

The scale of the project is far too big for a community of circa 100,000. A population the size of Jersey would usually be supported by an A and E department plus something more akin to a cottage hospital. This much smaller hospital could triage patients and those with more complex needs would be sent to the UK where the relevant specialisms exist. The interest payments alone on the proposed project could fund many trips to the UK for treatment.

Most people of my age group that I have discussed this with (age 50 plus) do not have much confidence in treatment offered in the general hospital – and will try to go to the UK if they have private health insurance or money in the bank to pay for treatment. This is not a reflection of the capabilities or commitment of the frontline personnel, rather a lack of facilities, appropriate level of medically trained staff and effective management. They are concerned that unless we pay medical staff sufficient wages to match housing costs in Jersey we will have a very expensive hospital with no staff.

Anecdotally, I have heard many instances where appointments with the same consultants are available much more quickly if you have private health insurance - in some instances 2 weeks versus 2 years - which feels entirely unacceptable. However, finding published information about waiting lists has proved difficult.

The proposed Jersey Care Model is also concerning - GP's have already indicated that they have grave reservations about their capacity to take part to the level required, and patients are concerned that costs will be transferred to them rather than being free at the point of use.

And finally, the fact that the latest Health Report has not been published only increases suspicion and fuels the very conspiracy theories that the Health Department say that they avoid by not publishing - which is extremely unfortunate given that we are literally expected to "trust them with our lives".