

**REPLY BY THE MINISTER OF  
THE HEALTH AND SOCIAL SERVICES DEPARTMENT  
TO A QUESTION ASKED PURSUANT TO RULE 6 OF THE  
RULES OF PROCEDURE BY DEPUTY A. H. ADAM**

**First Preamble:**

*A Health Care Review States Report had been submitted to the Policy Council and T & R Department for the February States Meeting. This was withdrawn by the new Board of HSSD, despite the fact that it was part of the 20/20 Vision Report which was previously accepted by the Assembly.*

**Question 1**

*Where is the States Report concerning this issue?*

**Answer**

The Health System Review States Report, referred to in the 2020 vision, is currently being reviewed by the HSSD Board.

**Question 2**

*If it is not to be progressed, how is HSSD going to assess what services are to be provided to the people of Guernsey, and how these are going to be provided?*

**Answer**

The review will be progressed once the HSSD Board have approved the report and secured support from the other relevant Departments and the Policy Council.

**Question 3**

*Given that developments in medical practice, sub-specialisation and advances in technology are likely to require change in what and how services are to be provided from public funds, what is going to be supported by off-island treatment, what is going to be provided on-island, what is not going to be provided?*

**Answer 3**

These questions cannot be answered until the Health System Review has been approved by the States and the review completed.

**Question 4**

*Would a Health Care Review not assist in answering these questions and be opportune before a new contract with the Medical Specialist Group is negotiated?*

**Answer**

The intention is for the Health System Review to set out options for the future of the system, including the options available for the provision of specialist medical staff.

## Question 5

*Does the expenditure on Secondary Care of £200 million plus over the next twenty years not warrant an extensive review of what and how services are to be provided?*

### Answer

Yes it does and that is why the HSSD is reviewing the Health System Review States Report at the present time.

### Second Preamble

*In September 2011 a Review of Accident and Emergency Department 24 hour cover was carried out by The College of Emergency Medicine. Strategic options were delivered to the then Board of HSSD in March 2012. There were discussions with Primary Care Company Ltd, who provided the services. That was over six months ago.*

## Question 6

*Can the Department advise on the outcomes of these discussions?*

### Answer

The review by the College of Emergency Medicine was carried out in June 2011.

The outcome of these discussions have been widely circulated to States Deputies and the media. They are replicated below for ease of reference:

The College of Emergency Medicine Review was commissioned two years ago as part of HSSD's regular 5-yearly reviews of contracted services, to evaluate the service and its development in the medium to long term.

The comments and conclusions of the report have been the subject of regular and ongoing service review between HSSD and PCCL.

**The College of Emergency Medicine Review acknowledged that for most presentations to the Emergency Department, the timeliness and quality of the care delivered by the health care system is already substantially better than in many parts of England not least because of the proportionately lower attendance rate and access to experienced full time emergency medicine doctors and consultant delivered inpatient care on a 24hr basis.**

- i. The reviewers are of the opinion that there is no credible barrier to the further development of Emergency Medicine on Guernsey and indeed the loss of much general training from specialist training programmes renders the need for properly trained and supported Emergency Medicine practitioners on the island all the more necessary.**

**Progress to date:** This is accepted and is not an uncommon issue in Guernsey where we rely heavily and benefit from General Surgeons and General Medical Consultants in a medical world becoming increasingly sub-specialist. Guernsey does not have the population to support the level of sub-specialisation that the UK is moving towards.

Within A&E, compliance with life support qualification standards for ALS (Advanced Life Support), EPLS (European Paediatric Life Support) and ATLS (Advanced Trauma Life Support) are being monitored and maintained together with

appropriate professional development requirements. Additional study and training and funding are catered for within the contract.

The introduction of a model led by an Emergency Medicine Consultant(s) would provide a more specialised emergency medical skill set on the island.

- ii. **The reviewers strongly recommended the appointment of one or more consultant Emergency Medical specialists.**

**Progress to date:** The current service delivery and contract model means such an appointment cannot be made by HSSD alone. However, HSSD and PCCL are currently defining an alternative model through which such an appointment could be made. This will be subject to contract negotiations, but we are optimistic that progress will be made.

- iii. **The reviewers were particularly concerned that the Emergency Department Associate staffing model lacks resilience and is a bar to future recruitment and retention.**

**Progress to date:** Whilst this has not been the experience to date and there has never been an instance when a shift has not been covered, PCCL as the contracted A&E provider is responsible for the recruitment and management of the A&E doctors. HSSD is working closely with PCCL to ensure that the rota they provide is robust and that there is sufficient contingency.

- iv. **The reviewers would recommend that the contract should stipulate a minimum amount of time worked in the Emergency Department by any doctor. A credible minimum would be not less than one 8 hour shift per week. All Emergency Department doctors require regular Emergency Medicine focussed Continuing Professional Development.**

**Progress to date:** The number of participating doctors has been reduced to enable more than 50% to comply with this requirement and the others now work an average weekly commitment of 5 hours per week. HSSD and PCCL are currently working together to consider this fundamental change in the model.

- v. **The reviewers recommend that given the relatively small number of Out of Hours service patient contacts overnight this role should be replaced with a second doctor in the Emergency Department.**

**Progress to date:** The provision of the Out of Hours service is not part of the service contracted by HSSD and is purely an additional facility called upon by A&E from time to time for support or assistance. Contingency support is currently provided by a second on call A&E doctor during the peak busy times who is not resident. The feasibility and demand for having an additional resident A&E doctor to justify the associated additional cost, is being reviewed by HSSD and PCCL together.

- vi. **It is the opinion of the reviewers that the establishment of Emergency Department nurse practitioners would complement the development of the department, ease the burden on the full time Emergency Department doctors as well as enhance recruitment and retention of experienced staff.**

**Progress to date:** Operational discussions have taken place on how to implement this recommendation. Changes to rules governing nurse prescribing, rights to refer patients for radiology (x-rays) and pathology (blood tests) and admission rights to the

hospital are required to implement this recommendation and is therefore being considered as an option for the department's medium term development.

- vii. **The reviewers strongly recommended the introduction of a reliable system of nurse triage.**

**Progress to date:** A published triage system devised by Gilboy, Tanabe et al has been adapted and piloted locally during busy periods in the A&E Department. The pilot will be reviewed to determine its effectiveness and what, if any, additional resources would be required to extend this triage on a permanent basis.

- viii. **The reviewers are of the opinion that their recommendation to replace the Out of Hours primary care doctor with an Emergency Medicine doctor is the only safe way to allow the Emergency Department to continue in this Hospital at Night role. [and the Medical Officer of Health would be happy to discuss such matters further].**

**Progress to date:** *It should be noted that there may be other ways to address risks associated with reduced medical cover in the hospital at night and is subject to ongoing review for the Emergency Department's future .* As mentioned above, the provision of the Out of Hours service is not part of the service contracted by HSSD. However, this is an additional facility which is used for the support of the A&E department when deemed necessary or when cover in other areas of the Hospital are required at night.

- ix. **The reviewers were concerned to note that there was no recognisable formal escalation policy to better enable service levels to match demand out of hours.**

**Progress to date:** An Escalation policy has now been written and circulated to all members of the multidisciplinary team for consultation. However, in the absence of a formally adopted policy, the decision to escalate services will be done in conjunction with the Senior nurse and Lead doctor in A&E.

- x. **Nevertheless the utility of a pre-arrival alert system were raised and explored by the reviewers. They found that there was widespread support for such a system.**

**Progress to date:** Data was collected for 3 months as a joint initiative with Ambulance and Rescue. There were not sufficient numbers of high acuity patients to assess the need for a pre alert system within that time. The research period has been extended to determine the necessity for such a system in Guernsey.

- xi. **Accountable incident reporting and oversight of clinical governance matters would be a key leadership activity should the States of Guernsey choose to establish an Emergency Medical consultant post on the island.**

**Progress to date:** Irrespective of any consultant appointment best practice is currently adhered to. All incidents are reported and recorded on HSSD's Safeguard system and subsequently investigated by the Governance team. Resolution and ongoing performance is monitored via the Clinical Governance Report service.

## Question 7

*Do the providers of the service accept the options in the report?*

**Answer**

We continue to discuss these with the current service provider. Progress has been made against all the recommendations as detailed in the previous answer.

**Question 8**

*Are the recommendations being implemented in relation to service provision?*

**Answer**

As per the answer to question 6.

**Question 9**

*If a review of a service with a relatively small budget takes this time to resolve, is it not essential that the major review of health services for Guernsey is expedited?*

**Answer**

The HSSD Board is currently considering the States report and the intention is to bring the report to the States as soon as practicable.

**Date of Receipt of the Question:** 12<sup>th</sup> March 2013

**Date of Reply:** 25<sup>th</sup> March 2013