

STATEMENTS ON A MATTER OF OFFICIAL RESPONSIBILITY

8. The Minister for Health and Social Services - statement regarding the future hospital project

The Bailiff:

The Minister for Health and Social Services will make a Statement about the future hospital project.

8.1 Deputy A.E. Pryke of Trinity (The Minister for Health and Social Services):

Last year, this Assembly approved a vision of a new integrated care model for health services in Jersey. We also approved a programme of change to meet the challenges facing the Island's future health and social service. This vision is for a General Hospital which is fit-for-purpose, capable of sustaining the acute care requirements of the population and one that complements the integrated care strategy being developed for Jersey. It also highlights the need for a service which is safe, sustainable and affordable. The Budget lodged by the Minister for Treasury and Resources today includes proposals to allocate funds from the Island's Strategic Reserve towards the future hospital project. Modelled on projected healthcare needs in the future based on actual hospital activity in 2011/2012 and the latest census projections, the project has been developed to meet the needs of an ageing population. It will also meet the demands for better facilities, modern equipment, services, standards and infection-control. This analysis has identified that, by 2040, we will need significantly more hospital beds to meet demand. At least 47 additional transitional beds will be required by 2017 to avoid a permanent bed shortage. To meet current European standards, the hospital will need to be double its current size. A condition assessment has confirmed the majority of the building is in need of significant investment or replacement. With the current layout of the hospital allowing little opportunity to intensify uses on the existing site, any development needs to be delivered in a phased manner and it is clear that a complete redesign and increase in the size of the current hospital is required. Using cost/benefit and risk criteria, potential sites were drawn up and evaluated resulting in W.S. Atkins recommending a shortlist of 3 sites. Having been advised of the funding envelope available, the Ministerial Oversight Group for Health Transformation accepted that a phased development of the existing General Hospital offered the best option. The architect appointed to develop the future hospital identified that a single investment in the General Hospital site would not maximise the benefit of the available investment; it would result in an even more lengthy and complicated construction programme and would cause significant disruption and inconvenience to patients. There were also added difficulties relating to existing planning restrictions on some hospital buildings which would impact significantly on the ability to develop a building large enough to safely house modern healthcare services. For these reasons, creating a 2-site hospital with some services based at a second location was an obvious consideration. In line with this, a new model of care is proposed that would separate emergency and inpatient overnight-care from outpatient day-care. A brand new outpatient building would be developed at the Overdale Hospital and integrated with existing rehabilitation and community and social services to form a new Westmount health centre. It will also provide new diabetes, pain and cardiology centres and new state-of-the-art laboratories and pharmacy, and it allows for us to look at the feasibility of other services, such as whether it would be more effective and practical to deliver more treatments for cancer patients on-Island. This would free up vital space at the General Hospital which, with the benefit of significant refurbishments, will provide new theatres, single-bed wards, a new accident and emergency and children's departments and a completely refurbished maternity wing. A £297 million budget has been set for this project. It is one that is considered both prudent and, in the current economic conditions, meets the key health priorities for the provision of future hospital services. The new Westmount health centre and St. Helier General Hospital can both be delivered within that budget. Proposals for the short-term theatre and bed-capacity are also

included in the funding. The Health and Social Services Department is currently at the pre-feasibility stage of this project. It will involve more detailed consultation with our staff during the feasibility phase and, over the next few weeks, the Health and Social Services Department will embark on a series of public meetings to present the future hospital plans to Islanders. It is anticipated the feasibility phase will begin in earnest early next year with an anticipated start-date for the building works of early 2016. Assuming the successful implementation of the community-based health services, as described in the Health and Social Services Department's White Paper, this project will ensure that Jersey is well-placed to meet the level of capacity for healthcare services that will be needed in the future. This is extremely good news for Islanders. At last, we not only have certainty of funding, but can also start the process of improving our healthcare facilities sooner than we thought and at better value for money. I look forward to engaging with Members and Islanders in the weeks ahead; the important next step in the improvement of healthcare in Jersey. **[Approbation]**

The Bailiff:

We now have 10 minutes of questions. Deputy Higgins?

8.1.1 Deputy M.R. Higgins:

In, the fifth paragraph, the Minister for Health and Social Services states that the proposals were modelled on the latest census projections. We have asked repeatedly in this House what population figure the General Hospital was based on. Will the Minister now tell us then what these latest census projections are for the population and how the General Hospital was modelled, what population size?

The Deputy of Trinity:

As I have said many times in this House, this is based on 4 different points: hospital capacity was calculated on the 2011/2012 actual hospital data to which the latest 2011 census projections were applied. The analysis assumed that proposals approved with P.82/2012 for delivery of more health services within the community are successfully implemented, and it shows a new hospital capacity of around 300 beds will be required by 2040 and also that 47 additional beds will be required by 2017.

8.1.2 Deputy M.R. Higgins:

The Minister for Health and Social Services again has not answered the question we have been asking repeatedly in this House: we would like to know what population figure they are basing the size of the new hospital on. We have got 100,000 at the moment; are we talking about 120,000, 140,000 population? What population figure has the Minister based the new hospital on? It is a straightforward question.

The Deputy of Trinity:

It is straightforward and I tried to give a straightforward answer that there is not just one answer. The hospital activity data in 2011 and 2012 was worked on actual number of people that were in work and needed hospital treatment in Jersey. As I said, we added the 2011 census into that to make sure that the calculations as we go forward are correct.

Deputy M.R. Higgins:

There must have been a projection of what the population was. The Minister for Health and Social Services is evading the question. All I want to know is what population figure has the Minister based the new hospital on, and to cope with?

The Deputy of Trinity:

Perhaps the Deputy and I need to sit down with the Statistics Unit for them to explain how it is not just one simple figure. We put in the 2011/2012 actual hospital data. On top of that, we

have projected where we are with the 2011 census projection. I am very happy to sit down with the Deputy and explain.

Deputy M.R. Higgins:

I think we would like to know what the population is going to be by the time the hospital is built and the new ...

The Bailiff:

Deputy, we have got to move on to another one, but I understand your concern. Deputy Young?

8.1.3 Deputy J.H. Young:

The Minister for Health and Social Services previously advised the Assembly that we needed a hospital for 64,000 square metres which was a very substantial building. Could she update us on what is now proposed but, in particular in doing so, can she assure the Assembly that in the feasibility phase that she is going to carry out, she will also look at our ability to staff this vital facility, because would she accept that buildings do not make a health service, it is people?

The Deputy of Trinity:

Yes. I would like to reassure the Deputy too that, as part of this feasibility phase, a lot of work has been done already regarding looking at the resources. When you build a new hospital, like the side-rooms, as it is a new ward, you put in place a better design to enable use of resources to the best advantage. That work is being done and it will continue to be done during the feasibility stage.

8.1.4 Deputy M. Tadier:

Does the Minister for Health and Social Services agree that access to primary care is a concern for many residents in the Island as prohibitive because of cost, and will that be factored into the design of any new facilities built in the Island which may facilitate greater access and possibly alternatives to G.P. visits for islanders?

The Deputy of Trinity:

The Primary Care Review was part of P.82 and that is a separate side of the work which is in place, but the calculations in relation to the size of hospital needed took into consideration what was in the White Paper and all the initiatives that came alongside that and were going to be put in place. If they were not put in place, we would need an even bigger hospital.

8.1.5 The Connétable of St. Lawrence:

The Minister for Health and Social Services has told us that the project is being developed to meet the needs of an ageing population. Will she expand upon that, please; how is it being developed?

The Deputy of Trinity:

It is taking into account that more over-65s make use of health services and the population of that age group is growing, so we have factored that in because, as I have said, we know that the over 65s, and there is a lot of evidence to show that, need more healthcare services.

8.1.6 Deputy J.A. Hilton:

The Minister for Health and Social Services in her statement today has talked about single-bed wards. Would the Minister not agree with me that, infection-control aside, some patients might prefer to be in a 4 or 6-bedded ward for companionship reasons? Also, I would have thought it would be easier from a nursing point of view to nurse in a 4 or 6-bedded ward rather than a single-bedded ward.

The Deputy of Trinity:

This is one of my highest priorities: that this hospital, looking forward to the next 10, 20, 30, 40 or 50 years should be all single-room wards. If you go into one of the bays at present where it is 6 beds in a bay, it is totally wrong in this day and age that people, when they are at their most vulnerable, have to share toilet-facilities, they have to share a room with 4 or 5 other people. There is a lot of evidence to show the success of (a) recovery as the most important thing and (b) peace and dignity. When somebody is very seriously ill and needs their family around them, they want the privacy and dignity of a single room. As regards more resources, yes, we will need more resources. There is also a lot of evidence to show how to use those resources to the best possible use when you are nursing with single wards, and also it is important in the design stage, making nursing stations long so that nurses can see into the rooms more easily.

The Bailiff:

Does any other Member wish to ask a question of the Minister for Health and Social Services? I am seeing if there is a non-Minister. Senator Routier.

[12:45]

8.1.7 Senator P.F. Routier:

Just following up from that last question, would the Minister for Health and Social Services agree with me that it is vitally important for infection-control to have smaller bed-units because I understand that the larger wards can all be closed down if there is even one patient who has a particular infection? So single-bed wards are better.

The Deputy of Trinity:

I thank the Senator for mentioning that. Infection-control is important. If a patient is admitted with M.R.S.A. (meticillin-resistant staphylococcus aureus) and they are in a bay, obviously once they have been diagnosed that they have got it, they have to move to a single room. Consequently, that bay is totally out of action, so you can immediately have 6 beds out of action. So, by having single wards, preventing cross-infection plays a vital part in that.

8.1.8 The Connétable of St. Lawrence:

Will the Minister for Health and Social Services tell us exactly who has been appointed as the architect for this scheme?

The Deputy of Trinity:

The architect who has since been appointed after W.S. Atkins is Graeme Hutchison. I think I have got his title right, but I will come back and confirm his name.

The Connétable of St. Lawrence:

Is it a local company?

The Deputy of Trinity:

No. This gentleman comes from the U.K. He is a health-buildings guru because it is understanding how the concept of a 2-site would work. It is a very specialised area and we are working through that into the next stage of feasibility.

The Bailiff:

Very well. I am afraid that brings questions to an end.