

2015.01.20

**4.8 Deputy J.A. Hilton of the Minister for Health and Social Services regarding Oncology staffing levels:**

Can the Minister advise whether the present Oncology service is understaffed and under-resourced and, if so, confirm whether urgent steps are being taken to address this situation and where the funds to do so are being allocated from?

**Senator A.K.F. Green (The Minister for Health and Social Services):**

My Assistant Minister, the Constable of St. Peter will handle this, it is an area delegated to him.

**Connétable J.M. Refault of St. Peter (Assistant Minister for Health and Social Services - rapporteur):**

Our dedicated and highly professional team in Oncology face a challenging time in managing a growing demand for treatment and care, however the Oncology Department at Jersey General Hospital is currently fully staffed with the exception of a vacancy for one Oncology Nurse, recruitment for which is in progress. Members may remember our Medical Officer for Health's recent report identified that demand is increasing and there is no doubt that if it continues to follow the picture of peaks and troughs we saw in 2014 the challenges of ensuring the department has the right balance of trained professional staff will be significant. The tendency for demand to ebb and flow makes it difficult to predict required staffing levels and our hospital director is currently reviewing Oncology Services to determine future staffing levels. This varying intensity and demand also resulted last year, 2014, in a £73,000 overspend in Oncology. This figure was almost entirely attributable to additional spend on drugs and had to be balanced by constraints in other areas. There are undoubtedly pressures in Oncology as there are on all of our hospital services and we must look at how we can continue to manage and resource the department to meet those needs.

**4.8.1 Deputy J.A. Hilton:**

My understanding from what was reported recently was that the work of the Oncology Department has doubled in the last year due, apparently, to new treatments being offered. What I am not understanding is how we can double the number of patients going through Oncology from 30 to 40 a week, to 60 to 80 a week with only 2 doctors. One of the consultants who works at the hospital themselves has reported that they are understaffed and are concerned that some patients may be not being seen as soon as they should. How seriously is the hospital taking this matter?

**The Connétable of St. Peter:**

That is a multi-faceted question. I will try and answer as many as I can recall. I will start with the last one first because that is the most important one. We take all matters of health care very, very seriously in Jersey General Hospital. The pressures on us are to find adequate funding to continue to do it but I can guarantee to the Deputy and Members in the Chamber today that people that need essential urgent medical attention, especially with cancers, will get that within days of being referred. We aim to process all of our patients within 13 working days from the date they were referred to the consultant in the hospital.

[10:45]

The pressures that were reported recently in the *Jersey Evening Post* were quite right to raise the spectre of the increasing demand. Much of that has been due to the fact that we now can do more treatments in Jersey, saving having to send people to Southampton, and that in itself has brought pressures. It is always difficult to predict the flow of people coming in at any one time, as it is within Accident and Emergency. We have a lot of people at some times going through treatment and at other times the department is underworking, but mostly it is working at capacity and we are definitely looking at ways of increasing that capacity going forward, including, where necessary,

bringing in a further consultant from the U.K. (United Kingdom) or sending patients over to the U.K., especially for the treatments for cancer.

**4.8.2 Deputy C.F. Labey of Grouville:**

Could the Assistant Minister also advise if the new area, originally allocated to Oncology, was last year reduced in size and it is in fact too small, overpopulated and patients still lack privacy?

**The Connétable of St. Peter:**

My short answer is no. I do not see that at all. We spent £3 million on extending Le Quesne Ward and certainly if one is going to see the old Oncology Department and seeing what we have now, it is considerably larger and considerably better resourced than it ever was in the past. However, we are working within the constraints of the existing building in what we can achieve and these are the things we are focusing on going forward and we need to focus not only on quality but other areas as part of the new hospital development.

**4.8.3 The Deputy of Grouville:**

I do not dispute that the area has been resourced and is better resourced than the old area, but could he confirm that the area that was allocated to Oncology was halved in size last year?

**The Connétable of St. Peter:**

I am not aware that there was any reduction in size last year and I would invite the Deputy to let me know if that is an important factor that she wishes to consider further, and I am certainly happy to take that on board and take that further.

**4.8.4 Deputy G.P. Southern:**

Just so that we can get a picture of what the impact of a missing Oncology Nurse might be, does the Assistant Minister have a figure for what is the overall staffing levels in that unit altogether?

**The Connétable of St. Peter:**

In total staff, no I do not know because nursing staff can be brought in to assist who are not Oncology specialists when there are pressures. I do not have a finite number. There is an ebb and flow of staff that come in and go out from the department.

**4.8.5 Deputy G.P. Southern:**

Will the Assistant Minister seek a figure so that we can get a perspective on what a missing expert nurse might have on the work of the unit?

**The Connétable of St. Peter:**

I am happy to undertake to get that figure back to all Members before the end of today.

**4.8.6 Deputy M.R. Higgins:**

Will the Assistant Minister advise Members whether there are any plans or talks taking place about moving part of the treatment for Oncology from Southampton to Cambridge or other centres? Would he please advise Members of what change is taking place to provide the provision that cannot be provided within the Island?

**The Connétable of St. Peter:**

All off-Island treatments are constantly under review with our Procurement Department but at any one time we are also always renegotiating the terms of contracts with off-Island medical providers to see where we are going to get the best value for our treatments and also the best patient experience. Many people think that Southampton is the better one for patient experience because it is convenient for flying to, but some of the actual treatments we are finding can be better provided at other locations, such as Cambridge and Oxford.

#### **4.8.7 Deputy M.R. Higgins:**

The Minister did not explain what discussions are taking place and whether decisions are going to be made shortly.

#### **The Connétable of St. Peter:**

I did say that they are all constantly under review and, yes, there will be decisions taken shortly on the appropriate ones but I cannot be definitive, that is not part of the main question for today.

#### **4.8.8 Deputy M. Tadier:**

The Assistant Minister talked about the aim was to get people seen within 13 working days. Do we have any statistics on whether that aim is being achieved?

#### **The Connétable of St. Peter:**

Yes, the aim is being achieved. The majority of all our patients are seen within less than 2 weeks - 13 working days - and obviously there are the odd ones that take slightly longer but our aim is to see them all within 2 weeks.

#### **4.8.9 Deputy M. Tadier:**

What does the majority mean? That could be anything from 50 per cent up to 100 per cent. Do we have a specific figure and, if not, how do we make sure that that aim is being implemented?

#### **The Connétable of St. Peter:**

I am afraid I cannot be any more precise this morning than saying the majority are seen within 2 weeks.

#### **4.8.10 Deputy J.A. Hilton:**

My understanding is that there are 2 doctors and 6 nurses currently in the Oncology Department. A professional in the department believes there should be 3 doctors and between 8 and 9 nurses. So there is a disconnect between what we were told this morning when we have been told that we are understaffed by one Oncology Nurse. That is a huge difference. With the ageing population we know that pressures are increasing on the hospital and with the best will in the world if we are going to provide additional services in Oncology it does not take rocket science to know that you are going to need additional staff. With only 2 doctors what I would like to know is what on earth does the department do when one doctor is off sick and maybe the other one is away on leave?

#### **The Connétable of St. Peter:**

We do what we do in all departments, we bring in locums to fill those gaps wherever possible. We do currently bring in locums to assist us in Oncology, to meet the actual pressure points. The Deputy is, I think, quoting directly from the *J.E.P.* article which I reviewed when making up ... composing - apologies I did not make up the answer to the questions - in composing the answer to the question for today. The staffing does ebb and flow according to demand and we do that by bringing in locums whenever necessary to keep us within the 2-week target which we aim to achieve.