STATEMENT TO BE MADE BY THE MINISTER FOR HEALTH AND SOCIAL SERVICES ON TUESDAY 17TH JANUARY 2017

At the start of a New Year, I'm pleased to be able to make a Policy Statement on patient travel and organ donation.

Living in Jersey means we have many advantages.

However, a less welcome aspect is that being a small Island with a relatively small population it is not always viable or safe for the Health and Social Services department to provide all the services here in Jersey. Nor is it always appropriate or feasible to deliver some complex surgery and/or treatments on-Island.

There will always be cases where Islanders need to travel to the UK to access certain specialist treatments that are not available here. In 2016, HSSD referred nearly 1,600 patients to the UK for specialist treatment or care that could not be delivered in Jersey.

In support of those referrals, my department's travel office made over 5,000 bookings on behalf of patients, securing the necessary flight transfers for them and, where appropriate, their escorts. Currently, access to public funding for such travel is means tested – depending on gross household income.

Different eligibility levels apply depending on whether the patient is single or part of a couple, and whether they have children. In summary, if they are a single person with no children, they can receive assistance with travel costs if their income is less than £39,000; if they are a couple with two children, then they receive assistance with travel costs if their household income is up to £92,000.

The practical impact of this policy is that approaching 90 per cent of patients already receive free or subsidised travel.

I have always felt somewhat uncomfortable about this approach – where travel is linked to essential healthcare – healthcare which in many cases is life-changing or life extending.

I've been particularly struck by approaches I have received from parents of children who have had to travel regularly with their sick young child for regular treatment in the UK, often leaving siblings at home. They do not receive any contribution from the department towards their travel costs because the family is over the income limit – often only just over.

Furthermore, the number of trips made by islanders is falling as more procedures are provided here in Jersey.

Regular reviews of policies are undertaken by my department. In reviewing this policy we looked at sharing the financial costs more equitably – but doing so would have meant some people who do not pay now would have had to pay in the future. It also would have made the administration of the policy more complex.

Our current arrangements costs around £40k in staff costs to recover £50k in income.

I do not see this as a good use of resources.

It is important to note that while we are removing means testing from travel calculations, other elements of the policy remain in place, for example, around the eligibility of funded escorts to accompany patients.

We will continue to closely monitor the number of off-island visits and will seek to reduce them further – particularly follow-up appointments – when it is sensible and safe to do so and to avoid the requirement for overnight accommodation so far as possible.

By requiring all travel to be booked through the specialist staff in the patient travel office, the department can continue to obtain the best rates with suppliers for such travel and ensure that best value is obtained for all taxpayers.

New accommodation arrangements for Southampton overnight stays

Many of the bookings made by my department's travel office staff involve patients flying to and from Southampton for hospital appointments and treatment. I'm pleased to be able to tell members that new accommodation arrangements are now in place for those who have to stay overnight – usually many nights – for their treatment.

This move is in response to feedback from patients who stated their preference for a more homely alternative to the previous lengthy hotel stay. Rooms in five serviced apartments are now available for Islanders who need accommodation while they are receiving treatment at Southampton General hospital.

Around 170 people from Jersey were referred to Southampton last year, the majority for radiotherapy treatment for cancer involving the need to spend four to six weeks away from the Island. The apartments are in the Ocean Village Marina complex and have kitchen facilities, communal areas, freeview TV and wifi.

Ocean Village itself has a range of facilities including restaurants and retail outlets.

The new facilities have been visited and welcomed by the Chairman of the Jersey Cancer Trust.

Organ Donation

Organ donation has received much publicity recently.

Perhaps one of the most important initiatives in regard to organ donation has been in Wales. In December 2015, Wales moved to a system of presumed consent - in other words, it is effectively assumed you will donate your organs unless you actively opt otherwise.

Elsewhere in the UK, the system remains one where you sign up to the organ donation register in advance if you wish to donate your organs.

In response to questions in this Assembly about the Welsh initiative, I have previously stated that Jersey, like other jurisdictions, was adopting a 'watch and learn approach'.

The Scottish government has just embarked on a 14-week consultation exercise to ask its citizens for their views on organ and tissue donation, including the introduction of a system akin to the Welsh model.

Personally, I support a change in approach in Jersey.

However, I need to be sure that a majority of islanders agree with me.

While most of the voices I've heard are supportive of change, I am aware that some doubters may feel reluctant to express their reservations – after all the number of people in Jersey registered as organ donors is around 12% compared to a UK average of around 36%.

To gauge Islanders' views on this issue I have agreed that my officers will work with the States Statistics Unit to produce a short questionnaire on the issue of organ donation. This way, a representative sample of Islanders will be invited for their views on the broad issues surrounding organ donation. I'm hoping that this work, including the results, will be completed by early summer.

If Islanders' responses indicate a positive approach to change then I will bring a Proposition to the assembly for a new approach based around the concept of presumed consent, with, of course, the appropriate safeguards for those who wish to opt out.

In the meantime, I would continue to encourage Islanders to sign up to the organ donation register at <u>www.organdonation.nhs.uk</u>

I am convinced that we can achieve a significant increase in Jersey's number of registered donors through greater publicity, awareness and education around the issues involved, and by making sure that people have the conversation about donating with their families while they are still fit and well – it's far too late and entirely unrealistic to leave this until the emotive aftermath of a potentially fatal accident.

While the number of Islanders on the register is lower than on the mainland, we can take solace from the fact that in terms of organs donated by Islanders we are making a fair contribution. In the last six months, Jersey has referred four possible donors to the UK team – one was suitable and several of their organs were used successfully.

Recently we have undertaken the first corneal transplants locally with donor material sourced from the UK and US. We are also looking at the prospects for providing donor tissue.

Losing a loved one can be a traumatic experience, but for many people the knowledge that organ donation is saving and transforming the lives of others can provide some comfort at a time of loss.

I'm hoping that the very fact that I'm raising this issue today, could mean that more families have conversations around the issue and that people's wishes are therefore more likely to be known and acted upon – whatever system is ultimately in place around organ donation.