

Covid Response

Jersey's handling of the pandemic largely mirrored that in the British Isles for logistical reasons and many of the findings of the UK Health and Social Care Committee therefore apply. That said, however, there were some notable exceptions, some good and some less so.

The island has mirrored many of the mistakes in the British Isles. Some of our most vulnerable patients were initially sent back to residential/nursing homes without having been tested for the virus. This led to rapid spread within institutional care and a consequent high proportion of deaths of patients being cared for. The situation was compounded by the lack of PPE, which was denied by the government, and extended to carers working in patients' homes. Given recent changes in advice the PPE recommendations provided to health care workers in the community were, in retrospect, insufficient in many scenarios.

Like in the British Isles there was talk of 'flattening the curve' and development of herd immunity 'downplaying the seriousness of Covid and its potential risk of spread'. This somewhat fatalistic approach appears to remain at the forefront of government thinking.

Social distancing was not rapidly adopted and masks were originally discounted as being effective despite being used in other countries at a relatively early stage. Once data regarding their efficacy were available, however, they were rapidly deployed. It remains to be seen if the current divergence from mask wearing policy in Europe is an appropriate way forward.

There should be a review into the building of the Nightingale Hospital. The number of those infected never approached a point where it would have been feasible to use it and the ability to ever staff it appropriately must be questioned. In the British Isles virtual hospitals were set up in the community and patients were provided with pulse oximeters and other means of self-monitoring. This more cost-effective option was never seriously explored in Jersey.

The timing of lockdowns requires further exploration. Again, these largely followed the pattern in the British Isles but could reasonably have deviated more than they did to considerable advantage. Jersey could also have introduced border controls at an earlier point and maintained them for a longer period emulating many other jurisdictions.

Minutes from STAC were never released directly to medical professionals on the front line and public access to them remains a point of contention. Jersey lifted the lockdown at the beginning of summer 2020 for largely economic reasons. It would be important to ascertain if the perceived benefits outweighed the fact that there were further deaths, particularly following emergence of the delta variant, and islanders spent Christmas in relative isolation whilst our sister island enjoyed near normality.

As a member of the British Isles we were fortunate to be part of the early rollout of vaccinations and have benefited extensively. General practice/community pharmacy efficiently administered 30,000 influenza vaccines within five weeks and it was a surprise that we were not given the opportunity to be part of the Covid vaccination process.

Support for patients in seeing their GP and support for practices were dismissed at the outset. There was a clear dissociation between the Primary Care Governance Team and General Practice which demonstrated that there was little understanding of usual and unscheduled care in the community. This will hopefully be resolved under the new structures being put in place by HCS.

Notwithstanding the above, the UTC was an excellent temporary addition to the initial fight against Covid and general practitioners took on the majority of all healthcare work within the island in the early part of 2020, including minor injuries, proving themselves to be an invaluable part of health service provision.

Unfortunately, however, during this period there was little support from the Emergency Department even when it was clear that the UTC was very busy and the Emergency Department was quiet. Likewise, despite nearly all hospital services being suspended doctors were not seconded to the UTC. Some patients attending the UTC would clearly have been more appropriately triaged to the ED, e.g. road traffic accidents and stroke patients. There was an expectation of patients being managed within the UTC when it was not necessarily the most appropriate place for them to be cared for. The UTC was not adequately resourced when GP numbers were reduced despite patient safety concerns being raised.

While the commendable work of all GPs was recognised by the population at large it would have been considerate to have had official acknowledgement from the government given the increased risks they and other front line community workers faced and continue to face as evidence of increasing spread of the disease is once again accumulating.

As well as a lack of public recognition, highlighted by the awards given almost exclusively to HCS employees, concerns with regards to the financial stability of practices in the transition back to "business as usual" and the affordability and access for patients were dismissed. Subsequent contract issues were also very difficult to resolve leading to delays in payments to GPs at a time when the viability of practices was threatened. Indeed, communication with ministers was and remains sadly lacking despite efforts from the Primary Care Body on behalf of wider General Practice.

The Jersey equivalent of the NHS Contact App and Test and Trace was a little slower to develop than on the mainland, and certainly compared with more technically advanced nations in Asia, but eventually proved useful and effective.

Jersey's overall death rate in 2020 was lower than average and the reasons for this merits exploration as part of the preparedness for tackling ongoing issues related to the disease. This should include assessment of capacity of the new hospital as part of comprehensive plans to respond to future emergency demands and the ability of a hard-pressed community service to follow suit.

Finally, above all we would like to commend our colleague Dr Ivan Muscat who was thrust to the fore as an expert in infectious disease and has provided cogent advice throughout the most difficult of times.