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Brexit Review Panel

Brexit Readiness

Witness: The Minister for Health and Social Services

Monday, 4th February 2019

Panel:

Deputy K.F. Morel of St. Lawrence (Chairman)

Deputy D. Johnson of St. Mary (Vice-Chairman)

Senator S.C. Ferguson

Connétable M.K. Jackson of St. Brelade

Deputy M.R. Higgins of St. Helier

Deputy R.J. Ward of St. Helier

Witnesses:

The Minister for Health and Social Services

Chief Pharmacist

Group Managing Director

Deputy Director of Operations

[15:06]

Deputy K.F. Morel of St. Lawrence (Chairman):

Thank you, Minister, for coming along to meet the Brexit Review Panel.

The Minister for Health and Social Services:

Pleased to do so.

Deputy K.F. Morel:

Today we are almost all here but not quite. But as a review panel we are not restricted in size so we try to keep as many chairmen of the existing Scrutiny Panels on this and we also have Deputy Higgins and Deputy Johnson as 2 actual Members. But yes, we are here to kind of discuss and explore the preparations for Brexit taking place in the Health and Social Services Department, and from that perspective it is about exploring and trying to understand what you are doing and where you are up to. But before we get started we will just go round the table, if you do not mind, just to kind of introduce ourselves and we will start with Deputy Johnson.

Deputy D. Johnson of St. Mary (Vice-Chairman):

David Johnson, Deputy of St. Mary, vice-chairman of this panel.

Deputy R.J. Ward of St. Helier:

Robert Ward, Deputy of St. Helier and chair of the Home Affairs Scrutiny Panel which was the main link with this one.

Deputy K.F. Morel:

Kirsten Morel, Deputy of St. Lawrence and chair of the Economic Affairs Scrutiny Panel as well as this panel.

Deputy M.R. Higgins of St. Helier:

Deputy Mike Higgins, I am a St. Helier's 3 and 4 Deputy.

Connétable M.K. Jackson of St. Brelade:

Mike Jackson, Constable of St. Brelade and the chair of the Environment, Housing and Infrastructure Scrutiny Panel.

Senator S.C. Ferguson:

Senator Sarah Ferguson, chairman of the Public Accounts Committee.

Chief Pharmacist:

Paul McCabe, chief pharmacist at Health and Community Services.

The Minister for Health and Social Services:

Deputy Richard Renouf, Health and Community Services.

Group Managing Director:

Rob Sainsbury, group managing director for the Health and Community Services.

Deputy Director of Operations:

Gary Kynman, deputy director of operations at Health and Community Services.

Deputy K.F. Morel:

Thank you very much. We are limited in time so we will try to get through everything. We will start with the very general. How prepared would you say your department is at the moment for Brexit, and for the different types of Brexit, so not just a planned Brexit but also a no deal Brexit?

The Minister for Health and Social Services:

Yes, I think our department, and the States departments generally, have started in good time with thinking ahead and preparing themselves. I believe our Department of Health and Community Services has been heavily involved in planning for all sorts of contingencies.

Deputy K.F. Morel:

From a public engagement perspective, have you been out there speaking to the public to let them know or has it been very much internal so far?

The Minister for Health and Social Services:

I am not sure. I do not think there has been engagement with the public about our contingency plans but it has been with our partners; it has been with G.P.s (General Practitioners) and community pharmacists, it has been with Guernsey and the U.K. (United Kingdom), various government departments in the U.K. and of course our own External Relations Department.

The Connétable of St. Brelade:

Has there been much feedback from the local G.P.s?

The Minister for Health and Social Services:

No. My understanding is that they are content with contingencies that have been put in place. I myself have had no contact, you would need to ask, perhaps Mr. Sainsbury.

The Connétable of St. Brelade:

Is that the case?

Group Managing Director:

We have had some individual queries around very specific cases, particularly in relation to supply of medications. We have had one direct query from a G.P. which was then raised and that came to the Minister. The G.P. representative who we interface with is Dr. Nigel Minihane and we have not had any formal escalation or any formal concerns raised by the primary care body. Our chief

pharmacist talks regularly to G.P.s and to that body and we have lots of regular meetings with them generally.

Senator S.C. Ferguson:
Have you had any sort of comments or enquiries from patient groups and the public?

Group Managing Director:
No, not directly, not with a group representative as such. There is not a specific group and we have not had anything raised. We have had some individual queries, again, that is usually related to the supply of specific drugs which have gone straight to pharmacies but no specific groups have raised direct queries with the department.

The Connétable of St. Brelade:
As we are entering the realms of discussions with the medical profession, can I ask a general point as to what consultation has there been with medical professionals and also pharmaceutical professionals to ensure that all necessary medicine supplies are, and will be, available?

Chief Pharmacist:
So I have spoken to pharmacists to outline the plans. Essentially they are working very closely with the D.H.S.C. (Department of Health and Social Care), the Department of Health in the U.K. As you are probably aware, they have arranged with pharmaceutical manufacturers to stockpile an additional 6 weeks of medicines to provide resilience in the supply chain. We are part of the U.K. supply chain and we are able to access those stockpiles in the same way that any hospital or community pharmacy would do in the U.K. So, we are assured that our U.K. colleagues have included it in their plans and I have communicated that to community pharmacists.

The Connétable of St. Brelade:
Can I get back to the specific point of identifying what the needs of the G.P.s and pharmacists are here? I have had hearsay comments that drug A may not be available and I have also heard comment, only over the weekend, that some pharmacists are trying to restrict the issue of prescriptions for more than one at a time on the basis that the G.P.s themselves might be coaching their own patients to stockpile. Is there a conflict there; what is the chain of command as between the medical and pharmaceutical professions and yourselves?

Chief Pharmacist:
I was not aware of anything about restriction in supply. I think the first thing is there has been a lot of publicity around supply problems and supply chain of medicines not being available generally. I think the important thing to say is that is not related to Brexit. These things happen all the time and

they are related to all sorts of things such as restrictions and availability abroad of agreements to make the product or manufacturing plant problems. So there are always ongoing supply problems with medicines, I think, because there has been a spotlight shone on medicines at the minute because it has been linked to Brexit. That is not the case. Indeed the Royal Pharmaceutical Society has said that is not the case. So I think the supply problems that we have at the minute around certain medicines is not related to Brexit and we will simply manage in the normal way. Pharmacists are very good at working with G.P. colleagues and with patients who are sourcing alternative medicines if that is the way to go.

The Connétable of St. Brelade:

Good. I well take the point that there are always supply issues. So if one were to go to the G.P. who has a particular problem with what he perceives as being a lack of availability of this product, is there a special route he would need to go through rather than just firing off an individual complaint to yourself?

Chief Pharmacist:

Normally I would expect the G.P.s or community pharmacists having specific supply problems would link in with Social Security colleagues who obviously reimburse on the supply of the medicines of primary care, and certainly community pharmacists would … we have a sort of cascade around community pharmacists so we would share information if there are problems with medicines.

[15:15]

I have not been made aware of any specific problems. No one has knocked on my door and said there is an issue over and above the normal supply problems we have had from time to time.

The Connétable of St. Brelade:

The final question on this area; is there a formal link between the profession of the G.P.s on the one hand and the pharmacists on the other so they can put a united approach in to you?

Chief Pharmacist:

There is a body called the Pharmaceutical Benefit Advisory Committee, which is a committee that consists of G.P.s and community pharmacists and myself and other colleagues from Social Security. That body looks at which medicines are available to G.P.s to prescribe and any major issues can be brought through that body and through the prescribing adviser at Social Security who liaises closely with the G.P.s and pharmacies on those areas.

The Connétable of St. Brelade:

So there is a recognised group people should call, yes. Moving on. Generally, I hate to use the word but are essential medicine supplies being stockpiled either by yourselves, or by individual pharmacies, or jointly, or under some agreement?

Chief Pharmacist:

The advice is not to stockpile medicines as that would compromise the integrity of the current supply chain and would make current shortages worse. The U.K. Government has obviously liaised with the pharmaceutical industry and has done a line-by-line analysis of stock availability within the U.K. Most of the manufacturers have been asked to increase stock they hold over and above their current or normal levels for an additional 6 weeks. So, the D.H.S.C. has had a lot of time working with the pharmaceutical industry and manufacturers on a line-by-line basis and seeking assurances that there is that additional resilience in the U.K. supply chain. So we are assured that they have done that and we have had confirmation from them that they have had assurances from the pharmaceutical industry that that has happened. We have had assurances that, because we are part of the U.K. supply chain, those medicines will be fed in as needed so then we would be able to access them in the same way. So, with those assurances, there has been no need to hold additional stock over and above what you would normally hold.

The Minister for Health and Social Services:

Can I add that the hospital pharmacy also has a certain amount of resilience and can just keep stocks on a day-to-day basis, but being an island and taking account of winter pressures, the hospital pharmacy would normally have a certain amount of stock for usual and understandable reasons.

Chief Pharmacist:

That is right, we tend to carry more stock than a U.K. hospital, for example, would do because of what we will encounter.

Deputy M.R. Higgins:

Can you give us an indication of your top 20 per cent of medicines, or, in the case of equipment, the type of spares that you would normally want to have? In other words, we know that some things are more critical than others; what are the top 20 per cent in both pharmaceuticals and also in terms of whether it be scanner spares or whatever?

Chief Pharmacist:

In terms of?

Deputy M.R. Higgins:

Well, talking about the other side as in the scanners and other equipment, what spares? You could start us off with pharmaceuticals.

The Chief Pharmacist:

The normal supply chain means that all pharmacies on the Island get daily deliveries of medicines from the U.K. wholesale distribution network. They might use their stocks very well so they minimise stock-outs. We routinely carry about 4 to 5 weeks stock of medicines at the hospital which is probably double what a U.K. hospital would carry given that U.K. hospitals get twice daily deliveries and obviously if freight is disrupted …

The Connétable of St. Brelade:

Are these flown in?

Chief Pharmacist:

No. Some of the medicines are flown in. Temperature sensitive medicine is definitely flown in because we do not want problems with them around the docks. Most medicines are brought in on the boat from Portsmouth and it is the legal responsibility of the supplier to deliver to the door because they have to validate the supply route and do temperature mapping and all sorts of things to guarantee that when the medicines reach us and they are of the appropriate quality.

The Connétable of St. Brelade:

Just picking up from that, has any contingency been made for transport disruptions that arise?

Chief Pharmacist:

That was one of the things we obviously considered although we have had assurances that they do not anticipate any transport disruptions, therefore medicines would still be delivered. So we are working on that premise.

The Connétable of St. Brelade:

Thank you.

Deputy M.R. Higgins:

Just going back to my point. I was asking for the top 20 per cent of items because although you have a large medical stock, not all of them are required all the time. Some will be used very infrequently, some will be used a great deal, and they are the ones that I want to know what contingency you have got in that area.

Chief Pharmacist:

So, we have done a piece of work looking at the most frequently prescribed medicines and the top 200 medicines account for approximately 90 per cent of our medicines use. So we have looked at those specifically; those are medicines that have been stockpiled in the U.K. as part of the 6-week contingency so we are assured that there will be sufficient supplies in the supply chain to cover off.

Deputy M.R. Higgins:

Okay. This is obviously the greater concern. What about on spares for scanners or other equipment you have got in the hospital; what contingency have you made for those spares?

Group Managing Director:

So I will pick that up. Obviously it is not just medicines that we have been looking at on supply, we always have a high volume of medical and surgical supplies as well. It is a very similar context, we hold up to 6 weeks' supply anyway. The same arrangement is in place around that stock so we are part of the U.K. supply chain and we have had assurances around volume of stock required for that as well. Gary has been working hard on the equipment component.

Deputy Director of Operations:

On the equipment we have we have gone through all of that so all the frequently used spare parts and that sort of thing, we have checked our stock loads and we will enhance those during the winter months anyway because invariably with the weather and supply chain changes, et cetera. So, whether it be the medicines or supplies or equipment we work to the same premise. Naturally there are some things you just cannot plan for, et cetera, but it is fair to say, with the assurances that we have received over the transportation links, then we are hoping obviously that it will not be necessary or we will be able to get an item to the Island as quick as we possibly could.

The Connétable of St. Brelade:

Can I just go back to the medical equipment for a moment? As compared to medicines, traditionally has there ever been … with some medicines there is a short supply from to time. Have you ever had that sort of problem with component parts for scanners or is it always readily available?

Deputy Director of Operations:

Generally through your native supply chain because they are so well stocked themselves within their own warehouses. Invariably we do not really have related problems, it is only if there is something very unique and very highly specific but I am struggling to think of an example for you.

The Connétable of St. Brelade:

So any concerns we have on the medicines that are not necessarily replicated on the …

Deputy Director of Operations:
I think the risk would be less.

The Connétable of St. Brelade:
Okay.

The Minister for Health and Social Services:
Mr. Kynman has also told me that where equipment can be due for service those services are being brought forward to make sure that all our equipment that is serviceable is in good state and service to allow for any risks that Brexit might bring.

Deputy R.J. Ward:
Okay, the next one is from me. Given that we have mentioned the reliance within our relationship with the N.H.S. (National Health Service) and the U.K. supply chain, will that relationship be altered as a result of a no-deal scenario?

Chief Pharmacist:
With regard to medicines, no, it will not be. Although medicines are licensed on a European-wide basis at the minute, the U.K. Medicines Regulator is going to grandparent all those medicines into U.K. licensing arrangements so there should be no change in our relationship with the U.K. regarding sourcing medicines or supplies of medicines as a consequence of a no deal or day one Brexit.

Deputy R.J. Ward:
If that no deal goes on longer than expected or something is not signed, have we got contingency plans for that? I mean will we be a priority in that supply chain, I suppose the question is?

Chief Pharmacist:
With regard to medicines, the U.K. have already stated that it is going to prioritise medicines almost over and above everything else as far as getting them into the U.K. So, we anticipate that will become part of that arrangement and we do not anticipate any additional risks over and above those that the U.K. itself would see.

Deputy K.F. Morel:
On the flipside of that, if Brexit does not happen or Article 50 is extended for another 18 months until 2020, how does that impact the plans that you have made? Is it just the case that they work down the stockpiles or do you stay at a kind of level of readiness? Not just you obviously, sorry.

Chief Pharmacist:

Yes. I mean obviously you do not want to have more stock than you need to but you have to make sure you have covered off all the risk. So, I think if there is an extra transition period or if it is called off or what have you, we would have to look at the stock order we have and whether we maintain it or whether we let it drop back to the sort of summer levels and then bring it back up again as we needed to. We would obviously take that view of assessment as and when we know what is going to happen.

The Connétable of St. Brelade:

Clearly a lot of medicines have a time expiry and there is, I would imagine, a question of mitigation of risk and cost. What is the normal length of life, is it annual or I mean at what point do you have to throw them away, is, I suppose, the question that I am asking?

Chief Pharmacist:

Yes. I mean the shelf life of a medicine probably depends on the medicine. Normally for a tablet or capsule it is usually at least 2 years but can be up to 7 years from the time of manufacture. There are very few medicines which have a really short shelf life, certainly very few that have less than 12 months.

Deputy K.F. Morel:

Senator, do you want to ask the next question?

Senator S.C. Ferguson:

Sorry, I thought we were still …

Deputy K.F. Morel:

No, I do not think so but anyway.

Senator S.C. Ferguson:

All right. Yes. Can you give us a figure regarding how much Health and Social Services' no deal preparations have so far cost the taxpayer?

The Minister for Health and Social Services:

Does anyone know that?

Group Managing Director:

I could quickly add it up.

Deputy M.R. Higgins:

While you are looking can I ask you another question? Maybe the others can answer it. There has been a great deal of fear about Brexit, a lot of sort of scaremongering in one sense. Do you foresee any problems from a no-deal Brexit or from Brexit? You say you have got contingency plans; are you expecting any difficulties?

The Minister for Health and Social Services:

Well, I think you have got to plan reasonably for contingencies but I do not think … you are talking about fear. I do not think we would need to plan for hysteria.

Deputy M.R. Higgins:

I am talking about … well there is hysteria in terms of the media on quite a number of these things and if you have got your contingency plans, do you foresee any problems with meeting the needs of the hospital in terms of medical spares or anything else? So, the message you have given us so far is you appear to be ready for it so therefore the public should be reassured by that.

Group Managing Director:

Yes, I would say so. I mean the biggest risk we have identified is our supply chain vulnerability. There are other components of a day one Brexit no deal which could impact significantly on parts of the U.K. health system which is under pressure. That is not quite a day one no deal pressure that we are anticipating but an example of that could be we obviously have an arrangement with tertiary care pathways whereby we use N.H.S. providers. In the event of there becoming more pressure within an N.H.S. context, that could mean that we have to seek alternative provision arrangements but that is very much unknown at this moment and that really is a longer term progression of what Brexit means from a U.K. context. We do not envisage that would be a problem for us on day one. But we know that the U.K. are suffering around staffing roles to sustain. We are, again, not quite in the same position. We do not have as much reliance on temporary workforce in most of our services but we know that does present difficulties within the N.H.S.

Deputy M.R. Higgins:

Okay, thank you.

Deputy K.F. Morel:

To go back to Senator Ferguson's question.

Group Managing Director:

Yes. It is under £100,000 thus far in terms of our expenditure. I would not really class that as an additional expense so far because it is really around bringing forward costs that we would have

already incurred anyway. So it is not really anything over and above at the moment, it would just be part of our normal budgeting.

Senator S.C. Ferguson:
So you will be obviously confirming after Brexit, whenever it appears, what the total cost of it has been?

Group Managing Director:
Yes.

Senator S.C. Ferguson:
Is the money, that £100,000 or however much else you need, being sourced from the contingency fund or are you doing this out of your own budget?

Group Managing Director:
Thus far it has been in our own adjusted within the department because it is expenditure that we would make already. We have been linking in with the Treasury in the event that we would need additional stock or supply or expenditure and there is funding that would be made available because we have not needed to be in that position thus far; we have not had any additional expenditure. So, thus far, it is costs from within the department but it is costs we would have incurred anyway.

Senator S.C. Ferguson:
Yes. Are you finding that prices have been padded because of the so-called urgency of the situation?

Chief Pharmacist:
I think not yet. I think from our point of view we have contracts in place through N.H.S. Commercial Medicines Unit so those prices are fixed. I think there is a risk that if there are supply shortages in any market, because it comes down to supply and demand, that the prices of some medicines could rise as a consequence, I think, particularly as the U.K. prices are very cheap anyway for a lot of medicines.

Senator S.C. Ferguson:
For actual sort of operations and things like that, have you been obviously building up your contacts with France and so on in case there are any problems with connecting with the U.K.?

Group Managing Director:

We have been having discussions with both the U.K. and France around emergency contingency, around emergency pathways for things like operations. All of our routes point towards the U.K. and at the moment there is no indication that we would need to change that in any way.

[15:30]

In the event that there was disruption to U.K. capacity available then we could approach partners within the E.U. (European Union) or private providers within the U.K. as well. So that option is available to us but we do not really envisage disruption to surgery at this stage.

Senator S.C. Ferguson:
So you have not been having any talks with …

Group Managing Director:
Not around scheduled routine operations in France, no.

Deputy M.R. Higgins:
Could I ask you, just following on on this idea of operations and treatment; obviously there are quite a number of people who leave the Island and get treatment in the U.K.? Can you give us a reassurance that they will still be getting their treatment and they can expect things as they are at the present time?

Group Managing Director:
Yes. We have had those reassurances. We use quite a number of different providers in the U.K., around half a dozen, and our patients are prioritised according to their need. We do not have any reason to believe that that would be disrupted at this stage. The only context where you could see disruption would be if the N.H.S. itself came under a huge amount of pressure with some unrelated Brexit. Again, we do not envisage that to be a day one scenario, it could be further down the line and probably relates to whether or not there is a huge volume of expats returning to access care in the U.K. But that does give us a chance to then think about alternative arrangements. So this would not really be a day one scenario that we would be doing anything around.

Deputy Director of Operations:
I think the other important point in there is should the N.H.S. run into problems then our priorities would be to ensure that emergency and urgent cases take priority over elective. Elective can come back because technically that is not life threatening, et cetera. So we would simply look towards restratifying it ourselves.

Deputy R.J. Ward:

I think that follows on to what I was going to ask, partly, about are you placing any focus on any particular elements of our health concerns as part of the preparation for a no-deal Brexit and the pressures that will add in particular areas. I am thinking as well about expats coming through, that might put pressure on particular areas of treatment which may be quite urgent.

Group Managing Director:

We are not really anticipating a disruption in specific patient groups. There are groups that we obviously would prioritise, so whether high volume of our activity is around patients who have multiple health problems and also are of an older demographic. But we are not really needing to adjust our pathways as such around that activity. We do quite well in terms of our capacity at the moment on Island so we do not have cancellations of our activity as a result of say, bed shortages. We generally have some spare capacity that we can manage those groups if we see pressure.

Deputy R.J. Ward:

Okay, and should there be a real disruption to the supply chain, can you see a way of developing alternative supply chains and what sort of timescale would you … is that something you could do quickly or is that something you should be setting up now? It is somewhat worst-case scenario.

Chief Pharmacist:

We have got colleagues in Transport and they have been working with that. We do have the option, in the worst-case scenario, to call on military assistance to have alternative routes into the Channel Islands. So, those discussions have already taken place, as I understand it.

Group Managing Director:

In terms of an actual alternative supply, we benefit greatly from the N.H.S. supply chain because of the element of discount that we get around that. We are not in the position at the moment where we would explore any alternative arrangements to that, we have had long-standing arrangements with that supply chain, we would envisage that continuing in the future and we would want to be part of any U.K. contingency if that was to change, in all honesty, because our flow of supplies really is aligned to the N.H.S. in that way.

Deputy R.J. Ward:

Okay, so we are sort of reliant upon, if there is a supply problem in the U.K. the U.K. would fix that and we would be a part of that.

Group Managing Director:

We would be part of that.

Chief Pharmacist:

Yes, and they have assured us that we are not going to be disadvantaged in any way, shape or form compared with any other hospital or trust or pharmacy in the U.K., we will have equal access to medicines.

The Minister for Health and Social Services:

I would foresee it is very difficult for a population of 100,000 to set up a supply chain directly with a German pharmaceutical company because how many packets of a certain medication would you require for perhaps half a dozen people in Jersey who might be taking that medication in some cases? That is difficult, is it not? So, we really need the volume that comes from the N.H.S.

Deputy R.J. Ward:

Yes. So there is a practicality in keeping the structure that already works.

The Minister for Health and Social Services:

Yes.

The Connétable of St. Brelade:

Just to lead on from Rob's point, I mean if we are not wholly dependent on the N.H.S. but part of their overall scheme there is no danger, I take it, that we will be put further down the pecking order because we are non-U.K. taxpayers, shall we say?

Chief Pharmacist:

None whatsoever. The assurance I have had is that we will not be disadvantaged at all. The medicines that are being stockpiled in the U.K. are to be fed into the normal supply channels if needed. We will have equal access to those normal supply channels as any other provider so we do not anticipate any issues there at all.

The Minister for Health and Social Services:

From correspondence I have read and the briefings, my understanding is that the U.K. Government departments have a good understanding of the needs of Jersey and Guernsey.

Group Managing Director:

We speak with the U.K. Department of Health every week and we have been working with them now for the last year around our supply and demand requirements. They have every detail around our drugs, around our supplies of medical and surgical stock. The supply chain is a very fast sensitive system so the requirements for us in Jersey and our colleagues in Guernsey, and a small hospital

in the south-west, they are very well known. They are specific to those providers, they are not in a sort of catch anything scenario. It is down to our organisation and there is no risk of that not continuing.

Deputy R.J. Ward:

Can I just ask, some of those needs are quite consistent, are they, at the time in Jersey? The sort of demographic of need for medicine is quite ongoing so they will be quite consistent in the supply that we need as well.

Chief Pharmacist:

Yes. The N.H.S. obviously has an idea of all the medicines that are supplied to Jersey because they see what we use. We do not use the full range of medicines that are used within the N.H.S., we have a limited list over here. So even if certain medicines were compromised there are alternatives that are within the U.K. supply chain we could move to. So, really we do not anticipate there being any concerns.

Deputy Director of Operations:

Very early on in last November they wrote to us on the supply chain to see what our needs would be, as part of their contingency and their stockpiling plans, et cetera, in the U.K. Hence we provided that information both on medicines and on the suppliers very early on in the process.

Deputy K.F. Morel:

Can I just ask, you mentioned the supply chain as sensitive? Sensitive things tend to fall apart more easily I have noticed, in my experience. So, it may be sensitive, is it resilient and how …

Group Managing Director:

Yes.

Deputy K.F. Morel:

… if it is resilient how do you know it is resilient? Is it tested in any way?

Group Managing Director:

By sensitive I mean it is very specific. The volume of stock position is very well known to the N.H.S. and is very controlled. In terms of the resilience that has been added in, that is around the arrangement that the N.H.S. and Department of Health have gone into with suppliers so they are having additional stock volume within the suppliers they are not stockpiling within the N.H.S. But the suppliers have brought in additional stock so that they are able to meet any disruption in that chain and that is the same resilience for us; we are part of that.

The Connétable of St. Brelade:

To explore a little bit further the provision of services and, as you suggested earlier, we deal with about half a dozen different providers over there. Clearly Brexit will bring about risks with regard to employment of medical staff. Could that impinge on the service they are able to provide to us? I am told that we have many European staff working in hospitals in the U.K. who will no longer, it was suggested, be able to have their qualifications by still working in the U.K. Are you aware this is the case?

Group Managing Director:

We are aware that there are some vulnerabilities around key staff groups in the U.K. and the nursing is an example. We know that, whereas previously there had been an increasing higher volume of nurses, month on month, coming into the U.K. to support the N.H.S., that has been becoming less prominent and some nurses have been leaving the U.K. We do not foresee any problems in relation to those providers meeting our needs because most of the needs that we have, it is quite a small volume. We have an urgent need and then we have a planned need. For the urgent element we would not foresee a problem because there would be prioritised services so the staffing would be maintained. There could be an element of disruption if the N.H.S. sees its staffing position compounded and its activity increasing. That would not really be a day one scenario and that would give us the opportunity to have closer discussions with providers to make sure we could sustain the pathway. We have quite a lot of options around that.

Deputy M.R. Higgins:

But at the present time we have got shortages in nursing staff and we are relying on agency staff. If there was a problem with E.U. workers leaving the U.K., that would add to your pressures, would it not?

Group Managing Director:

We are not as sensitive in terms of our reliance on agency staff for most of our services in our department. We do quite well in terms of recruitment to some of those key areas. The area where we do have difficulty in retaining staff and where we have our vacancies is around mental health. But in terms of the acute hospital based care we do not have that many vacancies at all for our registered nurses. We are not as reliant on agency nursing as some of our U.K. counterparts are. So we are not seeing that level of pressure, in all honesty, across our services generally.

Deputy K.F. Morel:

Can I ask, it is not directly with the hospital, so to speak, but the care industry in general, so elderly care, this sort of thing, have you been told of any concerns about staffing levels there?

Group Managing Director:

We do link in closely obviously with our partners across the whole of the Island in terms of the care sector. We know that there are quite high numbers of European workers in the care sector, particularly for carers and for non-registered nurses. We have been working with those care partners as part of our planning. So, in the event that there was disruption to staffing being available, we, as a department, would then go into a lead co-ordination role with our partners to ensure that we were providing staff where possible. That might mean that we would need to change the services we offer and prioritise but we have got good arrangements around that. We have quite a formal escalation framework whereby if there was a problem in a care home next week or tomorrow we, as a department, would have to ensure that we are supporting that provider and we are providing staff and leadership and the general care around from evidence.

Deputy K.F. Morel:

From your perspective, how can you liaise with the Population Office and things like this as far as licensing is concerned and you need to get people over at short notice? Is that in any way a concern of yours at all, you know, for Jersey's own kind of skills?

Group Managing Director:

Yes. We have not liaised directly. I know that the providers and some of those individual agencies have certainly done that for their own contingency. We have not had anything highlighted to us in terms of a need for help from a more statutory perspective. We have not needed to do that ourselves, we have simply addressed our vacancies so that we are not in a compromised position.

Deputy M.R. Higgins:

But again, the department could not go independently to the likes of, let us say, Poland or Portugal or whatever, because you are subject to the same restrictions to the Common Travel Area as well so we would have to follow the U.K. guidance on that, would we? Do we have a need to be independent on that?

The Minister for Health and Social Services:

No, I do not believe we do. To bring people into the Island is a matter for the Common Travel Area, is it not, in immigration rules?

Deputy M.R. Higgins:

Okay, just checking.

Deputy R.J. Ward:

Just saying about the vacancies in nursing. You say that there are not too many but are you reliant upon bank work as well from nurses that are already there so if they decide that they would only take on as much of that work you may have a need to recruit?

Group Managing Director:

Yes. In the General Hospital our vacancy rate is relatively low. In our mental health services it is quite high and so I think we are seeing 2 different areas of need. In terms of our reliance on our staff to provide bank or overtime or to use agency nurses, we do need that so if you get sickness, maternity leave and you get multiple pressures then obviously you have a reliance. We are quite used to managing these pressures on a day-by-day basis as a health and care system so when we see staffing pressures to that level then we are able to think about how we prioritise our services. So it might mean that we might not be able to staff our outpatients in the same way or services that are not immediately critical and we are able to deploy staff but we do have quite a lot of flexibility in terms of how we can deploy staff and make sure that our critical services are running. Again, we would not really envisage that as a day one problem.

Deputy K.F. Morel:

Again, it is not day one no deal but it could be … we have obviously got public sector papers from you so we know that nurses are balloting for industrial action as well.

[15:45]

If that got wrapped up with Brexit and they are kind of happening at the same time, is that something which you have looked at from the perspective of pressures that you may be facing in the future?

Group Managing Director:

It is. We are talking to our …

Deputy K.F. Morel:

The kind of 2 happening together as well.

Group Managing Director:

Yes, and we are liaising with all of our union colleagues, which is nursing, midwifery but also our civil service colleagues because a number of our clinicians are under a civil service arrangement. So obviously we have an essential services agreement that we then enter with our staff and with our union colleagues around how we can maintain safe services for our patients.

Deputy M.R. Higgins:

You mentioned earlier, Mr. McCabe, that the U.K. has decided to adopt, I think it is the same standards as the rest of Europe to facilitate Brexit, so in other words we do not have any mismatch in our law. Are you planning any Ministerial Decisions or changes to the law here in Jersey?

Chief Pharmacist:

Regarding medicines, we have had a look at that and we do not need to make any change to our medicine legislation. Our law precisely recognises either U.K. or E.U. licences for medicine so we will not to make any changes there.

Deputy M.R. Higgins:

How about generally, Minister?

The Minister for Health and Social Services:

I am advised that there are no plan changes or Ministerial Decisions necessary directly arising from Brexit.

Deputy Director of Operations:

We were asked about this last November by the Law Officers' Department and that is when we undertook the review at the very early stages knowing the time that it can take for some of these things to progress through in legislation.

Deputy R.J. Ward:

Can I just ask about people from Jersey going on holiday in Europe because we used to have a reciprocal health deal, or we have a reciprocal health deal with the U.K. which meant you could get cover in Europe? Do you know where that will end up with a no deal or indeed with any form of Brexit? Will that still be applicable or would you be advising people from Jersey to, you know, come and get their green card or whatever it is called?

The Minister for Health and Social Services:

Yes. My understanding is that that is available to Jersey residents travelling to France alone, not to Europe as a whole. I understand that that stands alone; that is not dependent on E.U. arrangements. That is something which we support.

Deputy R.J. Ward:

So that will still be available?

The Minister for Health and Social Services:

Yes, that would still be available. It has limited coverage; it is only for essential or emergency services, I believe.

Deputy M.R. Higgins:

Other than that you would stress that people take out private insurance.

The Minister for Health and Social Services:

We would, yes, wherever anyone intends to travel and to consider what insurance they might need. Even if you go to France you might need something beyond the attestation that we have.

Deputy K.F. Morel:

Just because there were some issues a few years ago about it sort of recently about the attestation. Have you checked with the French authorities that they will not have any questions or quibbles over our right to emergency healthcare after Brexit? To ensure there are no misunderstandings.

The Minister for Health and Social Services:

I think it is a question of do you flag up an unnecessary question because it is agreed. There should not be any issue, it seems to me. You do not go and say: "Are you okay with this?" It is an agreement it has worked for many decades.

The Connétable of St. Brelade:

So, in effect, it is a bilateral agreement directly with Paris, I presume?

The Minister for Health and Social Services:

With the French Government, yes.

Deputy K.F. Morel:

Can I just ask about standards and agency standards, agencies and certifying bodies just because there has been talk, again, in the wider media about because the U.K. will no longer be party to various regulatory bodies and agencies, whether you see there being any problems affecting Jersey in that way. One thing that people were particularly concerned about was radioactive substances and the kind of certifying of them and the transport of them, et cetera, because obviously they are used in various scanning equipment and things like this. Is this something which is in any way a concern to you?

Group Managing Director:

No, not at this stage it is not. We link directly in with the Department of Health and, because there has been a lot of recent media coverage of that specific item, my understanding is that the

department also feels quite assured around its arrangement in terms of the transportation and the overseas regulations. So, at this moment in time we do not have any concerns about that arrangement from a Jersey perspective.

Deputy K.F. Morel:

Also linked to equipment. Again, just from a tariff, you know, I am just trying to think if you are ordering something from Siemen's in Germany, let us say, and the U.K., on the day one no deal, you know, if that happens, would tariffing suddenly apply to Jersey supplies? Could we expect to see increased costs occurring through the health service as a result of tariffs?

Group Managing Director:

We could. It depends on whether or not the arrangement would fall outside our supply chain scenario or our contractual arrangement that we have at the moment.

Deputy K.F. Morel:

So you would expect the N.H.S. supply chain to soak up the costs if they did increase at the time of Brexit?

Group Managing Director:

Yes. We would be part of the discussions that they would be having because they would be needing to seek alternative arrangements as well, so they would be approaching these companies and they would also be looking at having a different framework in place. You do have options around approaching the suppliers independently. I think we would probably exercise a pragmatic approach so we could look at the situation as it occurs. If we were not getting any assurance from a U.K. perspective then we would seek to see what we would need to do ourselves.

Deputy M.R. Higgins:

You obviously are going through the U.K. virtually for everything, like you have said. Do you have any separate, say, deals or relationships with countries in Europe where we could be affected or you have been dealing with? So, in other words, most of it is going through the U.K. and you think it is fine. What about the others if there are any?

Deputy Director of Operations:

We did a full reckoning on all our orders and thus far we have not discovered anything that comes from Europe directly; it all goes through the N.H.S. supply chain. We have got some contact with America but naturally that is not affected. But other than that, no, it is the N.H.S. in the U.K.

Deputy K.F. Morel:

Yes, let us hope the N.H.S. supply chain does not fall apart because, I mean from the perspective of transport, if there is, you know, blockages at ports they have talked about if there are overflows from Dover and Folkestone, et cetera, coming out to Portsmouth. So, if we see the Jersey ferries are not perhaps able to get to Portsmouth the way that they would expect to, have you looked at contingency plans around that?

Group Managing Director:

Well, our colleagues in the Department for Infrastructure have already been working on that. We have had assurances that there are arrangements being put into place to ensure that that south coast supply chain is not disrupted and that there is prioritisation from Portsmouth, and there are other arrangements that are being looked at in terms of how you can maintain that supply chain. But we have had assurance from our colleagues in other departments around that because this applies to all ferry traffic, not just bringing in medicines. It is our foodstuffs and essential supplies really.

The Connétable of St. Brelade:

Given that it is always interesting to see what others do, do you know what Guernsey are doing with regard to Brexit in the similar situation?

Group Managing Director:

Exactly the same as us. We speak to Guernsey every Monday and Paul liaises with the chief pharmacist in Guernsey. They are in exactly the same position as us around the supply chain. We share our plans and we have been working with them, completely, with the U.K. Department of Health around our plan.

Deputy K.F. Morel:

Anything else?

Deputy M.R. Higgins:

No, it was just an observation. We seem to be very concerned about supplies coming in but according to, I think it is the Mayor and the people in Calais, they have made contingencies to let it all go through. So it will be interesting to see what does happen.

Deputy K.F. Morel:

Senator, do you have any more questions?

Senator S.C. Ferguson:

No. If everything goes swimmingly and it turns out to be a bit of a bust like the millennium bug, will you be surprised?

Deputy Director of Operations:

There is no right answer.

The Minister for Health and Social Services:

I think we just have to make reasonable preparations to safeguard the Island and see what happens.

Deputy R.J. Ward:

I was going to mention a couple of things such as blood supplies and so on which are very time dependent. We are sort of self-reliant to some extent, are we not, so that is not an issue. But there were certain factors …

Group Managing Director:

Specialist products.

Deputy R.J. Ward:

Yes, which could be, I suppose, flown in.

Group Managing Director:

They can.

Deputy R.J. Ward:

They can. So there are already contingencies to do that.

Group Managing Director:

Yes. We are very, very lucky, as an island, to have our own arrangement in terms of blood products. It is a key, key advantage for us, from an island context perspective, because obviously in the U.K. there are not that many blood suppliers. So we are very fortunate around that position. In terms of anything specialist then we would be able to bring in via different transport, whether that is by plane probably would be the most obvious.

Deputy R.J. Ward:

Thank you, that is very useful.

Deputy K.F. Morel:

In which case I just wanted to ask whether there were any … we started by asking about public outreach and I was just kind of going to go back there. Do you have any plans to kind of get messages out to the public to let them know of any roles that they may have to play or not have to play as we come up to Brexit?

The Minister for Health and Social Services:

I, as a Minister and we, as a department, were intending to say anything specifically around the supply chain because Senator Gorst is leading on all the Brexit arrangements and his department are doing good work. I think, at the present time, it would seem sensible for any communication to come through him rather than through a multiplicity of departments. But if the situation should change we would be prepared to. I think here you have heard from us and I think we can give an assurance that all is being done to safeguard supplies to a reasonable extent but we are dependent so much on the U.K. supply chain. But we believe that adequate arrangements have been made and the Channel Island position is recognised.

Deputy M.R. Higgins:

We are here to tell people exactly that.

Deputy K.F. Morel:

Thank you very much indeed. That brings the meeting to a close.

[15:56]