see the consultant in the first place and then when the extra period of time ... whether those are amalgamated in the official waiting lists that are published?

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

The length of waiting lists have been - and quite rightly - cause for concern within the hospital. I can reassure the Deputy that once a referral comes into the hospital - and it depends obviously upon which consultant - that the clock starts ticking, so to speak. We try and keep to a 3-month waiting list to see a consultant and if they need to go on and have an operation, we try and keep to that 3-month operation time. The outpatient list, especially in orthopaedics, is long just because there is a lot of pressure from people needing to see the orthopaedic surgeon. But 82 per cent, I think, are patients who need an operation and we try and do within the 3 months.

#### **6.1.1 Deputy M. Tadier:**

A supplementary, Sir. How does the Minister measure the success of keeping to the 3 months for waiting to see a consultant? I ask this because I have heard people who say they have waited 6 months to see the consultant and then they wait another 6 months for the referral and in all that time, the pain in their knees, for example, is getting worse and worse. So, what measures are there to measure the success of keeping to those aspired waiting times?

#### **The Deputy of Trinity:**

Every referral letter that comes in for a G.P. outpatient appointment is what we call, "triaged", so the consultant would review the letter and depending on what the referring G.P. says, if it is urgent, it can go and be on the list. That is how it is done. The G.P.s are in very close contact with consultants but the outpatient department is a very, very busy department. There are over ... well, there is nearly ...

#### **The Bailiff:**

I think you are moving on to another matter now, Minister. So, Deputy of St. Peter?

### **6.2 Deputy K.L. Moore of St. Peter:**

Could the Minister describe what checks and balances are in place to ensure that the accommodation provided by her department is of a good standard and suitable for the staff members that they are housing?

[12:00]

#### **The Deputy of Trinity:**

As I have said here many times that staff accommodation is not up to scratch. Some of the staff accommodation is really well below standard and that is one of the problems that we have because it is not part of our core business. We have been in discussions with the Housing Department and looking at getting out of it but the work is underway and I think if it is not just about completed, it is completed ... of doing a review of all staff accommodation, both that which we own through trusts as well as by Property Services now. That work, as I said, is either just about completed or completed.

#### **6.2.1 The Deputy of St. Peter:**

Thank you for the answer but in the interim period, could the Minister tell the Assembly how the people who are experiencing substandard accommodation will be housed given that there are vacancies in the private sector?

**The Deputy of Trinity:**

It comes down to (j) cat and some of our nurses cannot afford to rent in the private sector. We have somebody within our department who looks after staff accommodation, as you would expect, and they work very hard to try and match and if necessary offer to move. But if you have not got the accommodation, it is very difficult to move people to more suitable accommodation in the first place.

**6.3 Deputy J.M. Maçon:**

Is the Minister aware that due to the cost of foot dressings, particularly among the diabetics in the Island, this leads to greater costs due to the inability to care for feet in particular and therefore, would the Minister give an undertaking to work with the Minister for Social Security to possibly look at bringing these types of foot dressings into the rounds for these people to avoid greater cost to her department?

**The Deputy of Trinity:**

As I understand it, dressings out in the community are paid for by the patients themselves with the Family Nursing Services and I have had a meeting with the Director of Family Nursing Services about this very issue. She did present to me a report about it but there are still quite a few questions that we needed to discuss and so she is going to go back and do that work and come to see me as soon as she can. But I do appreciate that to some patients out in the community, it is an awful lot of money.

**6.4 Deputy J.P.G. Baker of St. Helier:**

Could the Minister comment on the appointment of the new paediatricians at the hospital and the significant additional cost to the department for no quantifiable gain?

**The Deputy of Trinity:**

I am sorry. I wonder if the Deputy could repeat his question, because I did not quite hear it over here.

**Deputy J.P.G. Baker:**

Certainly. The question was could the Minister comment on the planned appointment of new paediatricians at the hospital and the additional cost to the department for these appointments.

**The Deputy of Trinity:**

I am not aware that there was an issue. Consultants do leave from time to time and quite rightly, we need to replace them. I am not aware that it is an increased budget, but if the Deputy and I could have a chat about it afterwards and I will try and give him a clear answer.

**6.4.1 Deputy J.P.G. Baker:**

That would be helpful. As far as I am aware, there is an increasing number of advertised posts coming up. It is not a replacement and I will take it up with the Minister afterwards.

**The Deputy of Trinity:**

Just perhaps a point of clarification. There are a number of consultant posts coming up because, like all of us, some of our consultants are getting to retirement age and they need to be replaced. Also, we have added some new consultants in the emergency department. There is a business case being worked-up for an extra orthopaedic surgeon.

**The Bailiff:**

I think the question is about paediatricians, Minister. Very well, Deputy Southern?

**6.5 Deputy G.P. Southern:**

Will the Minister circulate to Members the savings or other results already made by the commissioning unit during its first 5 months?

**The Deputy of Trinity:**

Coming back to this question, they have only been in post for 5 months. So how can they achieve what the Deputy says in 5 months? Part of their work is negotiating contracts, S.L.A.s (Service Level Agreements) and grants with the hospitals, *et cetera*. Quite a few of these contracts are to 2014 but as soon as I have any meaningful information, I am very happy to share it with the Deputy.

**6.5.1 Deputy G.P. Southern:**

A supplementary, if I may. The Minister suggested earlier that already third sector involvement with the hospital and medical services was already satisfied and had their terms and conditions changed. Surely there are some results locally from this commissioning unit.

**The Deputy of Trinity:**

The monetary feedback has been very positive feedback of what a good process that is and that is very positive because, as I said before, before it has been a bit of a one-way negotiation. But this time the voluntary sector has been listened to as to what they expect from the States of Jersey.

**6.6 Deputy T.M. Pitman:**

Can the Minister advise: have many General Hospital patients passed away while her department haggled with a U.K. hospital over payment for treatment when an individual has been sent to the U.K.? A contributing factor in that person's death.

**The Deputy of Trinity:**

As I understand it, there is an understanding or agreement or whatever you wish to call it ... I am not too sure what the correct word is, that no matter what the cost, if a patient needs treatment, they will have treatment. Financial concerns are a separate issue which was negotiated in a different sphere. If a patient needs medical treatment, whether it is here, the U.K. or whatever, then the cost should not prevent them from having that treatment in the first place.

**6.6.1 Deputy T.M. Pitman:**

I have to say that clearly I have to disagree on whether money comes before people. However, if someone has passed away, which I know they have, what actions would the Minister have open to her to discipline those responsible, such as finance officers, for such a complete cart-before-the-horse approach to looking after people?

**The Deputy of Trinity:**

Like anyone else, if the Deputy raises an issue like that, he is very within his rights ... or the family if he is acting on behalf of the family or constituents, providing he has their permission, to put a formal complaint into place and it will go through due process.

**6.7 Deputy R.G. Le Hérissier:**

Given the increasing and acute concern about G.P. and dental costs by members of the community, could the Minister tell us when her department will be reporting upon options to the provision of G.P. and dental services and what options are currently on the table?

**The Deputy of Trinity:**

Regarding primary care, which includes all of these issues, it is going to be a long process. At this moment in time, there are terms of reference being brought up for the actual scope of the work because, be under no illusions, it is a big piece of work. It is out to tender at the moment to looking at a firm to help with this work and the tender process is in place now.

**6.7.1 Deputy R.G. Le Hérissier:**

Just a clarification. Is it a big piece of work because of the political obstacles or because it is complicated?

**The Deputy of Trinity:**

On all accounts it is complicated because you have G.P.s, pharmacists, dentists and opticians. But also, it is a political challenge, shall we say, as well. You have got quite a few ... 107 G.P.s all with their own thoughts, understandably, and concerns. But it does not mean to say that we should not do the piece of work.

**6.8 Deputy M.R. Higgins:**

Does the Minister accept that reintroducing prescription charges now or in the near future would hit ordinary people with a double whammy; the existing high costs of doctors' fees at £50 a time, high medicine costs when real incomes are stagnant or falling, thus leading to a system whereby those on high salaries can afford health treatment and the others cannot.

**The Deputy of Trinity:**

Reintroducing prescription charges is for hospital and pharmacy prescriptions only and within outpatient appointments. As I said earlier, the pressure within outpatient appointments is huge. We have nearly 220,000 outpatient appointments a year, so those who can do the maths will work out how many that is a week, and with that we have about 120 prescriptions issued by consultants and it costs the health service, just for outpatient appointment items, about £3.5 million. Prescription charges were not done lightly and we have tried within to make sure those who need support are supported and the rest is within the proposition. Some who are on income support, all children under 16 as well as those receiving cancer treatment and some psychiatric treatments.

**6.8.1 Deputy M.R. Higgins:**

Supplementary, Sir. The Minister was talking about people on income support. I am talking about ordinary people. A lot of people in this Island are suffering; they cannot afford medicine if they have to pay for it. Equally, can the Minister say, as a Member of the Council of Ministers, as Minister for Health and Social Services, does she support the general introduction of prescription charges that seems to be being floated by the Ministers at the present time?

**The Deputy of Trinity:**

The prescription charges did come to the Council of Ministers twice. The first time, it was fair to say that it did not have overwhelming support. When it came back again, we had support from the clinicians within the hospital who are very keen that this is reintroduced. So, it will help to make sure that the G.P.s continue to follow-up with their own patients rather than patients continuing to come back to hospital time and time again. That is why the work within primary care is so important.

**The Bailiff:**

Very well. I am afraid that brings questions to the Minister for Health and Social Services to an end.

