**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**

Question 1

What is the activity of HSSD in the first 6 months of 2013, in comparison with 2012 in the areas of:-

Elective inpatients
Emergency inpatients
Day cases
Mental health admissions
Child protection enquiries and referrals
Diagnostic and support services.

These were the areas that showed significant increase in 2012.

Answer 1

The following data about emergency and elective in-patients, day cases, and mental health admissions is correct as at 12 August 2013:

Episode type	2012 YTD	2013 YTD	Change	Growth (%)
A&E [Emergency]	10,230	10,555	+ 325	3.2%
ICU Admissions [Emergency]	80	87	+ 7	8.8%
In-patient Admissions	12,532	12,481	- 51	-0.4%
Outpatients (first appointment)	20,012	18,415	- 1561	-7.8%
Adult Mental Health In-Patient Admissions	130	117	- 13	-10.0%

Table 1

The table below shows the number of child protection enquiries to the Assessment and Intervention Duty Team (including all those which subsequently became referrals), and the number of referrals to the team, for January to July 2012 and the same period in 2013.

	Enquiries	Referrals
2012 (Jan-July)	1,737	1,153
2013 (Jan-July)	1,375	872
Change	- 362	- 281
Growth (%)	- 21%	- 24%

Table 2

Activity data on Diagnostic and Support Services was unavailable in the timeframe due to staff absence, but the Department will release a supplementary answer once this analysis has been completed.

Question 2

In a report I noted the following FTP savings suggested:
- *Discontinue Children's Dental Services*
- *Reduce number of beds – I have been informed the Board considered closing Le Marchant Ward*
- *Charge for diagnostics ordered by private practitioners*

Are any of these being progressed?

Answer 2

The three savings opportunities mentioned above would all have a significant impact on the way that services are currently provided. As a general comment on HSSD's financial progress, it is important to note that the Department has identified a range of potential savings which result from greater efficiency, tighter establishment controls, and incidental income generation opportunities. Major changes, like those identified here, are also being considered carefully. However, HSSD will not undertake major service changes without having first carried out the appropriate clinical, political and public consultation.

In respect of the three specific opportunities mentioned above:

- **Children's Dental Service:** HSSD has not considered any proposals for discontinuing the service.
- **Reduce number of beds:** HSSD is currently considering how best to rearrange the PEH wards in order to increase surgical and private patient bed capacity. As recently announced, the Department intends to re-open De Sausmarez Ward at the end of October, and there is at present no intention to close beds.
- **Charge for diagnostics ordered by private practitioners:** Currently, HSSD is prevented by States Resolution from charging for any hospital services, including diagnostic tests. The Department is considering whether to bring a States Report to amend or rescind this Resolution, to create opportunities for increased income generation. However, no charges will be introduced without due consultation; and HSSD would note that the aim of the FTP is primarily to improve efficiency, rather than to increase charges.

Question 3

Has any further work been carried out in relation to providing a blood taking service in the hospital in competition with that provided by private practices?
This was agreed by the previous Board as a possible method of increasing income.

Answer 3

The Department is in the process of developing a business case for a walk-in phlebotomy (blood-taking) service, to establish whether such a service would be viable, and has had some initial discussions with the Chairs of the Primary Care Committee.

Question 4

What is the progress of the Board in relation to FTP savings for this year?

Answer 4

HSSD has banked £1.8m in FTP savings for 2013, against a target of £3.2m. The Department continues to identify and progress savings opportunities, some of which will result in recurring budget reductions (that is, FTP savings), and others of which will minimise overspends. HSSD aims to be back into financial balance by the end of 2014.

Question 5

How many operations have been cancelled and rebooked during the last 6 months?
What were the reasons for cancellation?

Answer 5

128 operations have been postponed as at 12 August 2013.

The underlying reason for the majority of postponements in 2013 is the shortage of beds in the PEH, due partly to the closure of De Sausmarez Ward. Specific postponements are normally due to the fact that a case with a higher clinical priority needs to be dealt with urgently, and a lower priority case therefore has to be rescheduled.

It is important to note that, even when the hospital is operating at full capacity, postponements will take place from time to time as a result of clinical emergencies.

Question 6

Does the Board intend to reopen De Saumarez Ward?

Answer 6

Yes; De Sausmarez Ward is expected to re-open at the end of October 2013.

Question 7

What effect is the present limitation of use of Victoria Wing for private patients having on the number of private patients and the income from these?

Answer 7

4 beds in Victoria Wing are routinely used for gynaecology patients. At present, only 4 more beds are used for private patients, and another 8 are used for non-private surgical patients who cannot be accommodated on the other wards. HSSD presently estimates that around £100,000 per month in private patient income could be generated if these 8 beds were returned to private use. The Department expects to do so once De Sausmarez Ward has been reopened.

Question 8

If operations are cancelled, does this mean theatres are operating at less than full capacity?
Are there nurses employed to man all theatres?

Answer 8

There are four operating theatres at the PEH. All four are cleaned, maintained and functional; however, only three are used at any one time. The fourth theatre is on stand-by in order to enable the Department to respond to an emergency within a very short timeframe.

During working hours, three theatres are staffed. When an emergency operation is required, a team is pulled together from these three theatres to staff the fourth. The staffing levels in the three theatres are sufficient to cope with such emergencies. However, there is not enough emergency demand to warrant a fourth permanent staff team for the fourth theatre.

Postponing operations can have some impact on theatre scheduling. However, as stated in Answer 5 above, postponements usually occur because another, more urgent, operation needs to take place. Therefore, the impact of postponements on Theatres is fairly limited.

Question 9

Have the number of agency staff been reduced, especially in Theatres, ITU, mental health? Is this affecting staff morale? Is this affecting patient services?

Answer 9

Since the start of 2013, HSSD has had a number of successful recruitment drives, particularly for nursing staff. A cohort of nurses is expected to join the Department in October 2013, to enable De Sausmarez Ward to be reopened. Successful recruitment is also leading to a gradual reduction in the use of agency nurses. Currently, out of the areas mentioned above, there are four agency staff across the whole of adult mental health services, four in older adult mental health, one in Theatres, and none in ICU.

Staff morale continues to be challenged by changes at the Department, ongoing negative media and political comment on HSSD, and the length of time that financial turnaround has taken. Nonetheless, staff remain committed to providing a high quality service to islanders, and do so in every part of the Department.

Question 10

I have been informed that procedures for medical cover for the long stay wards, or "lighthouse wards" have been changed.
If a doctor is required, the staff must phone the patient's GP, who will visit and charge accordingly.

Is this the situation?

Answer 10

HSSD operates a model of nurse-led care at the Corbinerie Wards and the King Edward VII hospital. Medical cover is provided by MSG-employed geriatricians and HSSD-employed psycho-geriatricians.

As of 1 September 2013, if a long-term resident of the Corbinerie wards or the King Edward VII Hospital requires a visit from his or her own GP, the individual resident will have to pay

for the visit, in the same way as do residents of private sector nursing and residential care homes. Previously, HSSD has covered the costs of these visits. However, the contract with the Primary Care practices is due to expire, and HSSD has made the decision not to renew it.

If a person is admitted to one of the short-term assessment beds on the Corbinerie Wards, the cost of his or her GP visits will be covered by HSSD.

Question 11

Does this change the criterion that all hospital services are free at the point of contact, which is laid down by a States resolution?

Answer 11

No.

(For reference, the relevant States Resolution is contained in Billet d'Etat III, May 2002, in Paragraph 35 of the Report by the Board of Health on "Consultant Fees and the Provision of Wholly Private Care including Radiology and Pathology Investigations".)

Question 12

In response to my earlier questions on the future of the Primary Care Mental Health and Well-being Service after the end of the 2 year pilot period, you advised that:
"in the event that the long-term funding mechanism is not in place by the end of the two year pilot period (early September 2013), SSD and HSSD will need to consider whether to terminate the Service or extend the pilot period until such time as the necessary funding is in place."

Has a decision to terminate the service been made?

Answer 12

No. At a meeting of the Boards of the Health and Social Services Department and the Social Security Department on 16 July 2013, it was agreed to extend the pilot for a further 6 months, in order to enable sufficient data to be collected to allow a thorough evaluation of the effectiveness of the service.

Question 13

If not, what arrangements have been made in respect of continuing the service?

Answer 13

Please see the answer to Question 12 above.

Question 14

Following my comments on the Sunday phone-in on 21 July in response to questions about treatment for age related macular degeneration; I was interested to note the articles in the Guernsey Press on 23 and 24 July.

As you may be aware, a business case had been presented to the previous Board over a year ago, concerning provision of this service in Guernsey. Several issues were highlighted that might make it financially not cost-effective.

1. Having to use Lucentis instead of Avastin, a similar drug, but less expensive.
2. Provision of additional technician, and the cost of this.
3. Probable increase in number of patients, with requirement of additional administrative staff and possible appointment of further consultant eye specialist to cover increased work load.

Have all of these issues been resolved?

Answer 14

The business case for an on-island ARMD service depends on the use of Avastin (point 1). This drug is already used in Southampton for Guernsey ARMD patients. HSSD will be required to provide the necessary medical insurance to cover the use of this drug.

The costs of staffing and the probability of an increase in workload (points 2 and 3) have both been taken into account in the development of the business case for an on-island service, and so far appear to be balanced by the benefits of bringing the service on island.

Question 15

As new services per se are not accepted unless more cost-effective, can the business case now be presented, showing this service can be cost-effectively provided in Guernsey?

Answer 15

HSSD and the Social Security Department have supported the service development on the basis of evidence that demonstrates it can be provided cost-effectively on-island, compared to the off-island service. However, the business case for the on-island service will not be put in the public domain while negotiations with contractors, including a tendering process for the new equipment, are being undertaken.

Martin Storey
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Date of Reply: 22nd August 2013