

21.12.13

10 Senator S.W. Pallett of the Minister for Health and Social Services regarding reinstating Samarès Ward (OQ.251/2021):

Will the Minister explain why he did not meet the official 28-day deadline, and a later deadline of his own making, to respond to an e-petition seeking to reinstate the rehabilitation services of Samarès Ward; and will he explain how it was assessed as acceptable that the service is now located in a 12-bed ward in the General Hospital rather than the original purpose-built unit at Overdale?

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

I take responsibility for the time taken to respond to the petition. I recognise the concern about rehabilitation provision, and I wanted to fully understand the issues giving rise to those concerns and ensure that I could respond with assurances to patients. Accordingly, I went about asking questions and visiting the wards in question. I consulted and met practitioners, and responded to the petition only when I felt assured we were able to deliver the care needed by patients. A stroke patient begins rehabilitation as soon as possible after admission following a stroke. Some patients are able to be discharged home and receive ongoing rehabilitation and support there. This is recognised as usually delivering the better outcomes, however some patients will still require rehabilitation in an in-patient setting and will be moved on to Plémont Ward, which is now our in-patient rehabilitation ward. Prior to March 2020 they would have been moved on to Samarès Ward. All staff from Samarès were transferred to Plémont. There has been no reduction in staffing levels and as Written Question 483 shows, the staff and non-staff expenditure on the service is much the same as it was when the service was delivered at Samarès but, of course, the environment has changed. Samarès Ward was a spacious, calm, healing environment with patients having their own rooms. I recognise it was close to people's hearts. Plémont Ward was designed as an acute hospital ward and patients do not have their own rooms generally, although 4 private rooms are available, and of course much has changed for staff arising out of the pandemic. We must recognise that the early days staff were working with fear and uncertainty, they had extra procedures and additional P.P.E. (personal protective equipment). Some were redeployed. We acknowledge that many staff are still exhausted and face apprehension and anxiety. It is difficult to deliver therapies in that atmosphere, but there has been no reduction in the package of care available. I do acknowledge communication has been ...

The Bailiff:

Minister, I must ask you to bring your answer to an end, I am afraid. It has been well over 2 minutes on the normal one minute 30 seconds.

The Deputy of St. Ouen:

Thank you, Sir. I would just say and I am sure I will elaborate in supplementaries that we are taking extensive steps to review the situation and make all improvements that we can.

[15:30]

3.10.1 Senator S.W. Pallett:

I think anybody listening to that answer would come to the conclusion that we are paying the same for what is now a much-reduced service. I do understand the Minister saying that the staff are doing a fantastic job, and there is no doubt that they are, but as much as I appreciate the Minister's answer on an issue that is such a major concern to Islanders, can he explain why so many Islanders

recovering from severe stroke or illness are not getting the support they desperately need, both within hospital and when they return home and what is he currently doing to remedy these issues?

The Deputy of St. Ouen:

The transition may have given the appearance and may have, in some respects, reduced the service. That is not what is intended, of course, and the service does not need to be reduced. We can deliver in Plémont what was delivered at Samarès. It is a different environment, clearly, but there is no reason why the therapeutic care cannot be delivered in Plémont Ward, and the staff are still there to do so. As for the work in the community, we must recognise as well that the pandemic impacted the community teams. They were not able to visit people in their homes. The out-patient clinics were severely curtailed and backlogs have arisen as a result. Those staff also have been affected by all that the pandemic has brought. But we have established a task and finish group to bring both the in-patient provision and the community provision to a point where it is delivering just as we want it to, and there is a lot of work that has been going on in recent months to do that. In my response to the petition, I also said that we would initiate an independent review to ensure that we are delivering the best provision we can in the Island.

3.10.2 Connétable A. Jehan of St. John:

Is the Minister aware that, unlike the patient experience on Samarès, rehab patients on Plémont are still going for days without any physiotherapy and, therefore, there has been a reduction in service?

The Deputy of St. Ouen:

Well, I am not aware of that because those are not the reports that I am getting. There are 9 therapy staff that work on Plémont Ward and that is well-staffed: physiotherapists, occupational therapists, speech and language therapists, who are providing the services they are trained to provide to their patients. If the Connétable wishes to refer any specific case to me, I would want to look into it. I would certainly want to.

3.10.3 The Connétable of St. John:

There is not one case but many cases I could refer. Would the Minister agree with me that it is a completely different ethos and that rehab on an open, general ward is not conducive for rehab patients?

The Deputy of St. Ouen:

Yes, I accept that Plémont Ward is not Samarès Ward. Samarès Ward was spacious. It was calm. It was a different environment, but that does not mean to say that we cannot deliver the therapeutic interventions needed for patients.

3.10.4 Senator S.C. Ferguson:

Given the complaints, as the Connétable of St. John has said, we have received with regard to facilities for therapy in Plémont Ward and following up at home, does it not give the Minister cause for concern about this with regard to the Jersey Care Model?

The Deputy of St. Ouen:

No, I do not relate this to the Jersey Care Model. This has been an impact of the pandemic, when a decision was taken to bring all services into one central place. The pandemic caused the services in the community to cease of necessity for that while at the height of the pandemic. It is recognised by all those working in the area that rehabilitation in the community is the best option and delivers the

better outcomes for patients so that as soon as possible patients should be discharged and receive rehabilitation in the community. We are working to deliver that and much effort is going into ensuring that happens.

3.10.5 Senator S.C. Ferguson:

Does the Minister not realise that getting physiotherapy and so on in the community very often requires the patient to pay for services which they would normally have received for free and that this is killing ... I was going to say killing people off but it is really making life extremely difficult, if you can get a physio to actually visit you. Because obviously if they are visiting Samarès Ward, where there are 28 rooms cheek by jowl, they can get to far more patients than if they are scattered around the Island. Do these things not bother the Minister? Does the Minister not think about these things?

The Bailiff:

Senator, the question I think is was there a reduction in the level of care when people have to have physiotherapy in the community and does it cost people money. Is that correct?

Senator S.C. Ferguson:

Basically, they are not getting the care in the community. They are not getting the equivalent care that they would get at Samarès Ward.

The Bailiff:

Senator, I probably should not have interrupted you but there does have to be a question that the Minister can answer. It cannot be a speech. It cannot be a number of assertions.

Senator S.C. Ferguson:

I did ask a question but you chopped me off in my prime, Sir.

The Bailiff:

Well, I would hate to be accused rightly of doing that, but let me give you the opportunity just to ask the question in question terms now.

Senator S.C. Ferguson:

Does the Minister really believe that the quality of service has not fallen?

The Deputy of St. Ouen:

I will accept there were challenges with this workforce as a result of the pandemic and we are working to overcome that, but the purpose of rehabilitation is to try and restore the functionality of the patient to what it was before they were admitted. Now, that is not always possible following a stroke. Not everyone can work miracles. So it may be the case that when hospital treatment or secondary care treatment has gone as far as it can, then people have to enter into the long-term care scheme arrangements. This is not just a rehabilitation need or others, but there may come a stage in life where long-term care is needed and patients take that step into the long-term care scheme. We know the criteria around that, which means that where patients can afford to do so there has to be some contribution made. But at the end of the day it is a good job we have that scheme because it means people do not need to be selling their homes to access long-term care.

Deputy G.J. Truscott:

I wanted to thank the Minister for his open and very frank appraisal of the situation. Quite frankly ...

The Bailiff:

No, I am really sorry, Deputy, this is question time.

Deputy G.J. Truscott:

Sorry, Sir.

The Bailiff:

You have just opened by thanking the Minister and you were about to make another statement. Is there a question:

3.10.6 Deputy G.J. Truscott:

I do apologise. It is just the nice nature of myself. It would appear that Plémont Ward is somewhat wanting in its present state. Could the Minister indicate how soon we can see a tangible improvement on the services offered there?

The Deputy of St. Ouen:

I mentioned the task and finish group and we are looking at how we can improve the environment, create more space by using present storage areas. I would like to put a dining table in and we are working to do that because Samarès Ward had a dining table where patients gathered. The independent review I have spoken about will be asked as well to comment on the facilities available. There is a gym in Plémont Ward with all the equipment there. We want to make sure we maximise that space and ensure we have all the equipment that is needed to provide good rehabilitation.

3.10.7 Senator K.L. Moore:

Will the Minister agree that there is a connection between 2 major shortages in the Island at the moment, one for housing and one for staff, which is particularly impacting upon the availability of care in the community? This is placing pressure on patients who are being sent home after rehabilitating on Plémont Ward as they struggle to either find adequate or affordable care in the community or, due to the housing crisis, they find themselves in accommodation that is unsuitable. We have had reports, for example, if I may ...

The Bailiff:

Well, we really are very tight on time for this particular question ...

Senator K.L. Moore:

Well, we only have 13 questions today, Sir.

The Deputy of St. Ouen:

I think the Senator's question is quite wide-ranging insofar as it concerns the H.C.S. (Health and Community Services) community rehabilitation team there. There are 10 physiotherapists who work ... 7 physiotherapists, 3 rehabilitation assistants who work in the community. That is not a shortage. There is not a shortage in that team. But more widely perhaps, as I think the Senator was asking about provision of care in the community and provision of healthcare assistants perhaps, yes, that is part of the challenge, but we know many healthcare assistants came from European countries. It seems that they are no longer ... or not many of them are any longer in the Island and that is an immediate cause of some shortage. Whether that is going to rectify itself in the medium term we

just do not know. Yes, we know well about the difficulties of recruiting to an Island where accommodation and cost of living is a factor.

3.10.8 Senator K.L. Moore:

I am grateful to the Minister for acknowledging that there is a connection. So why does the Minister persist in sending patients home to both unsuitable accommodation and unsuitable care provision?

The Deputy of St. Ouen:

Patients will be discharged when it is appropriate to do so and that is a medical decision, it is not my decision. They will be discharged to their own homes wherever possible because that is recognised as providing better outcomes. It is better that people recover in their own homes and if they need rehabilitation they are in their own environment to move around and learn how to live independently. So we have a team that will be assisting them, but I said in the answer to the petition also that we will ensure that the team that looked after them, if they were in Plémont Ward, will manage a transition, will assist them in their own homes as well, while handing over to the community rehabilitation team. So we will ensure a seamless transition and that care will continue to be available. We will do everything we can to improve the care.

3.10.9 Deputy I. Gardiner:

I am grateful that the Minister recognised the concerns about the quality of the care. I would like to ask the Minister how he can explain that we have gone from 28 rehabilitation centre delivering patient in private room with gym and dining room and other facilities for half of the beds for the same cost.

The Deputy of St. Ouen:

There were 28 beds in Samarès but it is not to say that they were always occupied. I understand that the assessment has been made that this service can be provided with 14 beds, although, of course, there is good bed capacity in the General Hospital and if it were ever needed other beds could be used.

[15:45]

Rehabilitation does take place on other wards, orthopaedic wards, for example, so this is a flexible service.

3.10.10 Deputy I. Gardiner:

I would like to clarify my initial question. From 28 beds we have gone to the 14, or I thought about 12, so it is less than half beds and it costs more or less the same amount of money. How does it work?

The Deputy of St. Ouen:

It appears that it does cost about the same amount of money. I do not have the bed occupancy figures for Samarès, I think. I am just looking back on the ... I think that would depend on how many beds were occupied in Samarès to be able to draw a comparison.

3.10.11 Senator S.W. Pallett:

The Minister used the phrase "using storage areas". I am not sure how low we are sinking here but he has a task and finish group to improve services and while he is sorting that out patients are suffering. Will the Minister consult further with all the key stakeholders in rehabilitation care in

Jersey as a matter of urgency and reconsider his decision to close what was a centre of excellence in rehabilitative care for Islanders?

The Deputy of St. Ouen:

As a matter of urgency we are working with all involved. I have spoken to the charities involved as well. If the Senator has specific concerns because patients have brought those to his attention, then please let me know those specifics because we do want to get it right. This is causing concern to all those working in the area. They are working hard to put it right. So we have that task and finish group. We are conducting the independent review. We are also recruiting a stroke consultant and a frailty consultant, who will be working in the service as soon as we have recruited them. We are working urgently to provision the best service we can for our patients.

Senator S.W. Pallett:

Sir, sorry to jump in but I asked the Minister whether he would reconsider his decision. He has not answered that question.

The Deputy of St. Ouen:

Specifically concerning the move, it seems to me if we move back to Samarès Ward it would only be a very, very temporary move, given that this Assembly has decided that those buildings must be demolished if a planning application is approved to build the new hospital there. So that just causes more disruption. We can deliver the service in Plémont Ward. There has been no need to reduce services. The staff are there. There has been no reduction in what is on offer, so there is no need to reconsider the move back to Samarès.