2014/06

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

You stated the Health Care Review would be progressed once the HSSD Board had approved the report. It is now a further year on with no evidence of progress
Where is the States Report concerning this issue?

Answer 1

The HSSD Board has adopted an incremental approach to the Health System Review. All areas of the system are expected to be reviewed over time, but in manageable stages.

This will include reviewing clinical pathways and service models. Work was done in 2010 to specify clinical and social care services, and this remains a relatively current assessment of the services which should be provided on-island. The current work is more focused on how these services should be provided and by whom.

It is important for patient services that there should be stability and shared vision within the health system. Therefore HSSD is adopting a partnership approach to its review of services, with the engagement of the Medical Specialist Group (MSG) and other contractors. The focus of the work will be on patient pathways, providing the best experience and quality for patients, and improved value for money.

This approach has meant that no States Report to request additional funding has yet been required. States Members will instead be able to debate reports on substantive changes to services or the system. The first of these will be the report on the Ambulance Service, in the first half of 2014.

Question 2

You agreed that an extensive review of what and how services are to be provided is warranted.
Would such a review not be necessary before a new contract with MSG is negotiated?

Answer 2

See answer to Question 1, above.

Question 3

Has an extension of the existing contract with MSG already been agreed?

Answer 3

The current contract between the States and the MSG expires at the end of 2017. It is not appropriate to make public comment about progress on contract negotiations at the present time. HSSD will continue to work closely with the Social Security Department on this matter, and will report to the States, as necessary, in due course.

Question 4

The recent statement by Dr Steve Evans indicates that HSSD and MSG are involved in honest and forthright discussions regarding healthcare provision on the island.
Where does that leave the remainder of the health care review as originally considered in the 20/20 Vision?

Answer 4

See answer to Question 1, above.

Question 5

Does the HSSD Board not consider the sums spent by individual islanders to be relevant to the overall costs?

Answer 5

This question presumably refers to the amount paid by individual islanders towards health services, both in terms of tax and social insurance contributions to fund specialist services, and in terms of direct payments, generally for primary healthcare services.

The HSSD Board does indeed consider the sums spent by individual islanders to be relevant, and wants to ensure that the way health services are funded is reasonable and equitable; that healthcare contracts provide optimum value for the money paid in by islanders; and that the way services are charged for does not discourage healthy behaviours.

Question 6 (A)

What was the activity in HSSD for the second 6 months of 2013, in comparison with 2012 in the areas of:-

Part A

- *Elective inpatients*
  - *public (contract)*
  - *Private*
- *Emergency inpatients*
- *Day case patient*
  - *Public*
  - *private*

This preamble explains some apparent data discrepancies, and should be read carefully before turning to the numbers.

In the responses given to Deputy Adam's Rule 6 questions on 22 August, and supplementary information released on 19 September 2013, HSSD provided activity data for 2012 and 2013 in relation to various services.

Similar information had previously been included in the Department's 2012 States Report entitled "Health and Social Services Department: Increase Authorised Budget for 2012" (Billet d'Etat XXVIII of 2012). The same source data was therefore used for consistency and to enable comparison.

The source data for "inpatient admissions" and "day patient admissions" in December 2012 and August 2013 covered all admissions, including those to the Castel, King Edward VII and Mignot Memorial Hospitals. To avoid confusion, HSSD is now defining "inpatient" and "day patient admissions" as admissions to the Princess Elizabeth Hospital, unless specifically otherwise requested.

The source data used for this question is therefore: admissions to Brock Ward, Bulstrode Oncology Unit, Carey Ward, the Day Assessment Unit, the Day Patient Unit, De Sausmarez Ward, Frossard Ward, Giffard Ward, the Intensive Care Unit, Le Marchant Ward, Loveridge Ward, the Neonatal Intensive Care Unit and Victoria Wing.

Because the source data has changed, we have provided the figures for the whole of 2012 and the whole of 2013, to enable easy comparison between the first and second 6 months of each year.

	Jan – Jun 2012				Jul – Dec 2012			
	Elective		Emergency		Elective		Emergency	
	Inpatient*	Day patient*	Inpatient	Day patient	Inpatient	Day patient	Inpatient	Day patient
Contract	1,488	4,340	1,345	141	1,469	4,142	1,360	121
Private	216	523	113	3	213	473	97	3
Totals	**1,704**	**4,863**	**1,458**	**144**	**1,682**	**4,615**	**1,457**	**124**

	Jan – Jun 2013				Jul – Dec 2013			
	Elective		Emergency		Elective		Emergency	
	Inpatient*	Day patient*	Inpatient	Day patient	Inpatient	Day patient	Inpatient	Day patient
Contract	1,510	4,392	1,475	134	1,358	4,230	1,341	119
Private	170	456	71	7	178	451	118	5
Totals	**1,680**	**4,848**	**1,546**	**141**	**1,536**	**4,681**	**1,459**	**124**

*(Inpatient: Length of Stay > 0 days \ Day Patient: Length of Stay = 0 days)

Totals – Emergency / Elective and Day / Inpatient

	Emergency – Inpatient	Emergency – Day Patient	Elective – Inpatient	Elective – Day patient
Jan-Jun 2012	1,458	144	1,704	4,863
Jul-Dec 2012	1,457	124	1,682	4,615
Jan-Jun 2013	1,546	141	1,680	4,848
Jul-Dec 2013	1,459	124	1,536	4,681

Totals – Private/ Contract

	All private admissions	All contract admissions
Jan-Jun 2012	855	7,314
Jul-Dec 2012	786	7,092
Jan-Jun 2013	704	7,511
Jul-Dec 2013	752	7,048

Question 6 (B)

What was the activity in HSSD for the second 6 months of 2013, in comparison with 2012 in the areas of:-

Part B

- *Diagnostic and support services*

In answer to Deputy Adam's questions in August 2013, the Department provided data on diagnostic and support services for the whole of 2012 and projected volumes for 2013 (supplementary answer on 19 September 2013). That table is reproduced here for ease of reference. The Department is not yet in a position to update this with actual figures for 2013.

	2013 (proj)	**2012**	**2011**	**2010**	**% change (2012-2013)**
No. Biochemistry Tests	1,006,738	1,023,108	986,494	915,086	-1.6%
No. Haematology Tests	106,832	109,347	107,644	98,782	-2.3%
TOTAL	1,113,570	1,132,455	1,094,138	1,013,868	-1.7%

(N.B. These are key indicators only and do not reflect total workload or complexity)

Question 6 (C)

What was the activity in HSSD for the second 6 months of 2013, in comparison with 2012 in the areas of:-

Part C

- *Outpatient Consultant appointments*

		July – December 2012			**July – December 2013**		
		Arrived	**Cancelled**	**Not Attended**	**Arrived**	**Cancelled**	**Not Attended**
MSG Consultant	**Contract O/P**	21,616	1,908	1,287	19,801	1,972	1,221
	Private O/P	2,858	293	110	2,892	304	127
MSG Locum	**Contract O/P**	756	61	44	2,583	189	123
	Private O/P	49	8	2	69	5	1
TOTALS		**25,279**	**2,270**	**1,443**	**25,345**	**2,470**	**1,472**

Question 6 (D)

What was the activity in HSSD for the second 6 months of 2013, in comparison with 2012 in the areas of:-

<u>*Part D*</u>

- *Endoscopy*
    - *clinical*
    - *screening*

The Department is undertaking and will shortly release a report on the bowel screening programme, which will include activity data in relation to screening for 2012 and 2013. Deputy Adam is welcome to make a further request for endoscopy activity data following the review, if he has unanswered questions at that point.

Question 7

I accept that the fourth theatre is used only for emergency surgery.
What is the percentage usage of:

- *Theatre 1*
- *Theatre 2*
- *Theatre 3*
- *Theatre 4*

These figures should be available through EHSCR system

Answer 7

'Percentage utilisation' of theatres is a measure used by some hospitals to monitor the efficiency of theatres. It looks at the actual amount of time spent in theatres compared to the length of planned sessions, and the relative proportions of time spent on patient preparation and operations. This is not a measure which is produced or monitored by HSSD.

It may be helpful to note that each theatre has a maximum capacity of 30 sessions per week. HSSD is currently staffed to provide 27 sessions per week in three of the theatres, and to open a fourth theatre for emergencies as necessary.

Question 8

In response to my question in August 2013 in relation to provision of a blood-taking service you stated that "the department is in the process of developing a business case for a walk-in phlebotomy service to establish whether such a service would be viable."
What is the outcome of this? In my opinion such a service could have income potential.

Answer 8

HSSD expects to bring a States Report recommending amendments to the current framework of States Resolutions on charging for services in 2014. This will include specific reference to phlebotomy.

Question 9

128 operations were postponed as at 12 August 2013
What was the total number of postponed operations for the remainder of the year?
If there was a reduction, how has this been achieved?

Answer 9

According to the records kept by HSSD, 176 operations (inpatient admissions) were postponed in 2013.The main cause of postponements was a lack of available beds. The snow in March and the temporary closure of Theatre 4 in November for emergency maintenance also caused a number of postponements, as did patient illness, inadequate equipment and theatre overruns.

Question 10

It was previously stated that with the limitation in use of Victoria Wing, the lack of Private Patient beds presented a potential loss of income of £100,000 per month.
Has HSSD compensated for the loss of income and if so, what other sources of income have supplemented the loss?

Answer 10

The loss of private patient income was estimated to be in the order of £90,000 to £100,000 per month. During the period of reduced bed capacity throughout 2013, no direct compensating revenues were generated. However, efforts were made to improve billing processes within HSSD, resulting in additional revenues, particularly from radiology and pathology.

Question 11

You stated the number of agency staff in various areas of the hospital in your response in August.
Have these numbers reduced or increased?
What effect have the changes had on frontline services?

Answer 11

The number of agency staff fluctuates according to need, to ensure that a safe and appropriate level of staffing is maintained. As at 30 November 2013, a total of 9 agency nurses and 3 agency doctors were employed within HSSD. The employment of these staff ensured that frontline services were maintained.

The Department's ongoing objective is to recruit as many permanent frontline staff as possible. However, the nature of the business means there will always be some reliance on agency staff.

Question 12

Is the ARMD service in place?
Is it cost effective?
Are more Consultant sessions being required to provide this service?

Answer 12

All parties are working towards a commencement in spring 2014 for the local Age-Related Macular Degeneration (ARMD) service. This is being done with the full cooperation of the current service provider in Southampton. The service will transfer to Guernsey in a phased way over the coming months, in a manner that is most convenient for individual patients.

Additional consultant sessions will be required and the necessary staffing arrangements are being made. The on-island service will result in a net saving.

Question 13

Progress in relation to FTP
In your response of August 2013 you state you have banked £1.8m in FTP savings for 2013. How many of these were generated in 2012?
For example hip and knee replacement implants being standardised, which commenced in 2012.
What savings have been made relating to opportunities introduced in 2013?

Answer 13

HSSD banked £3.25m in full-year FTP savings at the end of 2013, against an overall target of £3.29m for the year.

On 8 January 2013, the HSSD Board considered a progress report on the Financial Transformation Programme to date, which listed the savings opportunities that had been identified in 2012 for the year ahead. This included 25 potential savings opportunities which had been identified for 2013, with a total value of £4.4m; and 3 cross-cutting FTP projects.

Of the 25 opportunities, 15 remain within HSSD's financial recovery plan. 5 of these have been achieved or partly achieved in 2013, with a total banked value of £908,235. 10 are in train for 2014. The remaining 10 were rejected as having no saving potential.

On this basis, £0.9m of the 2013 savings relate to opportunities identified in 2012, and the remaining £2.35m banked in 2013 relates to savings which were identified and progressed during 2013.

Question 14

Bowel cancer screening had progressed during 2012, whilst Deputy Brehaut was a member of the Board. It was funded under the SSP process, with a full business case itemising the service provision and its various costs, and the named lead officer.
In relation to Bowel Cancer Screening Deputy Brehaut states 'there are two serious matters wrapped up in the same package – the bowel cancer screening model and the budget around it.' He continues that 'following Mark's intervention the focus and scrutiny of the latter ensures the delivery of the former'
What does the member of the Board mean by this statement?
Would the Minister expand on his comment?

Answer 14

On this and subsequent questions, the Department has given a response to the central issues. Deputy Brehaut should be contacted directly with any requests for clarification about what he said, knew or thought at any point in time.

In respect of bowel screening, HSSD has undertaken a detailed review of the budget and expenditure for the service. At the time of writing, the financial information for 2012 and 2013 is due to be released imminently. Following the review of the service, the Board will maintain close scrutiny of this area of expenditure, to ensure the budget is used effectively to

support an agreed service model, so that high-quality bowel screening services can continue to be provided to islanders.

Question 15

Deputy Brehaut states that the surgical ward could have been opened in a shorter time.
Was he not a member of the Board who agreed the closure in 2012, with the intention of recruiting staff in January 2013 to reopen the ward?
Why did the new Board, of which he was a member, not pursue this?

Answer 15

In November 2012, the former HSSD Board cancelled elective surgery, closing a ward and theatres at short notice. The new HSSD Board was able to reinstate elective surgery and reopen theatres shortly after being elected, but reopening De Sausmarez Ward proved a significant challenge. This was due to recruitment difficulties.

The Board gave a clear direction that they wanted the ward opened, but it was not possible until there was a safe level of staff on the ward. The HR department has been active in tackling recruitment efforts throughout the year, and the Board has supported and encouraged every attempt to get the necessary nursing staff. This includes the use of agency staff where appropriate.

Question 16

Deputy Brehaut states that the HR department of HSSD was very small.
Was he not a member of the Board of HSSD when the numbers in that department were reduced?
Was he not aware of the potential consequences?

Answer 16

The number of operational HR staff within HSSD was determined in 2012, in light of the introduction of Shared Services and the creation of the E-Recruitment and HR Administrative support teams in the HUB. The decisions were taken centrally, for all States Departments, based on the anticipated division of labour between the Department's HR staff and the HUB.

Although the new arrangements have caused challenges for HSSD during 2013, both the Department and the HUB are committed to working together to resolve issues as they arise.

Question 17

If Deputy Brehaut, as he states, was aware of – the vast numbers of staff within the management structure that have left –
Did he highlight this to the new Board?
What effect did this have on frontline services?
What effort was made to replace staff?
Deputy Brehaut had highlighted to the previous Board that three Project Managers for the computer system had resigned.
Have these been replaced?

Answer 17

There have been a number of staff and role changes within the HSSD management structure during 2013. Despite considerable pressures, frontline services in general continue to run well, through the commitment of the staff concerned and with the support of the management team.

There has been some turnover within the Electronic Health and Social Care Record (EHSCR) project, which is presumably the computer system referred to above, and there is currently a temporary but significant period of absence for a key member of the team. Arrangements are in place to ensure the project continues to deliver against priorities.

Question 18

Deputy Brehaut clearly shows concern in relation to lack of staff.
Did the new Board listen to him when he brought this up or was it the policy of the new Board not to fill posts in order to save money?

Answer 18

The Board is focused on ensuring that the right levels of staff are deployed in the right areas. To help achieve this and at the same time meet its commitment to FTP, no vacant post (unless it relates directly to a replacement frontline service) is filled without the prior approval of the Corporate Management Team.

Date of Receipt of the Question: 6th January 2014

Date of Reply: 21st January 2014

Staff hours (approx)	21
Cost (approx)	£900