

Message # 5

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From: John Le Fondré <J.LeF@gov.je>
To: Richard Renouf <R.Renouf@gov.je>
Cc: Caroline Landon <C.Landon@health.gov.je>, Patrick Armstrong <P.Armstrong@health.gov.je>
Addressed To: c.landon@health.gov.je,r.renouf@gov.je,p.armstrong@health.gov.je
Subject: Fw: Samares Ward proposition lodged by Steve Pallet
Date: Monday, January 17, 2022 00:53 UTC



FYI

Assume this has gone to all Members

John

From: [REDACTED]
Sent: 16 January 2022 23:56
To: John Le Fondré <J.LeF@gov.je>
Subject: Samares Ward proposition lodged by Steve Pallet

Dear John,

I hope this email finds you well.

I am writing to you [REDACTED] regarding the closer of Samares Ward, Overdale.

I understand that Senator Steve Pallet has lodged a proposition for the re-opening of Samares Ward which is due to be debated in the States this week. The proposition is three-fold with the aims that (1) Samares Ward, Overdale should be re-opened immediately, (2) a temporary rehab facility should be found once work is undertaken at the Overdale site for the new hospital and (3) a new, separate rehab facility should be built separate from the new hospital. I would implore you to support this proposition for the benefit of Islanders now and in the future.

[REDACTED]. The permanent closure of Samares Ward is going to have a detrimental affect on Islanders seeking rehabilitation now and long into the future - whilst the closure may be guised as a huge cost saving and effective rehabilitation being undertaken on Plemont Ward, I would protest that this is not the case. I write with the view of stroke survivors in particular but without doubt, encompass people who have suffered a brain injury or other trauma or injury that requires rehabilitation.

The very essence of a stroke is that the brain has been damaged and the effects are not always apparent, the effects are not always visible or physical - a stroke can affect balance, speech, thought processes, memory and understanding, to name a few. Fatigue is also a major factor for almost all stroke survivors. Anyone, any age can suffer a stroke it's not just older people. It can be a serious, debilatating condition which cannot be brushed aside with a 13 week time limit on therapy.

The current arrangement of a makeshift rehabilitation unit re-sited on a previous hospital ward, is totally unacceptable. Stroke patients, along with other patients requiring rehabilitation, are being placed on a six-bedded ward which offers no privacy, no solace or peace and quiet for individual patients:-

- * patients are subjected to having television noise on the bay even if they do not want to watch the television,
- * there is no room around the bed space to provide any type of therapy,
- * absolutely no privacy for the patient to speak with health professionals or family members without the whole bay being within earshot,
- * specifically speaking about stroke patients, quite often their brain is a fog and lots of noises such as the television, people speaking and other noises all at once are like brain overload,
- * the psychological affect of still being on a hospital ward.

Samares Ward, Overdale offered patients the privacy of a single room which allowed conversations with medical staff and family visits to be private and confidential. Patients could sleep when they required but were also encouraged to take part in activities with the activities coordinator, with the space for these activities to take place - not in a hospital bay or corridor. The purpose built gym on Samares cannot be replicated by moving equipment into yet another hospital bay and Samares had dedicated therapy staff based on site. Patients were encouraged to go to the dinning room for breakfast where they could engage in social conversation and mixing with fellow rehabilitation patients - which is a fundamental part of their rehabilitation, it isn't just about the physical therapy but also about adapting to 'real life' following a stroke. There were also day rooms where patients could meet with other patients or family members, have a tea/coffee not in their room, play cards or board games or read so they weren't

just sitting in their own room.

Samares Ward was seen as separate to the General Hospital. In a stroke survivors eyes it gave hope that they were 'moving on' from the medical ward at the hospital to a different facility which had a very different atmosphere to a hospital ward - this cannot be replicated on Plemont Ward. There were also opportunities for stroke survivors and their families to go outside of the ward into the grounds of Overdale, which again is not available at the General Hospital.

I understand that there are some aspects which may be argued are negative towards patients having a single room, such as isolation but that is where the dedicated staff were fundamental in the rehabilitation unit in encouraging patients to engage with activities. There has also been an argument to say that patients who spend months on a rehabilitation unit become institutionalised but I know of many, many stroke survivors who would not be as far in their rehabilitation if they had not been to Samares Ward.

The cost saving is minimal as Samares Ward has not been shut down and the lights switched off. Indeed, I am aware there are clinics that have been relocated to that site. The Samares Ward staff have simply been relocated and disseminated across the General Hospital. The major injustice is that at present, Islanders who require rehabilitation are merely offered up to 13 weeks on a noisy, open plan, make-shift ward and are then discharged home or to residential/nursing care with rehabilitation to continue from there but I am aware that there is at least a 7+ week wait to be seen by a therapist following discharge - the very essence of rehabilitation is that it starts as soon as the patient is medically stable enough and continues on a regular basis, a gap waiting for therapy is a huge backwards step in the patients rehab.

If we are not investing in supporting the rehabilitation of stroke survivors, brain injury and other patients, they will not reach their full rehabilitation potential. This will, I have no doubt, mean that more stroke survivors (and others) will be discharged into residential/nursing homes causing an increased cost burden longer term for the Island. It may also mean that stroke survivors (and others) may not be able to return to work and would be more reliant on States benefits again causing an ever increasing cost burden longer term for the Island, particularly noting that we already have an ageing population.

As an Island we had a gold standard rehabilitation facility which was closed under the guise of the covid pandemic, the time is right now to reopen Samares Ward and provide this gold standard service to Islanders once again. The argument will be made that Samares Ward does not fit under the proposed new Jersey Care Model, therefore it may be time to challenge this model for the good of our Island population now and for years to come.

I would urge you to please, please support the proposition as it stands lodged by Senator Steve Pallet on the 10th December 2021 - please do not accept or support the subsequent amendments requested by Richard Renouf, these are totally unacceptable for all of the reasons stated above.

Islanders deserve to have a rehabilitation facility that is fit for purpose and a rehabilitation facility that will support Islanders requiring rehabilitation to reach their full potential - Samares Ward was that gold standard rehabilitation ward.

With best wishes

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