Health and Social Services Review

Public consultation on the Health and Social Services Green paper

Consultation report

Written for the States of Jersey Health and Social Services Department (HSSD)

By Involve

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1 Key insights

1.1 Introduction

The report looks at the responses to the States of Jersey Health and Social Services Green paper, published on the 31st May 2011.

The Health and Social Services Department (HSSD) gathered the views of the Islanders to identify what direction the people of Jersey want health and social care to go in the future.

Over 1,300 responses were received from a mixture of individuals and organisations, through an online and offline survey, as well as a number letters and emails and public meetings.

The numbers of responders indicates a high level of interest in the consultation and in the future of health care in Jersey. The consultation results are, however, as much about the quality and diversity of views expressed as they are about absolute numbers. This consultation is not a demographically robust sampling of public opinion. Nonetheless, a good range of age groups and a mixture of individuals and organisations responded.

A number of key themes emerged throughout analysis of the consultation responses. These key insights are listed below. Please note the survey contained closed and open questions. The two open questions allowed for more detailed responses which paint a more nuanced and in-depth picture of respondents opinions, which should be taken into account. A detailed analysis of the findings can be read in Chapter 3.

1.2 Thinking about the future

- Thinking about the future, the majority of the respondents to the consultation value having a wide range of health and social care available in the island as well as these services being free, or affordable and available to all.

1.3 The scenarios presented in the Green Paper

- The majority of those who responded had a preference for Scenario 3. A strong sense of "we cannot go on as we are" emerged: to be fit for the future challenges the island faces, the health and social care systems needs to be updated.
- The majority of respondents disagreed or strongly disagreed with scenarios 1 and 2. The majority of those who responded do not believe that it is possible to deal with Jersey's rising health expenditure by simply raising revenue or controlling spending.
- There is widespread willingness to accept new ways of working. This constitutes a strong mandate for the States of Jersey to reform the health and social services sector.

- However, a number of respondents felt that they need more information and detail to understand scenario 3.

1.4 Payment

- Capping free healthcare for individuals is a contested policy area. Although the majority disagrees with this concept, a wide range of views regarding paying for health and social care have been expressed through the open questions.
- The general sense is that paying more for health and social care is inevitable.
- Equity emerged as a key issue for many respondents. The States would need to look into mechanisms for payment more in-depth. Besides exploring the mechanics of funding healthcare, it should take into consideration underlying issues around fairness and equality.
- The majority agrees that if they had to pay for A and E for a minor condition they would be more likely to go to their GP. However, it is hard to read whether or not they would actually support such a shift.
- As well as reviewing current practice at A and E (e.g. waiting times due to 'improper' use of the emergency services) many suggested reviewing the costs of GP consultations as well.
- A contentious area is whether or not individuals would pay to wait a shorter time for a hospital appointment, concept has roughly equal numbers that support and reject it.

1.5 Responsibility

- The respondents overall support a move towards more self reliance in health and social care. The majority of respondents agree that people in Jersey should have a responsibility to care for themselves provided they have been informed how.
- However, the concept of responsibility is less clear in the responses to subsequent survey questions: Longer waiting times and introducing a payment for those who choose not to look after their own health were rejected by roughly half of the respondents.
- There is broad support for the States ensuring prevention of ill health is as important as curing ill health and thus for an increased focus on prevention.

1.6 Services

- In primary care, there is broad support for minor procedures being dealt with by a qualified nurse or other care professional rather than a GP (if appropriate).
- The concept of self care (with support from the States, the third sector and parishes) has broad support. Care in the community and at home appears to be a concept supported by many in the island.

- However, some of the comments in the open questions express some concerns about the implementation of such a coordinated approach, for example around the roles and responsibilities of the various organisations involved, including how these are funded.
- Respondents are generally happy to travel off-island to receive some treatments and services. The overall tenor is that off-island treatment is inevitable for a small island like Jersey. A number of respondents called on the States to take into account the financial and emotional impact of off-island treatment.
- There is broad support for paying as much attention to mental health of islanders as it does to their physical health. Some of the comments do indicate however that the current availability and quality of mental health services in the island could be improved.
- The majority of respondents to the survey supported increased investment in giving disadvantaged children and younger people access to more health and social care services so as to improve their health and wellbeing in later life.

1.7 Conclusions

- Overall most Islanders who have responded seem to agree that Scenario 3 is preferable. However, many respondents have concerns - to a greater or lesser extent –about the actual implementation of these plans, the costs and associated risks.
- Most statements in the survey are broadly supported. However, some statements have divided opinions, or were broadly rejected. These are statements concerning payment of health and social care, and those regarding responsibility for an individual's health.
- A crosscutting theme throughout the consultation is that of fairness and equality. However, respondents were divided in the exact definition of these terms.
- Overall, there seems to be a willingness to see some changes to the way in which healthcare is delivered in the future, albeit people would like to be kept informed and involved as these principles are developed into tangible policies.

2 Introduction

2.1 Who are Involve

Involve are experts in public engagement, participation and dialogue. We carry out research and deliver training to inspire citizens, communities and institutions to run and take part in high-quality public participation processes, consultations and community engagement. We believe passionately in a democracy where citizens are empowered to take and influence the decisions that affect their lives. Involve is a charity based in London, funded by the Joseph Rowntree Charitable Trust among others.

2.2 About the report

This report was commissioned by the Health and Social Services Department of the States of Jersey and was produced by Involve. The report summarises the responses to Jersey's public consultation on held between 31 May and 19 August 2011.

The analysis has been carried out independently by Involve and the report reflects Involve's professional analysis of the consultation responses.

Involve have read all consultation responses and have synthesised and summarised the key trends and views. This report is not a complete listing of every consultation response. In cases where the response is ambiguous and unclear we have not tried to second guess what was meant.

2.3 About the consultation

This consultation ran from 31st of May until the 19th of August and over 1,300 Jersey residents have taken part through an online questionnaire, paper based forms, letters, emails and face to face events across the Island.

The numbers of responders indicates a high level of interest in the consultation and in the future of health care in Jersey. The consultation results are, however, as much about the quality and diversity of views expressed as they are about the numbers.

This consultation is not a demographically robust random sampling of public opinion. People have freely chosen to take part (or not) and so the views expressed through the consultation cannot be taken to represent the views of all islanders or all organisations.

For this reason the percentages and numbers used do not necessarily reflect the view of the Islanders as a whole and cannot be used as such. It should be noted that the States of Jersey used a variety of mechanisms to reach out to people in order to broaden the range of views expressed. Detailed information about the feedback mechanisms and outreach methods the States of Jersey used can be found in 1Appendix 1.

Involve acknowledges that for many people responding to a consultation is a big ask in terms of time and effort and we endeavour to value this commitment by carrying out the best analysis we can. The States of Jersey have also expressed their gratitude for the time and effort that so many people have taken in contributing to the consultation.

2.4 Background

The Green Paper

This section is an extract from the consultation document. The full version can be read here: http://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/C%20Green%20Paper%20Health%20and%20Social%20Services%20Review%202011%2020110526.pdf

KPMG was commissioned by the Health and Social Services Department (HSSD) to review how services are provided today, what challenges are around the corner, and what steps will be required to ensure that the provision of good quality care can be continued.

KPMG have worked with a Ministerial Oversight Group and officers of the States of Jersey, and have spoken to many health and social care professionals working on the Island, as well as representatives from a range of Jersey's voluntary and third sector organisations, in order to hear their thoughts on the future of services. The findings of this review have been shared in a public consultation.

In 30 years time the make-up of Jersey will be different from today. Many of these factors will have significant impact on the health and social care service.

Future challenges include:

- Increasing numbers of old people
- Increased demand for health and social care services
- Reaching capacity – hospital beds
- Reaching capacity – healthcare professionals

In conclusion: an ageing population will place significant additional demand on the Jersey health and social care services. If will be delivered in the current way, there will not be enough beds and facilities or staff to treat Jersey residents on the island in the very near future. 'Doing nothing' is not an option. This consultation collects views on the decisions that need to be taken now.

Three **scenarios** have been developed for the way care services can be provided in the future:

- **Scenario One**: "Business as usual" – we keep the same structure for providing services as we have today, and increase spending so that services can be provided to meet growing demand.
- **Scenario Two:** "A small increase in funding" – we keep funding almost the same, and provide what services we can within this budget and accept that many services will be subject to 'means testing'.
- **Scenario Three:** "A new model for health and social care" – we change the way services are provided. For every option, the review assessed whether it would be safe and affordable for Jersey.

The review concluded that a new model of care is required for Jersey and suggests that the third option is the most viable one. The purpose of the consultation is to allow the people of Jersey to contribute their thoughts on all three scenarios and to check this is the direction that the people of Jersey want to go in.

All the replies have been read and this report will inform the next stage of this work. The final decision will be made by the elected politicians of the States of Jersey balancing up the facts, and the views expressed by the public through this consultation.

In the Green Paper the Health and Social Services Department suggests that the third scenario is the most viable option of the three. However, the States of Jersey would like to hear what the public and stakeholders think about all three options.

A number of respondents found this clear preference by the Health and Social Services Department for Scenario 3 leading and thought it biased the consultation.

2.5 Who responded?

The States of Jersey have gathered feedback on the Green Paper using different mechanisms, including an online survey, a paper survey and public meetings. A number of letters and emails have been received that provided more detailed feedback (both from individuals and from organisations). Some respondents to the paper survey have also attached more detailed responses, which have been taken into consideration as well.

Table 1 gives an overview of the number of respondents per feedback mechanism. The number of respondents represents approximately 1.5% of Jersey's population (based on 2009 population estimates).

Table 1 Number of survey respondents

Survey	Number of responses
Online	755
Paper	557
Total	**1312**

Other feedback mechanisms	Number of responses
Letters attached to surveys	7
Emails and Letters from individuals	6
Emails and Letters from organisations	8
Total	**21**

Meetings	Number	Attendees
Public meetings	3	Approximately 160 attendees
Other meetings	3	Approximately 60 attendees

2.6 Methodology

Involve has read all contributions submitted to the States of Jersey within the time frame of the consultation. Most of the survey questions are closed questions that allow respondents to score statements based on how much they personally agree with them. Respondents had the opportunity to give detailed comments in two open questions.

The consultation responses from the online and paper surveys have been merged. The responses to the open questions have been analysed and collated to identify themes. These categories have allowed us to see where the balance of opinion sits amongst those who responded and to uncover the bigger picture. We refrained from interpreting unclear responses. The themes are discussed in more detail in Chapter 3. An overview of the collation themes can be found in 1Appendix 3.

The results of the closed survey questions are presented under the relevant themes. Percentages (rounded off) are included to give an overview of how the respondents rated the various statements in the survey. These percentages should not be read as statistically representative for the entire population in Jersey: these percentages solely present the views of those who responded to the survey. An overview of all the results to the closed survey questions can be found in 1Appendix 4.

This report outlines the trends and key points expressed in the consultation responses; it does not tell the States of Jersey what to do. Policy decisions about health and social care are made by your elected States Members who will use the consultation responses as one source of information to make decisions. The Report will go to the States of Jersey and to the White Paper team to inform further work.

3 Detailed analysis

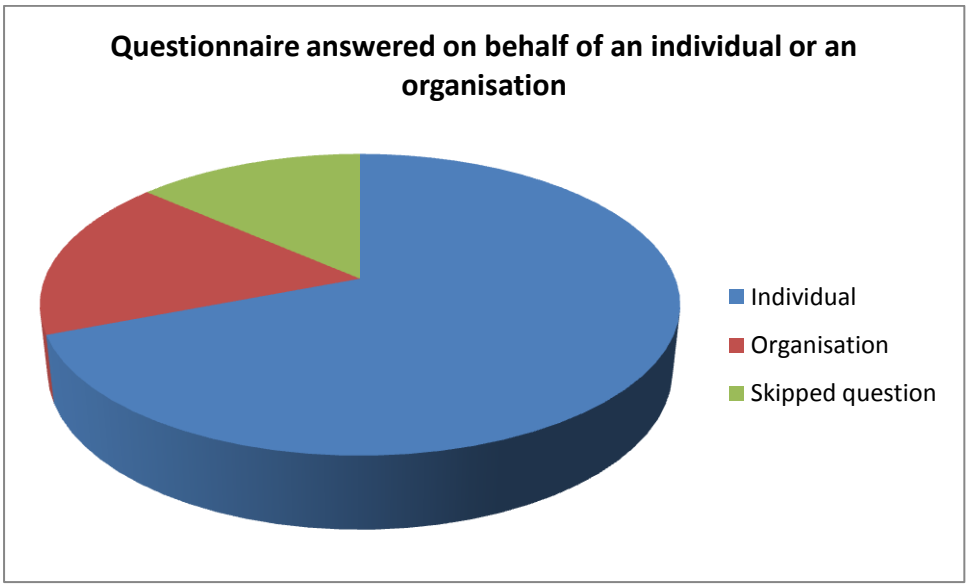
3.1 Online and paper survey: analysis of responses

The consultation responses show that many people in Jersey care deeply about the future of health and social care. There are some areas of agreement but also others where opinions differ. We have included actual quotes from consultation responses to bring the issues to life. This section analyses all responses to both the online and paper surveys. In this analysis no particular distinction has been made between the views of individuals responding in their own right and those who are responding on behalf of an organisation.

3.2 The survey respondents

The respondents to the survey are either individuals or representatives of organisations. Figure 1 gives an overview of how many respondents were individual (69%) or an organisation (17%). As there were multiple versions of the paper survey these numbers should be considered as estimations as opposed to absolute numbers.

Figure 1 Overview of individual and organisation responses



A number of respondents who responded on behalf of an organisation have indicated which organisation they represent. A list of these organisations is included in Appendix 2.

An overview of the demographic data of the respondents can be found in Table 2 / Figure 2 and Table 3 /

Figure 3 Age distribution of the survey.

The consultation attracted significantly more female than male respondents. When comparing male and female responses the differences are small and in most cases insignificant.

Table 2 Gender distribution of the survey respondents

Gender	Count	Percentage
Male	434	33%
Female	771	59%
Prefer not to say	16	1%
Skipped question	91	7%
Total	**1312**	**100%**

Figure 2 Gender distribution of the survey respondents

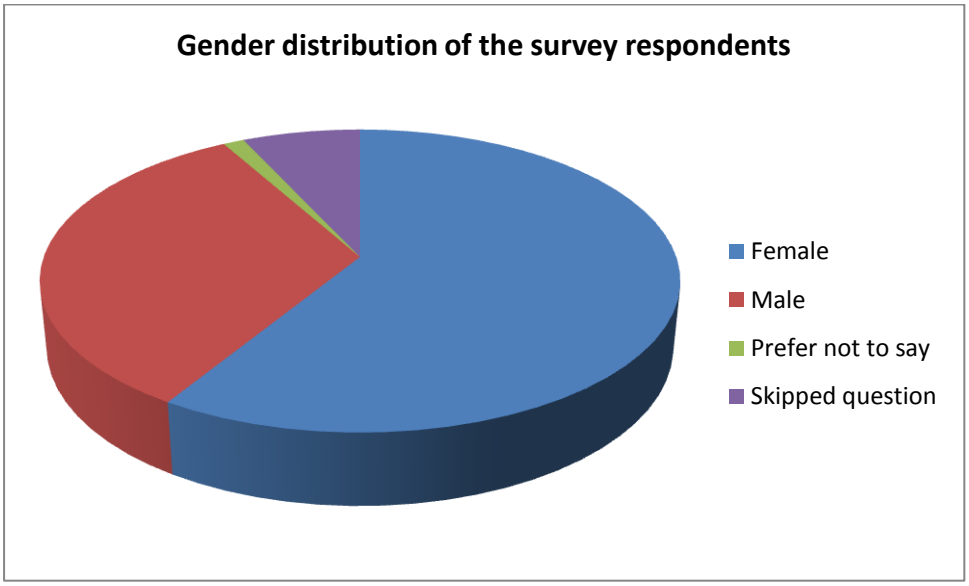
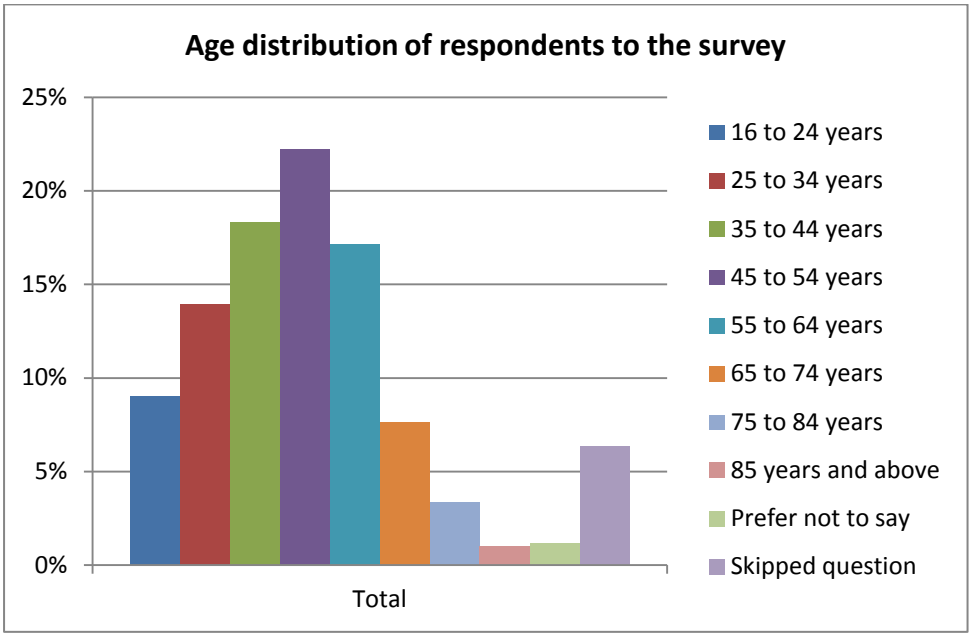


Table 3 Age distribution of the survey respondents

Age group	Count	Percentage
16 to 24 years	118	9%
25 to 34 years	183	14%
35 to 44 years	240	18%
45 to 54 years	291	22%
55 to 64 years	225	17%
65 to 74 years	100	8%
75 to 84 years	44	3%

85 years and above	13	1%
Prefer not to say	15	1%
Skipped question	83	6%
Total	**1312**	**100%**

Figure 3 Age distribution of the survey respondents



To give an idea of the under or over representation of certain age groups, Table 4 compares the age distribution of the survey respondents to the population projections for the year 2005 (from: The Jersey Population Model for the Statistics Unit[1]. The table shows no significant discrepancies, however it can be said the 15-24 year olds are slightly underrepresented, as well as the 35 to 44 year olds. The 45 to 54 year olds are slightly over represented compared to the population statistics of 2005.

Table 4 Age distribution of survey respondents compared to age distribution of Jersey population in 2005

Age 2005		% target	Consultation Results	%	Comparison 2005 and Consultation
15-24	9600	14%	118	9%	-5%
25-34	11500	16%	183	14%	-2%
35-44	15500	22%	240	18%	-4%
45-54	13100	18%	291	22%	4%
55-64	10600	15%	225	17%	2%
65-74	7400	10%	100	8%	-2%
75-84	2200	3%	44	3%	0%
85+	1700	2%	13	1%	-1%
Total	**71600**	**100%**	**1214**	**100%**	

[1] http://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/R%20PopulationModel2009%20200904%20SU.pdf

The respondents could indicate whether or not they use any health or social care services provided directly by the States or other organisations, charities and voluntary groups regularly. An overview of the responses to this question can be found in Table 6. Around 20% of the respondents indicate they use health services regularly.

Table 5 Survey responses to "Do you use any health and social services regularly"

Do you use any health and social services regularly?	Percentage	Count
No	69%	904
Yes	18%	238
Prefer not to say	4%	58
Skipped question	9%	112
Grand Total	**100%**	**1312**

Table 6 gives an overview of the use of health and social services cross tabulated with gender. Please note that the totals in this table do not include those who preferred not to say or those who skipped these questions.

Table 6 Use of health- and social care services cross tabulated with gender as indicated by survey respondents

Do you use any health and social care services regularly?	Female %	Female Count	Male %	Male Count	Grand Total %	Grand Total Count
No	52%	582	27%	306	**79%**	**888**
Yes	13%	140	8%	90	**21%**	**230**
Grand Total	**65%**	**722**	**35%**	**396**	**100%**	**1118**

Respondents also indicated how regular they use the service, of which an overview is given in Table 7. Please note that there are a number of respondents (26) who answered "no" when asked "Do you use a service regularly", but did answer how regular they use a service. Also, not everybody who answered the previous question with "yes" have responded to how often they use this service.

Table 7 Regularity of service use indicated by survey respondents

How regular do you use this service?	Count	Percentage
Daily	19	1%
Weekly	44	3%
Monthly	145	11%
Skipped question	1104	84%
Grand Total	**1312**	**100%**

3.3 The findings

3.3.1 Values about health and social care

The results of the survey questions regarding 'thinking about the future' show that the majority of the respondents think it's very (81%) or fairly important (16%) that there are a wide range of health and social care services delivered in the island. Also the majority indicates to find it very important (82%) or fairly important (16%) that in future these services are free, or affordable, and available to all.

- Several respondents added comments relating to valuing health and social care in the open questions. Most of these value a good health care system. Some even say it's one of the main duties of the States of Jersey.

  "Health and Education should take priority over other budgetary demands and if cuts need to be taken from elsewhere to pay for this then this should happen."

- Quite a few respondents have taken the opportunity to express their general support or concerns about rethinking the health and social care framework. A commonly heard statement is that it is essential to keep up with the changes Jersey is faced with.

  "I think there is the opportunity now to re-consider how services are delivered and this should be taken now rather than accepting that things should always be done in the same way regardless of increasing cost."

  "It is inevitable that the cost of providing the same level of service in the coming years will increase as less people in the Island are working and more are claiming pensions. There has to be a new approach to the way this works."

  "[...] The answer historically appears to have been to increase the health budget but now I believe it is time for a roots and branch review of services provided, costs involved so that we can have a health and social care system in Jersey which is fit for purpose for the next 20 years when the island will be faced with an increasing ageing population."

- The comments that some respondents have made reveal that whilst overall it may seem that respondents share similar values towards health and social care, there are divided views about who should actually be paying for these services.
- Specifically there are divided views around **affordability** and **availability** of healthcare. These issues will be explored in more detail in the following sections.

3.3.2 The Scenarios

Respondents have indicated how much they agree or disagree with the Scenarios as presented in the Green Paper. Drawing from the comments in the open questions, there is a

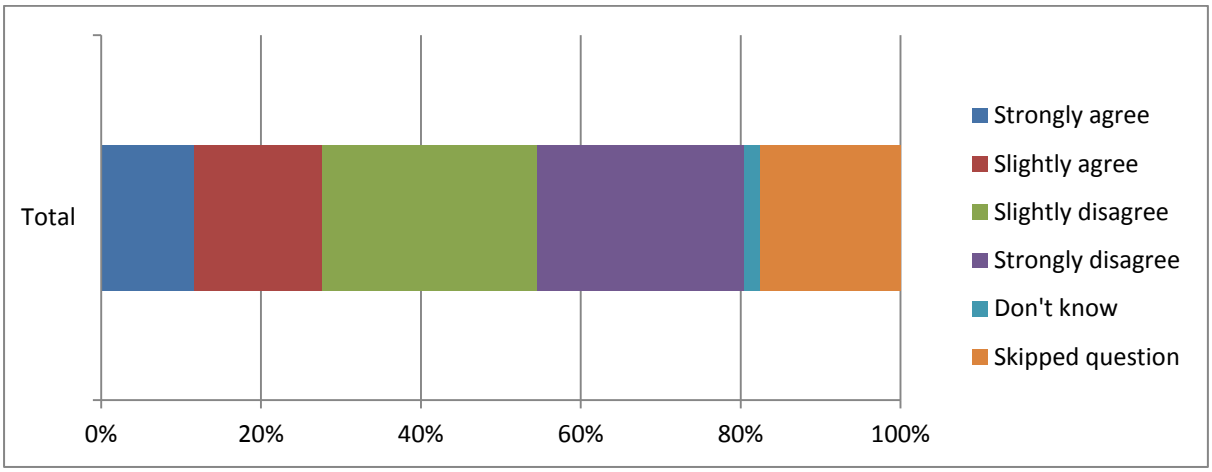
sense amongst most respondents that the current model is unsustainable and unaffordable in the long term, and "doing nothing is not an option".

The respondents to the survey are broadly in support of Scenario 3 and much less with Scenario 1 and 2. However, these ratings need to be read in the context of the comments the respondents made in the open questions as well.

Scenario 1

A majority of respondents are not in favour of Scenario 1: 27% strongly disagrees and 26% slightly disagrees with this option.

Figure 4 How much do the survey respondents agree or disagree with Scenario 1



- Analysis of the open questions suggests that quite a few respondents found Scenario 1 unacceptable or unsustainable because it does not present a change of the way health and social services are being run at the moment.
- The general feeling is that going about business as usual will not meet the changing needs of the island, and is financially unviable.

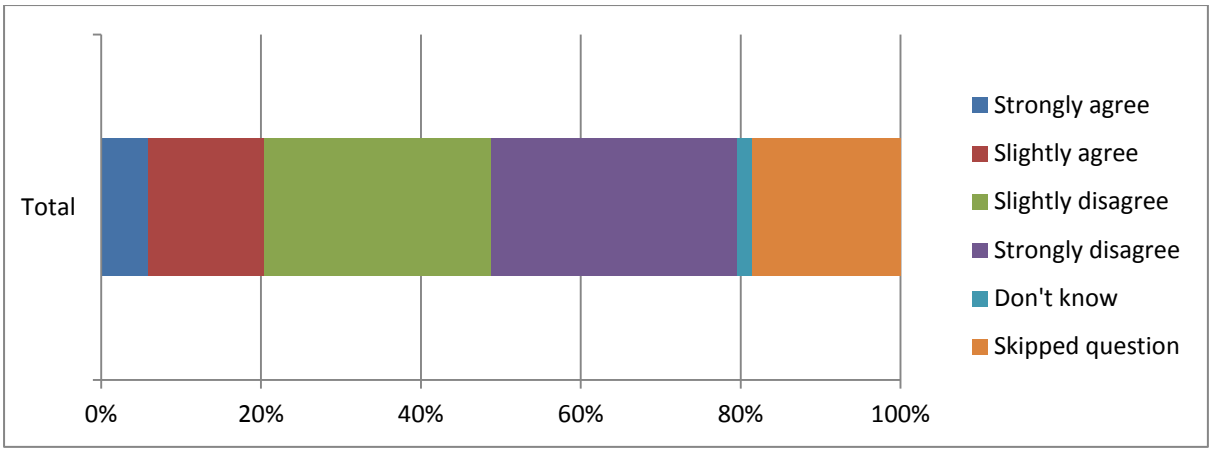
  "It is clear that H & SS cannot keep increasing spending significantly as the days of 'money coming out of our ears' are long gone."

- There is a small group of respondents who either slightly agree (16%) or strongly agree (12%) with Scenario 1. Some of them think Jersey has a good healthcare system at the moment which should be continued. Funding would however still be a concern according to some. Others found Scenario 1 and 3 to be quite similar.

Scenario 2

The majority of the respondents disagree either slightly (28%) or strongly (31%) with Scenario 2. Additionally, 15% of respondents slightly agree and 6% strongly agree with Scenario 2.

Figure 5 How much do the survey respondents agree or disagree with Scenario 2



- Analysis of the open questions suggests there is mainly concern about the affordability of - and access to - health and social services within Scenario 2 for individuals.
- A number of respondents would be apprehensive about an "American style" healthcare system. The fairness of such a system is questioned by a few responses.
- There is also concern about compromising care because of underfunding with Scenario 2; some respondents are especially concerned about funding in mental healthcare in this regard.

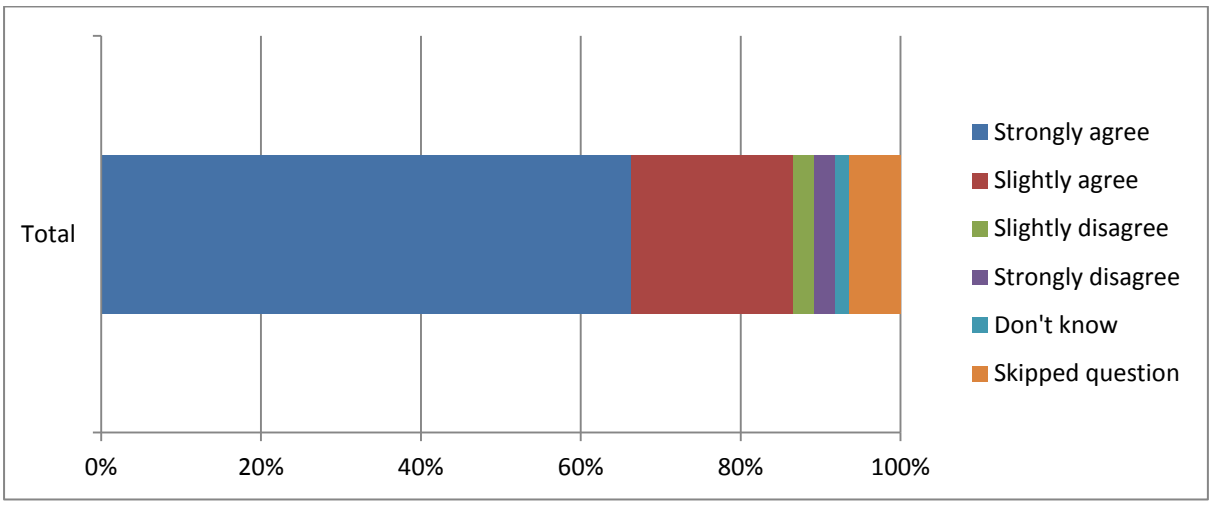
  "It is unacceptable to have options that reduce services and create a 'hit and miss' style of care depending on how rich or lucky you are. [...]"

  "Scenario 2 is like trying to fill a bucket with holes in it with water, not acceptable."

Scenario 3

The majority of the respondents to the survey indicate that they agree with Scenario 3 (66% strongly agree and 20% slightly agree).

Figure 6 How much do the respondents agree or disagree with Scenario 3



Some respondents have commented on why they rated Scenario 3 the way they have. A few common themes emerged, which are set out in the following paragraphs.

Preferring Scenario 3

Change is needed

- The common thread in those responses that prefer Scenario 3 is a strong sense of "we cannot go on as we are".
- They are of the opinion that the health and social care systems needs to be updated now to be fit for the future challenges the island faces and dramatic change is the only way to do this.

  "Times are changing, you have to move forward with change and not try and stick to the old way of doing things."

  "I think Scenario 3 is the most realistic, but I think that there will be a lot of opposition to this from members of the public who do not understand the strain the H&SS are under at the moment, let alone in the future."

  "I hope they have the courage to go with option 3."

No radical overhaul

- Others expressed some scepticism towards a radical overhaul, and would prefer a more modest (particularly in terms of cost) reorganisation, or would rather see certain issues

addressed by other legislative changes to reduce the strain on the current health care system.

"[...] Get a coherent policy framework together then take only small steps to deliver change - trying to change too much too soon will cost more and take longer. [...]"

Preferring Scenario 3, but with caveats

More detail required

- There are respondents who in principle support Scenario 3, yet would like to see more detail on, for example, the costs of the different options in Scenario 3. Some find it difficult to "judge" the financial implications of option 3, because no detailed costing is given.
- For some respondents the proposed scenarios pose more questions than answers. Some felt the issues are too complex to respond to in a concise manner.
- There are some concerns about the scenario being too vaguely presented and not giving a lot of detail, which makes it difficult to make an informed decision.

"Scenario 3 sounds good but would need to get a better understanding of all the changes up front with no hidden agenda if possible."

" [...] Having read the broader technical document I am strongly in favour of investment in a new model of health and social care based on the principles detailed in that document. I note that the scenarios are strategic not operational and more detailed business cases and operational plans would need to be developed, but I do want to highlight my concern that some of the data may be misrepresentative of true need and ask that effective processes for accurately gathering evidence of need are in place prior to the decisions on budgets and operational plans being considered.[...]"

"Where would the information to create the new model come from? How much research will be done to gain info from other island jurisdictions and other healthcare providers?"

Concerns about implementation

- Some scepticism is noted about how exactly the plans in this scenario will be implemented and what the associated risks are.
- Among those who support Scenario 3 there seems to be a sense that the magnitude of the changes ahead require a culture change within health and social care services.

"Option 3 is obviously by far and away the best route to go BUT all will depend upon the mechanisms put into place and on the delivery. Words and good aspirations are not

enough. There will have to be a huge 'sea change' in attitudes, performance and in organisation to get remotely near success. [...]"

- One respondent for example suggested supporting this change by bringing in staff from out of the island to develop this (multi agency) model.

Adequate funding

- Some are worried about certain services not receiving adequate funding in Scenario 3 (for instance the third sector) and are wary of the scenario not giving a fair representation of future plans.
- Some say such a drastic change can only work if a significant funding injection is given right at the start, and there are concerns about the (political) will for this.

Opposing Scenario 3

- A small percentage of the respondents disagree (3%) or slightly disagree (3%) with Scenario 3. Some of them have added comments. They mainly indicate concerns about the actual implementation, and for instance staff capacity – particularly mentioned by some in relation to community care.
- Others feel the (long term) cost implications of Scenario 3 are too high. Implementing a new model that is unproven is perceived as too risky by some.

"Your outlining of 3 strikes us an idealised: multi disciplinary working is of course to be striven for - but have you considered the cost in terms of various professionals time?"

"This document is clearly biased in favour of scenario three. This scenario will place huge pressure on social care professionals working in the community. Risks are bound to increase as people are supported at home for longer and guess where the blame will lie should anything go wrong: the case manager or social worker. I work with the health sector and DREAD this scenario being implemented. Again, the focus is solely on the consumer and scant attention given to health professionals. Just wait for case manager burnout to start happening if this scenario (already 'a given') is implemented."

"The increased costs will inevitably mean increases in taxation. However, the new model proposed in Scenario 3 suggests that the faults and problems of the past will be simply accepted and made good by this so called new model. What we need is to put right the problems as they exist and are well known. This investment of £750k has found nothing new. If we fail to put right what we already have and understand we will not see an improvement in service just spend huge amounts of money justifying a change."

Other alternatives needed

- A few respondents think there should be more alternatives considered beyond the three scenarios presented in the paper. Some feel Scenario 3 has merit, but does not go far enough, and more innovative approaches are needed.

  "Options 1 and 2 aren't that palatable. Option 3 has limited merit but other options appear discounted: there are other long term, sustainable and sensible options (Public / Private Initiatives, French insurance model etc). Given the fact that this review is rather badly needed, it is rather unfortunate that these alternatives do not appear to have been considered. The basic premise of option 3 is to retain Government control and funding but place some onus on charities. Yet the successful parts of the current system are outside direct Government (GP's and charities). Although this has an element of political debate, perhaps it ought to be recognised that option 3 is largely just re-enforcing and continuing the failing parts."

  "Before attempting to undertake any of the scenarios, more attention should be given to the reasons why HSS are failing to retain nurses and other health professionals. This may well provide a forth option when these issues are addressed and also save money in the long term. Otherwise, at the current pace, were in big trouble....."

Keep it as it is

- A few respondents would like to keep things as they are. They are satisfied with the current quality and level of service available to them.
- They are mostly concerned that the services that are currently available to them will no longer be available or affordable in the future.

3.3.3 Who should pay?

One of the major challenges for the future of the health and social services system in Jersey are managing increasing costs. The three scenarios all sketch different cost implications and suggestions for paying for these costs.

The financial implications sketched in the Green Paper:

In 2010 the community of Jersey spent £239m on health and social care, £171m was spent directly by the HSSD, £36m by the Social Security Department and £32m by other groups and individuals including the payments all have to make for GP consultations.

If Scenario 1 is followed the total cost in 2040 would rise to £430m and HSSD's spending would rise to £320m (based on today's price levels, not accounted for inflation);

Scenario 2 suggests a small increase in funding, in line with inflation. If this scenario is followed the total costs of Jersey's health and social care would rise rapidly just as in scenario 1, to £430m in 2040, but the States spending would rise much more slowly, with the HSSD budget rising from £171m in 2010 to £178m in 2040. Not enough to deal with the growing demand. As a result many services will no longer be available and people might ultimately have to pay for all their own care (apart from emergency care) through private insurance. In short, restricted care in Jersey, reduction of number of people who are eligible to receive care and criteria for treatment (threshold for free healthcare would be raised) , care and support would be raised.

In Scenario 3 the costs of health and social care would rise but by redesigning services the increase would be slower than in scenario 1. The total costs would rise to £393m in 2040. Spending by HSSD would rise from £171m to £290m (not including inflation). This is less than the funding required in scenario 1. Crucially, scenario 3 reforms services so they can continue to be provided long into the future. People would receive the right care in the right place, at the right time and from the right staff.

A number of common themes emerged regarding paying for healthcare, which are described in more detail in the following paragraphs.

Accepting the principle of paying for healthcare?

Paying is inevitable

- Drawing from the open questions, there is a general sense among the respondents that paying for health and social care will be necessary to sustain a quality health and social services system in Jersey. Some state that this will require getting used to a new culture.

  "The message has to be gotten to the public that they will have to pay for hospital and health care. After all, if they have a fault with their television - they pay to have it repaired or replaced. If a plumbing issue arises at home, the appropriate professional is employed to remedy it. To expect otherwise in healthcare is, frankly, absurd. [...] The wider public must be educated that they must invest, they must afford this sort of health cover if they want immediate access to the very best service. If they are not prepared to

invest, then they will have to accept that they will have to join the queue for services - excepting of course those with life-threatening conditions, and children."

Equality and affordability

- However, many of the open question responses also state it should be a fair distribution. Those that don't have the means to pay should still have accessibility to health and social care. The need for affordable care is often stressed, as well as the notion that care should be given on an equal basis.

  "[...] You must be very careful if you go down the road of making people pay, there are those who just cannot afford it."

- A reflection of the divided opinions regarding payment for health and social care is the rating of the statement "I would pay to wait a shorter time for a hospital appointment". There are respondents who strongly agree (13%) or agree (29%). Yet, similar percentages strongly disagree (17%) or disagree (29%).

Capping of free care

Mixed ratings were given in relation to the statement "If resources are limited in the future, should the amount of free care available for each person be capped and should they be required to pay for any further care themselves?" Although the majority disagrees (34%) or strongly disagrees (23%), a significant percentage agree (21%) or strongly agree (7%).

Fair contribution: those who can afford more should pay more

- In the open question the respondents articulated various concerns about capping of free care.
- Several respondents comment on equity, equality and fairness of contributing to healthcare.
- There are those who feel that, when a situation arises that you need to pay for health and social care, it needs to be done fairly and to what a person can afford. Some believe that only those who can afford it should pay.

Free health and social care

- There are those who feel very strongly that care should be free for all and express their concerns regarding the fairness of capping free care. Some are in favour of completely free care, or free care for certain groups (children, or disabled people).

  "It is inevitable that we need a complete review of our health care services for the next generation. I do believe that health care should be free to all without bias and for those who can afford to pay then they should contribute in a sliding scale. I also believe that

the same health care should be available to both groups, those who can pay and those who cannot."

"Everyone should be treated equally from the very rich to the unemployed. Free health care for all. Why should those who can afford private health care be allowed to jump the queue?"

"Where does the capped begin and end? It is totally unfair. Who makes that decision?"

"I am concerned that escalating costs of doctors fees are producing an increasing section of society who cannot go - will not go because they cannot afford to - when people think twice about going to their doctor it can lead to heaving costs to the States later in treatment or time off work. Free treatment or a nominal fee of no more than £10 should be offered to all who earn under £50,000 per year individually and above that there should be rising scale of cost."

Affordability and accessibility

- Others commented on the affordability of health and social care, and that those who can't afford private care should still have access to good care.

"Whilst I agree with a user pays and have therefore tended to support in my answers those statements focusing in this area there must be safe guards in place. What happens to those that cannot afford to pay whether it be to secure priority treatment or whom through unfortunate circumstance find themselves having exhausted a free treatment cap. As a community we need to take care of those in most need - at the same time does that have to mean everything free to everyone regardless of ability to pay?"

"It could be linked to income rather than capped, so those with the means are asked to contribute where they are able."

- There are those who comment that it should be taken into consideration whether or not someone is suffering from a long term illness.

"People should be made to be more responsible for their own health, although costs are difficult to enforce amongst those who have little (addicts with no savings etc). Capping care costs is difficult for those with chronic conditions who try to do the right thing although. As above, how do decide who is worthy more discussion needs to be given to end of life issues/treatment ceilings, poor candidates for intensive [...] care are still treated when they should just be given dignified endings and not treatments at all costs - a medical as well as a public debate."

- Some are wary of a system where there is a divide between those who can afford health and social care, and those who cannot.

"I am concerned that changes would mean a two class society, those who can afford healthcare - those who cannot. This type of situation exists in the USA. Do we really want to move to a society where a healthcare practitioners first question is 'can you afford to pay me'"

Means testing

- The issue of means testing was often mentioned in the open questions, in relation to the issue of fairness and equality, and the various concerns about capping of free health and social care.
- Some commented if health and social care is capped, it would be unfair to cap the entire population at the same level, and that this should be means tested.

  "[...] Means testing can be an emotive subject but some system could be devised that those with adequate income pay a higher proportion of costs. [...]"

  "One of the dangers when introducing means-testing (which to some extent is almost inevitable in terms of the situation in Jersey), is that those who pay the most in terms of contributions are eligible for the least in terms of services - for this reason the notion of "capped access" to services may appeal to many as a good halfway measure."

- Some believe that certain treatments (that are perhaps currently free) should be means tested. Some add that if consideration is given to means testing, people who can afford it pay for their health and social care, and free care should be available to those who do not have sufficient means.

  "I agree that people should pay for visiting the A&E Department. I would like to see a charging structure which is means tested whereby those who can afford to pay more should."

  "I feel that in some cases we should pay something towards our care, that the payments should be means tested, that 'free' care should be for those who cannot pay or are too poor. Services that are totally free are open to abuse."

- Others indicate they are not in favour of means testing, they feel that if someone has worked and contributed (social security) all their lives, they should have as much right to free care as others.
- Several respondents had views about whether or not people should have to sell their property to have access to care. Some felt they shouldn't – as a homeowner – be made to sell their house to receive health and social care, or others – who in many cases are not homeowners- that think it is fair for homeowners to sell their home, "because if they don't have to sell, it would be discriminating against people who rent".

Already contributed through previous contributions

- There are those that feel quite strongly about having to pay for health and social care whilst they have worked all their lives and thus have paid their contributions.
- Among those who added comments regarding this issue there is a strong sense of unfairness and a feeling of being penalised by having to pay 'again'.

"[...] I have contributed all of my working life the maximum social security contributions and whilst I do not wish to be a burden on society, I consider that as a fully paid up contributor, I should have certain entitlements. [...]"

"I have already paid for the care I might need with my income tax and social security contributions. I do not want to have to pay again out of my diminishing disposable income at point of use."

Locals versus newcomers

- Another issue emerging from the open questions is access to care in relation to long-time residents of the island and "newcomers".
- There are respondents who are concerned about the increase in population and feel it would be fair that those who have lived in Jersey all their lives should receive (free) access to treatment compared to those who have not lived in the island as long or who are in Jersey on a temporary basis.

"We need to think about how many people are in the island including people from other countries and how long it is before they can have free treatment. It is unfair for local people who have been here all their lives to have to wait or be refused treatment and then someone who has only just arrived on the island getting access to treatment. There are a lot more people living in Jersey and I do not think funding has increased in line with the population."

"Jersey cannot afford to support anyone and everyone arriving in the island, it has to draw a line and look after its longer term residents, i.e. those born here and have 'adopted' Jersey by settling in the island after 'x' years would show a good level of commitment to the island's infrastructure. I myself am in the finance industry and staff still come over on fixed term contracts and many 'abuse' the Island's offerings as they are only over for a determined period 3-5 years and then never return. This category of short term resident is generally paid higher than 'locals' and well afford to pay for medical treatment either out of their own income or have a 'health plan in place in contributory /non-contributory."

- Some suggest there should be a differentiated payment system, differentiating between those who have lived and worked in Jersey a significant period and those who have just arrived.

  "Newcomers to the island should pay for health services until they have contributed to health funds."

A and E

The majority of the respondents agree (33%) or strongly agree (33%) with the statement "If I had to pay, I would be less likely to visit A&E with a minor condition and more likely to go to my GP".

- According to many respondents, in Jersey there are significant numbers of people who visit A&E rather than seeing a GP because of the – sometimes perceived as high – costs of a GP, whilst A&E is free.
- There seems to be a general sense of disagreement with this practice among the respondents who have touched upon this issue in the open questions.
- Respondents' suggestions for changing the current practice include: lowering GP fees and/or free GP visits, penalties for those who visit A&E whilst it could have been dealt with by a GP, and introduce payment for A&E.

  "I also note that there are large instances of people attending A&E when their conditions are not what would be considered an 'emergency'. This I believe in a lot of cases is due to the cost of attending the doctors, especially in out of surgery hours when you would need to call out a GP. I believe the states should consider better funding for attending your GP's so that the A&E department is used for its primary purpose, to provide care in an emergency."

  "A charge should be made in respect of people who go to A&E for minor medical reasons rather than visiting their GP."

  "I strongly believe that people attending A+E who are not accidents or emergencies should pay the same fee as if they were visiting a GP. A+E is totally abused by a vast number of people who should be told at A+E to go to their GP."

- The issue is nuanced by quite a few respondents who say that if it concerns an actual emergency, A&E should be free.

  "I have never used the facilities of A&E except for emergencies so wouldn't expect to pay."

  "A&E is abused as people can't always afford to see GP."

How the costs might be funded

- Analysis of the open questions suggests that to some respondents it is unclear how much services actually would cost. They comment that the Green Paper doesn't mention what the projected costs for certain options or services are, and therefore find it hard to give their opinion.
- There are mixed views on the matter of funding; some argue they are already paying enough in taxes and social security contributions.
- Others feel it is reasonable to increase taxes and social security contributions to invest in healthcare in Jersey.
- There are those who would like to see the cap on social security contributions removed for high earners.

  "The idea of a special Social Security payment for H&SS would not likely mean that there would be equal distribution of this burden as there is already a cap on how much higher earners pay in Social Security. Taxed income is the best way to ensure fair and equitable distribution of the burden."

- It is suggested by some to promote health insurance schemes. This could be a scheme led by government, or it could be incentivised for instance with tax benefits. Some suggest insurance should be made compulsory.
- If more resources are needed for improving the health and social services system, some think that taxes should increase. Some argue that the higher incomes should be taxed more than lower incomes.
- A few respondents argue that raising higher duties on alcohol and tobacco should be considered.
- Others express their concerns about increases in taxes and social contributions, because they think it is high enough as it is, and they are concerned about the affordability of living in Jersey.

  "I feel health and social care should be funded through increase tax/social security as should pensions. Making individuals pay will disadvantage low income families and some children."

  "Perhaps a small increase in income tax perhaps to those on a higher income could be 'ring fenced' for health care."

- Several respondents feel strongly about people not showing up for their appointments, and suggest that there should be a penalty system in place.
- The example of free prescriptions is mentioned a few times; some feel these should be paid prescriptions (for those who can afford it).

- Some comment on government spending, some argue there should be more resources, others think there should not be an increase in spending.

Efficiencies

- Quite a few respondents feel there is potential for serious efficiencies to be made in the health- and social care sector.
- Some feel quite strongly the government should look at making efficiencies first, before radically overhauling the system.

  "I'm not sure that radical change is required, and I am fairly confident that we can get more out of the money we already spend (and don't need to spend more). We should be able to re-organise to be able to deliver a new model without a large investment, since all you need do is freeze (or close) all the other projects (that have budgets associated with them) and use those staff/resources to deliver a re-organised model."

- Suggestions for efficiencies included for example reorganisation, changes in staff recruitment, redundancies and fewer managers and more front line services.
- Quite a few are concerned about bureaucracy in the health and social services sector and they believe this should be reduced.
- Others would for example see benefit in bringing in third party and profit making organisations to attain a more efficient way of working.

  " [..] the issue of wastage and poor recruitment processes must be addressed before the department starts asking for increased funding. Until the average tax payer believes they are receiving value for money then there will always be a resistance to increasing funding."

  - Efficiencies are also proposed towards how services are delivered, For example, communication between the different health and social services could be improved, as well as communication with patients.

3.3.4 Your own health, whose responsibility?

Scenario 3 emphasises the importance of self care and that increasing self care would have a significant impact on the use of services. When asked if people in Jersey should have the responsibility to care for themselves provided they have been informed how to, a majority either agreed (49%) or strongly agreed (24%) with this statement.

More dispersed views were brought out on the concept of longer waiting times for health services for people who choose not to look after their own health. 14% strongly agree and 29% agree, whilst 31% disagree and 13% strongly disagree.

The paper version of the survey included an additional statement: "people who choose not to look after their own health should pay more for some services". Roughly equal numbers agree (162 respondents) or disagree (155 respondents) with this statement.

- The issue of "responsibility for your own health" seems to be quite contentious and many respondents have commented on this in the open questions, with respondents arguing both for and against the concept.
- There are respondents who feel health is an individual's own responsibility and people should look after themselves.
- Some noted that people are aware of the dangers of for example smoking and drinking, and should be "put back in the waiting line" and that individuals who maintain a healthy lifestyle should be given priority over individuals who do not.
- Some suggested that not looking after ones health could also imply paying for certain services if it concerns "self-inflicted" injuries.
- There were some suggestions for legislative changes to discourage unhealthy behaviour, for example tax on unhealthy food and increase of duties on alcohol and tobacco.

  "When people [...] suffer from a legitimate illness, it is unfair that such a large amount of the Health budget has to cover self-inflicted problems caused by smoking and obesity."

  "Some people take great care of themselves while others choose to smoke and drink knowing that they are damaging their own health. Perhaps people who smoke or drink should pay to see a consultant if their illness is acerbated by their smoking or drinking."

  "[...] A&E should have a separate section for drunks who should be made to pay before receiving treatment.[...]"

- Some respondents think it is not always possible for everyone to look after themselves, and those who are vulnerable or have illnesses or disabilities should not be "punished" for that.
- They are concerned about the concept that an individual is responsible for their health and they make choices about their health.

  "It should be recognised that when people do not care for themselves [...] this cannot be explained in a simplistic way by suggesting it is a choice. Health behaviours are complex and are affected by many social, psychological and cultural influences. To suggest those who "choose" not to look after their own health should have to wait longer suggests the States of Jersey do not actually understand why people do or do not engage in health promoting behaviours. It also suggests a value judgement is being placed on people who do not look after their health. There should be much more emphasis and investment in helping people to prevent ill health, rather than blaming them."

"I am not happy with the term choose not to look after themselves. Some people have addictions which are an illness and therefore are seen by some people as not looking after themselves but in fact are unable to help themselves."

- A few commented that life style choices are an individual matter.

"[...] while I agree that it must be very frustrating to have to care for people who have squandered their good health, it is a free country and we cannot go down the road of penalising anyone for making lifestyle choices!"

- Some respondents point out that keeping fit and healthy is one's own responsibility, yet this should be encouraged as widely as possible and support must be facilitated where needed.

"I believe that while we should individually try to be responsible in making ourselves as fit and healthy as possible, the Health and social care services should encourage and support that at all age levels. Integration and support, financial and otherwise should happen between education, sport and leisure facilities, medical charities and places such as Les Amis and the Cheshire Homes."

- Others feel in principle everyone should have equal access to medical support, even if they do not care for themselves.

3.3.5 Preventing better than curing?

Closely related the issue of individuals' responsibility for health are matters regarding prevention and education. The majority of the respondents agreed (30%) or strongly agreed (60%) with the statement that the States should ensure that preventing ill health is as important as curing ill health.

- In the open questions, many respondents emphasised the importance of prevention and education.
- Some feel this should be an area where the States of Jersey really need to focus their attention and where there is a lot to win in the long term.

"The focus of this paper is all about getting individuals to pay for their own health care. There is no recognition of the wider determinants which affects individuals' health. [...] There is very little focus on preventative health in the paper and refers to this as 'self care', I think there needs to be reconsideration of this with much more focus on prevention in order for people not to become ill requiring self care in the first place. The 'self care' model fits more of an illness paradigm rather than a shift to prevention."

"I feel it is important that people are given information regarding how to prevent or identify ill health and the that health promotion unit should work in conjunction with

charities and support groups to ensure that the correct information is reaching it target audience. [...] "

- Some of the respondents gave concrete examples of how prevention and education could take place, for example, through more health promotion, more public education programmes, education in schools, exercise programmes, weight management clinics, smoking cessation services, etc.
- The need for ample capacity and funding needed to deliver such programmes is emphasised by some who are concerned about the availability of sufficient resources.

  "There was a large budget for health promotion for older people (£80,000+) but the role of the officer in that post was dropped in 2005, with very small parts of the post retained [...] Surely this post should be reinstated to work in highlighting what individuals can do to help themselves remain independent."

- There are those who express a more sceptical view regarding prevention and education.

  "Much money has been wasted on prevention, it needs to be evidence based not politically motivated."

  "The public all know how to look after themselves. Many choose not to take the advice. [...] I am not convinced that spending more to educate these people is a good idea either. Teachers tell children all through school already how to be healthy. It is all over the media. Some silly people choose to ignore this. Don't spend more on educating them, put that money to helping those who are ill through no fault of their own!"

3.3.6 Service delivery

Partnership and joined up working

- In general respondents' comments suggest they agree with joined up working and integrated care (as suggested in Scenario 3) this.
- However, different forms and different levels are being suggested, including strong public private partnership, private and third parties taking over responsibilities, working with off island specialists, partnership with Guernsey and other international partnerships.

Staff

- A number of respondents mentioned investing time and resources in staff. Some comment that front line staff numbers should go up (rather than having more administrators).

- Keeping – and making more – training available on the island is an issue some respondents would like to see addressed, to give locals an opportunity to gain professional qualifications.
- Staff wages are also an area of concern for some.

  "To have effective care in the community takes a lot of staff resources - both staff time and numbers. Attempting to put scenario 3 in place without providing the correct staff numbers to provide the service will set this option up for failure and will lead to mistakes and increased staff stress levels as people struggle to deal with the case loads."

Qualified Nurses

The majority of respondents agreed (29%) or strongly agreed (61%) with the statement "Instead of going to a hospital doctor or GP, I would be happy to be seen by a nurse, a pharmacist or other care professional, if appropriate, for minor procedures such as measuring blood pressure or monitoring my diabetes".

- The comments in the open questions overall point to a lot of agreement with having qualified nurses conducting minor treatments freeing up GPs "for more serious matters".
- Some even argue there should be fewer GPs and more practice nurses.
- Those who commented positively on this issue, usually feel the GPs time is too expensive to be performing minor treatments, which patients would happily have treated by a nurse, or pharmacist.

  "I think in many cases people go to the doctor's when treatment by a doctor is not necessarily required. An investment in nursing staff that could provide these services at a much lower cost to the tax payer would be one option."

  "The GP system needs a shake up. It is crazy for a GP to be syringing ears and to have no practice nurse."

- Some respondents are not in favour of nurses doing what they would consider the work of a GP, also considering the financial contributions they are already making to health and social care they would like to receive the best care available.

  "Not happy with a surgery nurse doing a GPs work in their surgery and at what cost? Pharmacist ok for tablets but not so happy with the nurse doing "minor ops" etc."

Community care

Scenario 3 emphasises self care. The majority of the survey respondents either agree (25%) or strongly agree (68%) with the statement that people should be able to live in their own home for as long as possible, providing they have the right health and social care support from the States of Jersey, the third sector and parishes.

- Those who included additional comments regarding community care feel that - specifically when it concerns elderly people – should be cared for in their own homes rather than being institutionalised. They would like to see people functioning in their own homes as long as possible.
- Some respondents also mention this in terms of costs; they feel elderly people should not "have to sell their house to cover the costs involved with ageing".

  "People want to remain living independently within their own homes- we cannot do this with the current model. Institutionalised care is expensive and does not meet a person's needs in a holistic manner. We need cost effective robust community services that will allow people to remain at home and prevent unnecessary and costly acute hospital admissions. Care agencies that are not able to provide packages of care in a timely manner, and the level of care required, should be held accountable through a robust contracts and commissioning service."

  "Focusing on keeping people within their communities with appropriate support will save money on costly residential placements long term."

  "We must move away from institutional care and provide support to allow people to remain in their own homes for as long as they are able."

  "It sounds good - that old people should be cared for in their own homes - it is obviously cheaper than a residential home. But - I wonder if ALL old people would want to be cooped up at home. If they are immobile - I would want company personally."

- A respondent mentioned there should be more discussion about end of life services, both a medical and a public debate.
- In support of community care there are other options mentioned, for example increase of working with more volunteers, and making better use of the Parish system.
- A few other issues mentioned in relation to community care are 24 hour nursing care, 'needs led' personalised support and respite for carers.

Charities

- Integrated care is often mentioned in relation to community care, for example working together with charities. Some respondents feel there is currently a tension: the charities

are very well placed to deliver (parts of) community care – but they don't have enough resources to play this role.

"Care in the community is fine as long as it is properly funded, otherwise it becomes a "token" means by which budgets are cut, and the general health and welfare of individuals becomes worse - what looks good on paper must have sufficient resources to work out in the real world."

"Family Nursing and Home Care should be under the umbrella of Health and Social care and not as a charity. They are one of the most important groups to work with to keep people at home. They don't have enough resources, funding or influence."

Off-island treatment

The majority of the respondents either agree (47%) or strongly agree (26%) that they would be happy to travel off-island to receive some treatments.

- Additional comments in the open questions present a more nuanced image; some would rather not have off island treatment, whilst others feel "going away for care is inevitable" in a small island like Jersey.
- Some respondents would prefer to bring in more specialists over to the island, rather than paying for the cost of travel expenses to the UK.

  "I have recently completed [removed for anonymity] treatment for [removed for anonymity] cancer. Apart from the chemotherapy I had to go to the UK to see the surgeon for [removed for anonymity]. I also had to spend [removed for anonymity] weeks in Southampton receiving chemotherapy. It was a very lonely time particularly with the surgery and it would have been a comfort to have my family around me. Why can't the surgeon visit Jersey? I understand he visits Guernsey - Why is this? And why did I have to pay for all my flights -. It's absolutely absurd that patients have to pay to leave the island to receive treatment that can't be offered in Jersey. [...]"

  "We should be prepared to cover the cost of treating people in Jersey and not force them to spend long periods in the UK."

- Some also suggested the patient should be entitled to have a family member or friend for support.
- For some respondents the issue of off island treatment depends on the type of treatment needed. If it concerns complex operations or treatment this could be done off island, whereas other – more 'simple' treatments – should be available on the island.

Mental health care and children's care

The majority of the respondents strongly agree (52%) or agree (38%) with the statement that the States should pay as much attention to the mental health of Islanders as it does to their physical health.

"Supporting increased investment giving disadvantaged children and younger people access to more health and social care services" has broad support with 35% strongly agreeing and 46% agreeing.

- Several survey respondents expressed their specific concerns regarding the care of children and mental health care in the open questions.
- Some of the comments indicate that current mental health services could be improved.

  "I feel very strongly that mental health services should receive the appropriate funding to bring it up to date with modern mental health services in the UK. Services such as crisis intervention teams, home treatment teams and early intervention teams must be introduced to our existing services here."

  "I was pleased to see some focus on disadvantaged children. This may be one area where wider determinants of health and inequality are considered. However, I believe addressing at risk children alone will not address the wider determinants that lead to the inequalities experienced in the first place. Further children as a whole from conception to 18 years should be considered for a breadth of early intervention approaches. After all they will be the future working population, and a smaller economically active population than at that."

  "I do not have children. However I am somewhat disappointed that, apart from mental health, some health education and fostering issues, children's medical services as a whole have been deemed to be able to be left as the status quo. Has this service been fully investigated? This is a concern, especially since we are told we will be relying on a smaller workforce to cater for an increased older population in the future and these children are our future workforce if they remain in the island."

- Suggestions for improvements for other services were mentioned, including services for children with autism and learning difficulties, elderly people with diabetes, Deaf people, and dental care.

Other suggestions

Besides commenting directly on issues presented in the Green Paper, there were a number of respondents who gave comments, ideas and suggestions related to specific health and social care issues that are not necessarily directly linked to the consultation.

Many respondents value the quality of care provided locally, hence, one subject that was mentioned quite a few times was the need for a new General Hospital in Jersey.

3.3.7 References to international examples

A number of respondents believe that the States of Jersey could benefit from looking over its borders to either learn from international examples of best practice (or worst practice) or to explore specific models for certain services.

- Joint working with other Channel Islands (Guernsey) is suggested quite a few times in terms of, for example, sharing services and specialists. Several respondents refer to Guernsey's health and social care services as a best practice example. They suggest Jersey could learn from their models.
- According to some, collaboration with France should be considered (rather than just looking at the UK).
- Some references are made to the UK system as best practice, as well as bad practice. Some respondents are wary of the UK system because they feel the NHS has its problems as well.
- A few respondents articulated a rather strong aversion to the American private health care model, where they feel the market dictates who can afford health services and who cannot.
- A variety of models have been mentioned by respondents, including the following:

  "Guernsey provides a walk-in treatment centre (or used to anyway) perhaps we could explore this and other walk in centres in England to see if model may prevent some of the mis-use or mis-guided attendance of A&E."

  "It may be beneficial to look at say Australia, where new immigrants have to take out personal health insurance for a number of years before becoming eligible for access to government health services. This could be added to scenario 3."

  "In Spain, I am aware if you have a throat infection you can visit your pharmacist who can dispense antibiotics - has this been considered?"

  "Are Jersey looking into radiotherapy treatments being available in Jersey? It seems disproportionate in an Island of this wealth that we do not have these facilities and are paying for people to visit the UK and for a consultant to fly to Jersey."

  "Jersey has a greater need for more specialist services on-island (even if this means bringing specialists over from the UK or elsewhere to deliver the required services)."

"You could also look at the Gibraltar model. They have a new state of the art hospital - one of the best in Europe, and arrangements in place whereby consultants are flown in on a pre-determined basis to provide most of the medical care support required, and if not covered patients are flown to the UK, much like jersey does now."

3.3.8 Comments on the Green paper and the survey

A number of respondents have commented on the Green paper and the survey. Most of these comments were about the consultation being leading and biased towards Scenario 3.

A summary of other critical notes:

- The options presented in the paper are too simplistic.
- The issues are too complex to respond in concise matter.
- More detailed information and clarity is needed about the options available, particularly within Scenario 3, even more so because it is the preferred option by HSSD.
- Not enough focus on wider determinants of health within the island.
- The questions are leading, badly phrased and subjective.
- The questions don't offer "true options", down to the fact that there are so many variables for some of the questions that it is hard – or some even say inappropriate - to make a general statement.

"[...] This survey- like the consultation does not seem to really want to hear people's views, it just wants to in effect rubber stamp the plans for change- One very disappointed health professional."

"This exercise unfortunately seems very superficial (and patronising) given the limited information and generic comments in the Green Paper. There is obviously only one conclusion to reach from these, but it would have been much more interesting to see some detail about concrete proposals for the future rather than 'seeing the right person at the right time' etc. Where is all the detail work that went into New Directions? What specific services are envisaged and how will they help people?"

"It is a pity that current recipients of services, patients, carers, and much of the voluntary sector seem to have been largely excluded, at least from much of the initial parts of the process. I fully understand that this consultation gives an opportunity to have input BUT is this too late in the process and has a big opportunity to get it right been missed."

"The way this choice is being presented betrays a blatant bias towards option 3, which is long on motherhood and apple pie statements and very short on detail. The whole premise of the report is based on questionable projections."

- A few respondents expressed their gratitude for being able to share their thoughts and opinions and commended the department on the clear and well written Green Paper.
- One letter argued that many people who wanted to take part in the survey were unaware of its existence. The respondent would have liked to see a copy of the survey mailed out to everyone on the island.

3.4 Analysis of public meeting notes and letters

This section analyses the responses from the series of public meetings and letter sent in response to the consultation.

In total 14 letters were received, 3 public meetings were held (reaching approximately 160 people), a number of other meetings were held reaching over 50 people, and seven individuals also submitted documents with their posted questionnaires. We are very thankful for the people and organisations who submitted documents; documents which were both longer and more in depth than the survey responses and have allowed us to explore some of the survey themes in more detail. We have grouped public meeting notes, letters and attachment together in one section as they all represent more qualitative findings than the results from the survey. Many of the letters have provided supporting evidence for the points made. These have been passed on to the planning team for consideration in the development of the White paper.

Many of the views expressed in the letters and meetings support the survey results. Many of the letters had detailed arguments and evidence to back up claims.

The three scenarios

- A large proportion of responses were positive towards Scenario 3 (although some with uncertainties or reservations) although a minority of letters were unsure or sceptical. One letter, for example, expressed the view that domiciliary care is expensive and not practical on large scale.
- A few letters expressed concern about the limited amount of cost and budget information available for scenario 3, and they found it difficult to make informed decision on the basis of this.
- Several letters and meeting notes supported the model in scenario 3 but warned that it will need significant support and upfront investment to become reality.
- There was support in a number of letters and meetings for working across ministerial departments for family health, older people and other groups.
- A few respondents were worried about unintended consequences with scenario 3. One mentioned that if old people stay in homes for longer this may have financial implications for social services. It is questioned if the model work across budgets or is it merely shifting costs?
- One letter felt the Green Paper was weak on detailing the outcomes sought. It didn't go far enough in changing the model of health care and shifting from measuring waiting times to measuring wellbeing and minimising the number of interventions. The letter suggested that the New Economics Foundation wellbeing measures should be explored for use in Jersey to change what was valued.

Charities and volunteering

- One letter expressed the view that there had been a lot of 'Lip service' about working with charities in the past and that community care was the 'poor relation in care delivery'.
- A number of letters warned that a significant shift in culture is needed. They pointed out that this is not the first time expectations have been raised around community services. There was also concern that volunteers are hard to recruit (in particular during an economic downturn) and that this is not considered enough in the Green Paper.
- In the public meetings there was a fear that charities would be overburdened and overused in the new system.
- One view of the sector expressed at a meeting was that the voluntary sector has no performance management and may need to professionalise to fill the role outlined in the Green Paper.
- One letter stressed that volunteers and carers need to be rewarded and supported for Scenario 3 to work.

"As a third sector care provider, we felt that there has been increased lip service to 'working in partnership' with charity groups. HSSD must demonstrate partnership working by true collaborative working and mutual respect, which includes listening to, and taking advantage of the wealth of knowledge, experience and expertise that is available within the third sector.

Health and Social Care professionals working in the community have had their expectations raised several times (New Directions being the last report that recommended investment into community services), without these initiatives leading to a hard line financial or cultural shift in resources.

The whole ethos of 'a stitch in time saves nine' should apply to the new model of health. However, community services have to be in a position to administer that first stitch at the appropriate time and have the skills to apply the stitch to ensure that it remains in place.

To enable good quality care within the community, we will need a robust process of staff education, domiciliary inspection and regulation, training and education and adequate staffing levels." (Family Nursing & Home Care)

"We believe the Neurocare model where practitioners of different disciplines are brought together to serve the needs of the patent in one location is an exemplary model, and one which should be replicated elsewhere. This model seems to be consistent with the

concept of putting the patient in the centre of service provision so that people get the right care at the right time from the right staff.

Over 50% of households have private health insurance. So why is the revenue so low? This is partly due to the fact are few recharged services. A wider tariff needs to be produced in order to collect more revenue from those who are insured.

Charities exist to provide support to their members and others, but not so they can simply manage their conditions on a day to day basis. Charities should not for example fund the costs of wound dressings, incontinence pads, and other essential consumables. It would however be reasonable to encourage Charities to provide funding for mobility scooters, respite care, alternative therapies and the like." (MS Society)

Staff and skills

- A problem raised by two letters was that restrictive employment conditions limit the effectiveness of health care in Jersey. One suggested solution was a Jersey weighting.
- Another also emphasised the need for ensuring the right skills in health and social care professionals, otherwise it may lead to a decline in health quality.
- Several letters expressed a strong sense of pride in local health services, as well as fear that they would be reduced in the future.

Paying for healthcare

- One person expressed the view that health or social care is not a right to be taken for granted; it needs to be paid for. Many others expressed a strong preference for equity in healthcare and free care for those who cannot afford to pay.
- One person was worried that means testing might end up costing more than not having fees due to the administration required to test applicants.
- Another letter suggested that there might be an overlooked income source in charging road traffic, insurance and foreign visitors. Two letters mentioned that they felt there was significant income that the States was missing out on by not charging insurance companies for treatment from people with private health insurance.
- A few people supported the idea of small penalties to patients who miss appointments. Two letters also suggested that H&SS should start charging for prescriptions again .
- One letter writer feared that the changing policies would mean that the goal posts will shift and people will be forced to sell their houses to afford health care. This respondent felt there is a need to provide ways of supporting those caught out between two systems, a transition arrangement.
- Some suggestions concerning cost and payment of healthcare include:
    - Reduction in medical cost if patient can show steps to prevent condition.

- Screening everyone for health problems; saving money in the longer term.
- Remove ceiling on social security and reduce government expenditure.
- Individualised health budgets.
- Reviewing GP's current charging system.

Individual or collective responsibility?

- While many felt that there was a responsibility for individuals to take care of their own care, H&SS had a role to facilitate. One letter writer wondered if sports injuries would fall under not taking care of health. Is this a preventable health risk that should lead to people being penalised?
- Several letters pointed out that people need to have the means to take care of their own health. Examples given where this might not be the case included mothers unable to find time to stay healthy, or people on low incomes who can't afford healthy food. One suggested solution is that the States of Jersey should financially support those who can't afford fresh fruit and vegetables.
- One letter writer worried that people living in their own home won't know when they need to move. How will the States decide when to move people for their own good? A different letter worried that not everyone would want to stay in their own home, would the States force them to?

Off-island treatment

- Off-island treatment was also mentioned. One letter flagged up the impact this has on patients with children.
- A few letters stressed the importance of Jersey having a hospital that is as self-sufficient as possible. Some letters expressed strong pride in the local hospital –but felt that the care workers were held back by wasteful administration.
- There were mixed views on travelling. According to some travel to England creates unnecessary costs. Others felt that the islanders needed to accept the inconvenience of travelling for some procedures.

3.4.1 Professional perspectives

The Small Practice Group response was wary of the proposed ideas. It suggested that Scenario 3 will increase costs dramatically and that the evidence around pay for performance, quality framework and practice nurses in England were not promising. It also questioned the view that there is excess capacity. Their views was that the GP system in Jersey is already very efficient, that it depends on a close relationship between patient and GP; something which might be damaged by complicating the primary care system. The GMC suggested that the Scottish Vision for General Practice would be a good example to follow.

"The efficiency of the General practice's gate keeping role in the NHS (where the GP see 90% of problems at 10% of cost) lies in the development of the therapeutic relationship. It is based on continuity of care and the growth of knowledge and trust that a GP builds with individual patients.

We would like to invite The President of the Royal College of General Practitioners; Dr Iona Heath, Prof George Freeman and Prof Trisha Greenhalgh to give us the benefit of their experience, so that Jersey can have the opportunity to make an informed choice on future models of health care and choose those which would be most cost effective and beneficial to the island.

Jersey currently has a very high standard of General Practice with high satisfaction rates, good doctor patient relationships and low levels of complaints. The States is about to decide whether to motivate primary care professionals into gaming to maximise their income and move into large practices or consider how to encourage all round excellence in General Practitioners enabling them to continue to be altruistic, compassionate and have the care of each individual patient as their priority."(Small Practice Group)

The **Jersey Pharmacy Practice Forum** felt that the review ignored the full potential of pharmacists in Scenario 3. They pointed to studies that show that patients value the informality and anonymity provided through the pharmacy. They also pointed to the fact that pharmacists are one of the few groups who interact with patients when they are well and are well placed to monitor long term conditions. They provided good practice examples in the form of Scottish E-MAS system, Evidence from Finland of cost-effectiveness and Healthy Living Pharmacies in England monitoring Long Term Conditions. The Practice Forum suggested that there should be a designated GP and pharmacist for care homes in order to increase preventive care in these settings.

"Implementation of this vision will require changes to the IT infrastructure in the longer term. It would be beneficial, both for patients and professionals, for relevant information to be captured and shared in an interoperable, integrated patient healthcare record. All relevant healthcare professionals should have appropriate access to patient records to inform their discussions with patients and to update the record with decisions made that affect subsequent treatments by other practitioners.

We would encourage the government to build on the existing community pharmacy infrastructure to create a local and public facing network for public health. This resource would operate at the interface between more formal primary medical care and unsupported self care which is achievable at limited cost." (Jersey Local Practice Forum)

The response from **Jersey Finance** stressed that they were unhappy about using taxes to fund cost increases in health expenditure as this would negatively impact on Jersey's

international competitiveness. They called for cuts to be made to the States expenditure before any taxes increases were made.

> *"Government expenditure should be looked at before any tax rises are proposed. Raising general taxation and/or sales tax will make Jersey's finance industry less and less competitive internationally to the detriment of Jersey." (Jersey Finance)*

3.4.2 Other ideas from meeting notes and letters

- Two letters highlighted maternity and paternity leave as an important health determinant for children and families; and an important focus which had been overlooked in the review.
- A number of letters speak to the importance of providing staff support and training to make the transition to scenario 3 a reality.
- Furthermore several respondents commented on the need to build new IT systems to improve communication and sharing of data.
- There were mixed views on Family Nursing and Home Care. Some found the service to be 'superb' whereas at least two letters called for it to be abolished and the services brought in under the HSS in order to reduce duplication of administration.
- One letter suggested that the review had not paid enough attention to technological improvements, such as Robotics, which may provide solution to increased costs in the future.
- A further ideas presented was that Jersey should attract a leading edge research based hospital using specialist treatments not yet licensed in the European Economic Community (EEC).
- A further suggestion was to provide a direct mechanism for patient voice. The letter pointed out that the Police Authority has a mechanism for engagement –why not patients? He looked at the English Foundation trust model as one possible approach.
- One letter suggested that an overlooked problem was patients not understanding their diagnosis. The solution the author thought was to get a direct link between the consultant and patient, without the GP distorting the message along the way. The letter suggested that automatically giving patients a copy of their test results would solve the problem.
- One suggestion was to set up structure on weekends to deal with non A&E cases when GP offices are closed in order to reduce unnecessary A&E visits.
- One letter suggested giving individuals more choice through State employed GPs.
- There was a request for 'visual call' system for Deaf people.

- At one meeting the view was expressed that England is way ahead when it comes to mental health. Changes suggested including changing the designated place of safety from the Police station and ensuring that GPs are able to diagnose mental health conditions.
- Some had fears about private sector involvement in health and social care, feeling there was a risk of private health agencies may lead to watering down of care and skills
- One letter called for capping the island population to reduce the increase in health and social care costs in the future.

Examples of good practice

Some letters gave examples of what they perceived to be good practice already taking place in Jersey:

- One positive example mentioned was St. John's Ambulance who provides training to a large number of people and reducing need for A&E. This was highlighted as a service that could be expanded in the future;
- Another example was Speech & Language therapy and Education providing training to all nurseries to support staff around language development;
- It was suggested that NHS Bournemouth & Poole "Choose Well" could help people make the right decision.

It was also suggested to gain evidence from so-called expert patients. Another letter suggested to speak to Gerry Robinson, who has advised the NHS in England, for advice.

Implementation

Several letters supported the review in principle but expressed scepticism, pointing out that previous reviews haven't had impact. One person highlighted a document from 1990s that warned about demographic shift and emphasised the need for community services. A number of previous initiatives were mentioned that hadn't been implemented, including New Directions.

4 Conclusion

As Jersey's population grows older, health and social care needs will grow, which puts health and social care facilities under considerable strain. The HSSD is very clear: if no changes to the system are made, the needs of Jersey will very soon be greater that the system can bear.

The review concluded that a new model of care is required for Jersey, which is set out in Scenario 3. HSSD's conclusion is that only by making changes the significant challenges that lie ahead can be tackled. Doing nothing is not an option.

HSSD has gathered the views of the Islanders to determine if the people of Jersey want to move in the direction of Scenario 3.

Overall most Islanders who have responded seem to agree that Scenario 3 is preferable. However, many respondents have concerns - to a greater or lesser extent –about the actual implementation of these plans, the costs and associated risks.

Most statements in the survey are broadly supported. However, some statements have divided opinions, or were broadly rejected. These are statements concerning payment of health and social care, and those regarding responsibility for an individual's health.

A crosscutting theme throughout the consultation is that of **fairness** and **equality**. However, respondents were divided in the exact definition of these terms. For example, for one respondent fairness means that he doesn't have to sell his house in order to obtain healthcare, for the next person fairness means that those who have lived and worked in Jersey all their lives should not have to pay the same as newcomers, and someone else believes fairness lies in giving those who need it most and can afford the least should also have a right to affordable or free healthcare.

There seems to be a willingness to see some changes to the way in which healthcare is delivered in the future, albeit people would like to be kept informed and involved.

The following themes appear to be central to the consultation:

Costs

Providing health and social care will inevitably become more expensive over the next 20 years. It seems there is a realisation by many that a culture of paying for healthcare may have to be accepted in order to sustain quality of care.

The question then of course is: what will be paid for and how much, who is going to pay for this - and how. A variety of opinions have been brought forward on this matter. Some felt health care should be free, others felt that those on higher incomes should be made to pay

proportionally more in the name of fairness; others felt it was unfair for people who worked and contributed social security all their lives to have to pay for healthcare.

Some found it difficult to give their opinion because the costs of specific options and services in Scenario 3 were not specified.

It is clear from the consultation that some options, such as allowing people to pay to get treatment earlier are disliked by many Jersey residents.

Responsibility

Strong views were expressed on the issue of who should be responsible for an individual's health. Divergent views emerged on this matter, often related to costs and payment of healthcare. Some feel that health is an individual's responsibility, and self inflicted harm due to, for example, bad habits should not become a collective responsibility. Others feel that it's not as clear cut as this, and individuals can't always take responsibility for their own health, and they feel wider contextual factors should be taken into account when assessing illness and health. There are those who say this is not just a matter for HSSD, and it should not be viewed in the narrow sense of illness and health, but also factor that could prevent illness and promote health should be considered. Any attempts at penalising people for bad health decisions are likely to be divisive in terms of public opinion.

Capacity

Some respondents have expressed their worries about the implementation of Scenario 3. Not just in terms of costs, but also in terms of capacity and coordination. Will there be enough skilled staff and training available in Jersey? Particularly the focus on self-care raises questions. Overall the concept of care in the community is valued. However, various concerns were raised towards the role of charities and what their professional role is and how this will be supported within this framework.

The consultation responses make it clear that respondents, although in principle in agreement with Scenario 3, feel that there are is still a lot of detail the States of Jersey would have to expand and consider in developing and implementing this option.

These details range from very practical issues about how certain services could be delivered to much more complex – sometimes ethical – questions around affordability and availability of health and social care. These will have to be addressed in some shape or form when considering the future of the health and social care framework for Jersey.

Next steps

The White Paper on Health and Social Services will be launched in the autumn of 2011.

Appendices

Appendix 1. Feedback mechanisms and outreach methods

Paper questionnaires

HSSD printed 3,500 copies of the Green Paper, which outlined some future scenarios for Health and Social Services. These were given to parish halls, posted to individuals who wanted them and were sent to charities, groups and organisations who requested them. Some GP surgeries also took copies of the Green Paper.

Online questionnaires

The Green Paper was also available online at www.gov.je so it was accessible to all Islanders. Islanders were then invited to give their views on the scenarios through an online questionnaire which was included in the Green Paper, or they could answer the same questionnaire online at www.gov.je.

A Freepost address was set up so that Islanders who responded to the paper based survey could return their forms easily without payment. Some Islanders, as shown in tables in this document, gave their views not only via the survey, but by letter or email. Telephone interviews were not undertaken as part of the consultation.

Public meetings

As part of the public engagement, Islanders were invited to events across the Island. Three public meetings were held during the consultation period. The venues and dates of the public meetings were:

- RJAHS, Trinity — Wed 22 June (7;30 pm – 9pm)
- Les Quennevais School, St Brelade — Wed 13 July (7:30 pm – 9pm)
- St Paul's Centre — Tues 02 August (12:45 pm - 13:30 pm)

Roadshows

Two more events were held as part of "roadshows" run by the Jersey Ambulance Service. These did not have a formal format, but instead, were an opportunity for HSSD "consultation champions" to speak to islanders about the consultation in 2 different parishes, and to hand out copies of the Green Paper. These events, both in the daytime, were held at:

- St Clement's parish hall
- Tuesday 21 June (11 am to 3 pm)

- St Lawrence parish hall
- Tuesday 9 August (11am to 3pm)

Consultation champions

In addition to meeting Islanders at these events, towards the end of the consultation, consultation champions from the senior management team at HSSD visited various groups, charities and organisations, and presented to them. The presentation given depended on the size of the group, and their needs and interest.

Again, this was an opportunity to give out copies of the Green Paper. The format of the meetings varied widely. A full list of such meetings is given at the end of this report.

Within HSSD, towards the end of the consultation, staff were invited to "coffee and cake" sessions where they could fill in a paper copy of the questionnaire within their work area, so the opportunity fitted into the working day. Two sessions were held at the Hospital, and one was held at the Overdale site.

LIST OF EVENTS FOR PUBLIC CONSULTATION GREEN PAPER FOR HEALTH AND SOCIAL SERVICES	
26 May:	Green Papers arrive from printers. 3,000 copies.
	Embargoed briefings held for Green Paper for staff and All States Members.
27 May:	Green Papers delivered to all parish halls. 50 per parish hall.
31 May:	Green Paper released. Media interviews done with all media. AP and JG. Andrew Hine from KPMG also gave media interviews.
16 June	"At A Glance" Green Paper signed off
	Reminder email about public meeting sent to all consultation register, and all staff.
17 June:	Advert in JEP
18 June:	Advert in JEP
20 June:	Advert in JEP
	Count of Green Papers done: 1,300 given out so far out of print run of 3,000
	Banners arrive for consultation
	Media release sent out re consultation meetings
21 June:	LJ and JLeF at St Clement's parish hall for drop in session. Green Papers given out.
22 June:	Public meeting – RJAHS
07 July:	James Le Feuvre met group of pharmacists to present Green Paper and discuss it.
08 July:	JEP advert for next public meeting
Sat 09 July:	JEP advert printed for next public meeting
	James le Feuvre spoke to members of Jersey Alzheimer's Assoc

11 July:	Banner placed in CLEM House and Green Papers also put in CLEM House
	JEP advert for next public meeting
	Engagement message to law firms and businesses sent out
	Email reminder sent out to consultation data base
	Met with Standing Conference of Women's Organisations in Jersey with Chief Nurse Rose Naylor and Medical Officer of Health, Dr Susan Turnbull
12 July:	**Jam**es Le Feuvre met with youth group at Maufant to fill in surveys.
13 July:	2nd public meeting, Les Quennevais School (approx 50 islanders attended, and Consultation Champions from HSSD)
14 July:	Focus group at Le Rocquier School (secondary school) with teacher Nina Rabaste (18 students). Students completed the online survey.
Mon 18 July:	Copies of Green Paper posted to the Island's clergy with covering letter from James Le Feuvre
Thurs 21 July:	Copies of Green Paper taken to HSSD's Dental Dept
	Copies of Green Paper sent to The Bridge to Trish Tumelty
	James Le F speaking to group of Mind people (evening)
Mon 25 July:	PM – Oakfield Industries Julie Garbutt and Anne Pryke with Lou Journeaux (7:30 PM) to meet MIND Jersey and Mencap for presentation.
Wed 27 July:	Public consultation database emailed
	GPs emailed via Gareth Hughes to raise awareness of the consultation
	All HSSD staff emailed to raise awareness of consultation
Friday 29 July:	50 copies of the Green Paper sent to Breathe Easy group – Mirium Prior
	Ward drop done around the Hospital of Green Papers
	10 copies given to the GP surgery Health Plus (plus 50 leaflets then 5 more Green Papers)
	Law firms/businesses emailed re upcoming public mtg
	JEP adverts start for public mtg
	5 copies of Green Paper sent to Abbeyfield Jersey Society, plus leaflets
02 August:	Public meeting, St Paul's – 70 people attended - lunchtime
	More Green Papers sent to Cleveland Surgery and St Clement parish hall
03 August:	JEP advert booked for Fri 5 Aug for end of consultation - £382
	Letters printed for nurses meeting tomorrow
	Email sent to staff at RBC, Ogier, Carey Olsen
	More copies of Green Paper taken to Outpatients
	More copies taken to Maison Le Pape (Social Services)
04 August:	75 copies of the Green Paper posted to Involve

	Rooms booked for staff presentations
09 August	Ambulance Roadshow drop-in session, St Lawrence – 11 am to 3 pm
	All consultees emailed regarding end of consultation
10 August:	Copies and box taken to ED staff room
11 August:	Julie Garbutt presented to dDeaf awareness group, facilitated by social worker for the dDeaf, Angela Goddard.
11 August:	Staff drop in session: All day in Room 5 – Education Centre
Tues 16 August:	Copies of Green Paper and leaflets sent up to St Peter's Co-op for shoppers to pick up
Wed 17 Aug:	Anne presenting to the Whiteley Association, a women's business lunch group
Thurs 18 Aug:	Staff drop in day at Overdale between 9 am and 2 pm
Mon 22 August:	Staff drop in session, Rm 1, education centre, FINAL session

Communication methods

- In order to raise awareness, the consultation was advertised using both internal and external communications methods.
- Within HSSD, all staff were sent regular email updates about the consultation, and regular updates were also given in the organisations' in-house magazine, Team Brief.
- The media were supportive of the consultation, and both the mainstream media in Jersey, (JEP, Channel TV, 103 Fm and BBC Jersey) and Gallery magazine and the parish magazines, were used as vehicles to communicate with Islanders about the consultation.
- Both editorial and paid-for advertising was used to ensure that Islanders were aware of the consultation. Particular focus was given to paid for advertising in the 3 weeks before the consultation ended and prior to public meetings.
- Pop up banners were used around HSSD sites and in public buildings to raise awareness about the consultation.
- Considerable use was made of the Public Consultation Register, which is held by the States of Jersey Communications Unit. This register contains the details (email addresses) of approx 500 Islanders who have agreed to be sent e copies of all consultations which the States of Jersey runs. Email updates were sent whenever there was a public meeting, and also towards the end of the consultation.

Communications tools – methods:
Pop up banners
Posters

JEP ads
Banner ad – Channel Online
Media releases/interviews/articles
Staff days
Staff emails
Team Brief magazine
Public meeting
Focus Groups with students/women's groups/charities/disabilities
Parish magazines

Appendix 2. Organisations, charities or voluntary groups

Some of the survey respondents that responded on behalf of an organisation have indicated which organisation they are from. These are listed in Table 8.

Table 8 List of organisations, charities or voluntary groups stated by survey respondents

After Breast Cancer Support Group
Autism Jersey
Carers Association General Hosp
Communicare Volunteer
Health and Social Services
Health and Social Services
Jersey Association of Carers Inc.
Jersey Citizens Advice Bureau
Jersey Heart Support Group
Jersey Homeless Outreach Group
Jersey hospital
Jersey society for the deaf and hard hearing (JSDHOH)
Member of the British Diabetic Association and Jersey Diabetic Association now known as Diabetes Jersey
Mind Jersey
Overdale
School
Social activities Forum, which encourages clients in elderly care settings to be involved in activities to encourage wellbeing in later life and runs workshops, training and education
States of Jersey
The Isis Centre

Table 9 Organisations who submitted emails and letters

Family Nursing and Home Care
Jersey Child Care Trust
Jersey Finance
Jersey Mencap
Speech and Language Therapy Service
The multiple sclerosis society of jersey
The Royal Pharmaceutical Society
The Small Practice Group and friends

Table 10 Organisations represented in public meetings and other meetings

Causeway
dDeaf Awareness Group
Family Nursing and Homecare (FNHC)
Inner Wheel Club of Jersey
Jersey College for Girls Old Girls Assoc
Jersey Women's Refuge
The Girls' Brigade
The Methodist Network
The Trefoil Guild
The Women's Institute

Appendix 3. Open survey questions: Collation themes

Many respondents have taken the opportunity to submit comments in the open questions of the survey. These comments have been analysed and collated to identify themes. The categories have allowed us to see where the balance of opinion sits amongst those who responded and to uncover the bigger picture. We refrained from interpreting unclear responses.

The following categories have been used for collation:

Comments related directly to one of the scenarios:

- Scenario 3 preferred

- Scenario 3 preferred with caveats
- Prefer Scenario 1 and/or 2
- Scenario 1 unacceptable/unviable
- Scenario 2 unacceptable/unviable
- Scenario 3 unacceptable/unviable
- Other alternatives needed
- Keep it as it is

Comments related to specific themes:

- Health: whose responsibility?
- Prevention and education
- Paying for healthcare
- Specific policy suggestion
- International examples
- General and value based comments
- Comments on the consultation and Green Paper
- Comments regarding specific survey questions

Appendix 4. Closed survey questions: Results

Listed below are the results for the closed survey questions (excluding the "about the respondent" data, which is already included in paragraph 3.2. Please note the percentages in the tables are rounded off.

Q1 Looking ahead in to the future, how important will it be for you personally that you can have a wide range of health and social care services delivered here in the Island?

Q1	Count	Percentage
Very important	1068	81%
Fairly important	205	16%
Not very important	28	2%
Not important at all	5	0%
Don't know	1	0%
Skipped question	5	0%
Grand Total	1312	100%

Q2 Looking ahead in to the future, how important will it be for you that health and social care services are free, or affordable and available to all?

Q2	Count	Percentage
Very important	1076	82%
Fairly important	208	16%
Not very important	19	1%
Not important at all	2	0%
Don't know	3	0%
Skipped question	4	0%
Grand Total	1312	100%

The cost of providing health and social care services will increase in the future, not least due to the ageing population. How much do you agree or disagree with the three scenarios presented in the Green Paper?

Q3a Scenario 1: "Business as Usual" - We should keep the same structure for providing services as we have today, and significantly increase spending so that services can be provided to meet growing demand.

Q3A	Count	Percentage
Strongly agree	153	12%
Slightly agree	209	16%
Slightly disagree	354	27%
Strongly disagree	340	26%
Don't know	25	2%
Skipped question	231	18%
Grand Total	1312	100%

Q3b Scenario 2: "A small increase in funding" - We should keep funding almost the same, provide what services we can within this budget and accept that many services will be subject to restriction or may no longer be available free.

Q3B	Count	Percentage
Strongly agree	76	6%
Slightly agree	192	15%
Slightly disagree	372	28%
Strongly disagree	405	31%
Don't know	23	2%
Skipped question	244	19%
Grand Total	1312	100%

Q3c Scenario 3: "A new model for health and social care" - We should change the way services are provided, so patients see the right health or social care professional at the right time and in the right place. Changes will affect the way that health and social care works in the island; there will be some cost increases (but less than in scenario 1).

Q3c	Count	Percentage
Strongly agree	870	66%
Slightly agree	267	20%
Slightly disagree	33	3%
Strongly disagree	35	3%
Don't know	22	2%
Skipped question	85	6%
Grand Total	1312	100%

Q4 Please add any comments you have on these three options. Why did you rate them in the way you did? Are any options unacceptable to you? Are there challenges with any of these options we might not have considered? OPEN QUESTION, NO PERCENTAGES.

Q5 In the future, people in Jersey should have a responsibility to care for themselves provided they have been informed how to.

Q5	Count	Percentage
Strongly agree	312	24%
Agree	640	49%
Disagree	176	13%
Strongly disagree	72	5%
Don't know	30	2%
Skipped question	82	6%
Grand Total	1312	100%

Q6 If I had to pay, I would be less likely to visit A and E with a minor condition and more likely to go to my GP.

Q6	Count	Percentage
Strongly agree	427	33%
Agree	438	33%
Disagree	198	15%
Strongly disagree	80	6%
Don't know	73	6%
Skipped question	96	7%
Grand Total	1312	100%

Q7 Instead of going to a hospital doctor or GP, I would be happy to be seen by a nurse, a pharmacist or other care professional, if appropriate, for minor procedures such as measuring blood pressure or monitoring my diabetes.

Q7	Count	Percentage
Strongly agree	803	61%
Agree	380	29%
Disagree	30	2%
Strongly disagree	18	1%
Don't know	7	1%
Skipped question	74	6%
Grand Total	**1312**	**100%**

Q8 I would pay to wait a shorter time for a hospital appointment

Q8	Count	Percentage
Strongly agree	167	13%
Agree	378	29%
Disagree	374	29%
Strongly disagree	222	17%
Don't know	91	7%
(blank)	80	6%
Grand Total	**1312**	**100%**

Q9 People should be able to live in their own home for as long as possible, providing they have the right health and social care support from the States of Jersey, the third sector and parishes.

Q9	Count	Percentage
Strongly agree	890	68%
Agree	322	25%
Disagree	15	1%
Strongly disagree	5	0%
Don't know	11	1%
Skipped question	69	5%
Grand Total	**1312**	**100%**

Q10 I would be happy to travel off-island to receive some treatments and services

Q10	Count	Percentage
Strongly agree	346	26%
Agree	619	47%
Disagree	140	11%

Strongly disagree	78	6%
Don't know	58	4%
Skipped question	71	5%
Grand Total	1312	100%

Q11 People who choose not to look after their own health should have to wait longer for services

Q11	Count	Percentage
Strongly agree	181	14%
Agree	379	29%
Disagree	406	31%
Strongly disagree	168	13%
Don't know	104	8%
Skipped question	74	6%
Grand Total	1312	100%

Extra Q on paper survey People who choose not to look after their health should pay more for services

Extra Q	Count	Percentage
Strongly agree	89	7%
Agree	162	12%
Disagree	155	12%
Strongly disagree	92	7%
Don't know	46	4%
Skipped question	768	59%
Grand Total	1312	100%

Q12 I think the States should pay as much attention to the mental health of Islanders as it does to their physical health

Q12	Count	Percentage
Strongly agree	684	52%
Agree	492	38%
Disagree	36	3%
Strongly disagree	6	0%
Don't know	20	2%
Skipped question	74	6%
Grand Total	1312	100%

Q13 The States should ensure that preventing ill health is as important as curing ill health

Q13	Count	Percentage
Agree	395	30%
Disagree	35	3%
Don't know	10	1%
Strongly agree	792	60%
Strongly disagree	8	1%
(blank)	72	5%
Grand Total	1312	100%

Q14 I support increased investment giving disadvantaged children and younger people access to more health and social care services so as to improve their health and wellbeing in later life

Q14	Count	Percentage
Strongly agree	459	35%
Agree	598	46%
Disagree	95	7%
Strongly disagree	18	1%
Don't know	61	5%
Skipped question	81	6%
Grand Total	1312	100%

Q15 If resources are limited in the future, should the amount of free care available for each person be capped and they be required to pay for any further care themselves?

Q15	Count	Percentage
Strongly agree	87	7%
Agree	276	21%
Disagree	447	34%
Strongly disagree	307	23%
Don't know	113	9%
Skipped question	82	6%
Grand Total	1312	100%

Q16 Are there any remaining comments that you would like to make about how health and social care services in Jersey should be provided for the future? Please use the space below. OPEN QUESTION