

2020.07.13

13 The Deputy of St. John of the Minister for Health and Social Services regarding the Stroke Rehabilitation Unit : (OQ.188/2020)

Will the Minister commit to reopening the Stroke Rehabilitation Unit at Samarès Ward at Overdale as soon as possible within the safe exit framework and what timescale, if any, can he provide at this time for this reopening?

The Deputy of St. Ouen (The Minister for Health and Social Services):

The temporary closure of Samarès Ward took place at a time when all hospital services were being prepared for an anticipated increase in acute admissions related to COVID-19. Community services partners were able to support the discharge of patients that were medically fit from both the General Hospital and Samarès Ward to accommodate this position of preparedness. This brought the hospital into a position of having low levels of patient occupancy, which has remained the case throughout the COVID-19 period. I must emphasise the closure of Samarès Ward is not permanent and is in line with other adjustments we have needed to make. As has been seen in many other places, emergency activity here has sharply reduced and in essence this activity has not yet recovered to patient levels previously experienced. We have, therefore, established temporary inpatient rehabilitation services at the General Hospital. At the moment, we anticipate up to 6 beds would meet the current demand but we are able to increase this if required. In essence, I am saying we do not yet have enough patients requiring inpatient rehabilitation to require the 27 beds at Samarès Ward to be reopened at the present time because current demand is low. We recognise that in addition to the emergency activity around rehabilitation, the current position is also impacted because of reduced physical activity, such as orthopaedics where post-surgical rehabilitation may be required. That comes back and we are increasing elective surgery and we are monitoring the situation continuously and we will adjust capacity as required as we reopen the hospital and move to the safe exit strategy.

3.13.1 The Deputy of St. John:

Can the Minister reassure this Assembly that this closure is not part of an experiment to justify the implementation of the Jersey Care Model, the beginning of a death by 1,000 small cuts without prior consultation?

The Deputy of St. Ouen:

Yes, I wish to give that assurance. We would not close a facility without full consultation. This has been a temporary adjustment in the same way we have adjusted so many other services within the hospital and there are no plans to make this a permanent closure, which is not to say that there will never be any changes in H.C.S. because the department and services are constantly changing, but it is all done with consultation and not in the context of a COVID emergency.

3.13.2 Deputy G.P. Southern:

Since the Minister mentioned the safe exit framework, does he accept that a further 4 live cases of COVID-19 have arrived on the Island via the safe travel network?

The Deputy of St. Ouen:

Of the 4 cases announced, 2 of them are the result of passengers coming through the ports, 2 are the result of local testing, I believe. I do not know if that is simply an observation of the Deputy or whether he has a question around Samarès Ward, which is the subject of the question.

Deputy G.P. Southern:

Since the Minister himself mentioned the safe exit framework, I thought it would be legitimate to talk about the fresh arrival of more COVID-19 carriers.

The Deputy Bailiff:

The question was about opening the stroke unit at Samarès Ward.

Deputy G.P. Southern:

In that case, I withdraw mine, Sir.

3.13.3 The Deputy of St. John:

Is it not a fact that Health will endeavour to focus on rehabilitation in the community rather than in hospital buildings where there are static staff who are able to respond immediately to the challenges that newly disabled individuals have?

The Deputy of St. Ouen:

It is first about providing the right provision for the patient. Many of the patients that were discharged from Samarès Ward at the outset of the COVID emergency were discharged home and received the support of community physiotherapists, occupational therapists, social workers and many other staff. Very often recovery rates can be improved by placing somebody in their home environment where appropriate because that is the position, that is the situation where they live their lives, so they will make whatever readjustments are needed in their own environment. Where that is appropriate, I would support that. Where more intensive rehabilitation is needed, that will be delivered in a ward environment.