WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY J. RENOUF OF ST. BRELADE
QUESTION SUBMITTED ON TUESDAY 6th MAY 2025
ANSWER TO BE TABLED ON WEDNESDAY 14th MAY 2025

Question

"Will the Minister provide an update on his department's response to the Jersey Rheumatology Report and, in particular, will he advise –

(a) whether a group compensation scheme is still being considered and if not, why not;
(b) whether the department is still investigating past patients to discover whether their treatment may have led to harm or death and, if so, how long this investigation is expected to take; and
(c) what progress has been made with the action plan he committed to in April 2024, what outstanding recommendations remain to be completed and what is the expected timeframe for their completion?"

Answer

(a) HCJ has been exploring the possibility of a compensation scheme in relation to rheumatology complaints/claims. However, currently there is no such route available. Patients and relatives are being advised to seek independent on-Island legal advice should they wish to consider making a claim. They are advised that Citizens Advice Jersey may be able to provide further information on how to do this.

(b) Of the 246 patients who have died since January 2019, c60 remain to be reviewed. This review, and any referrals to the Viscount's Department, is anticipated to be complete by Q3 2025. In addition, the Viscount's Department has requested that patients who died prior to January 2019 are reviewed. This work will commence imminently, and is anticipated to be complete by December 2025 at the latest.

(c) An update on progress for the Rheumatology Service Improvement Plan was provided to the Health & Care Jersey Advisory Board on 30 January Agenda item 12b - HCJ Rheumatology Service Improvement.pdf. The reported noted that, as of 6 January 2025, 12 of the Royal College of Physicians (RCP) recommendations have been fully implemented, and a further five are significantly developed and nearing completion. At this meeting, the Board agreed that subsequent updates can be provided to the Quality & Improvement Committee.

As of 13 May 2025, four recommendations remain to be fully implemented and closed. Significant progress has been made on each of these, for example, where pathways have been developed, shared care agreements approved or additional staff, such as the biologic pharmacist, has been employed. Full completion and closure of these remaining recommendations requires some additional funding and/or digitisation. However, whilst these recommendations are yet to formally close, the benefits from developments already implemented for each of them are already making a positive difference to patients and staff.

The four outstanding recommendations, along with detail of progress are:

1. **Service should adopt a more holistic approach with the involvement of therapies.**
   A rolling programme of pathway and SOP development is underway, with dedicated clinics established for connective tissue disorders and interstitial lung disease. Closer integration with physiotherapy and pain services is ongoing, with referral pathways for EIA and GCA either in place or under development. A contemporary multidisciplinary team (MDT) structure has been embedded, with collaborative links established with Jersey Talking Therapies. Weekly MDT meetings, regular governance forums, and educational collaborations are now routine practice. Opportunities and budgets for professional development opportunities need to be developed, in order to close the recommendation.

2. **And 3. Review the arrangements for the prescribing of biologics; incorporate processes for challenge and be more proactive in providing regular updates on rheumatology prescribing And Support electronic prescribing and monitoring systems**
   The introduction of Electronic Prescribing and Medicines Administration (EPMA) in July 2023 has strengthened clinical and financial oversight. A biologic pharmacist now leads on the safe and cost-effective use of high-cost therapies. While EPMA is operational across most outpatient areas, licensing and full functionality remain contingent on future funding and digital service capacity; this remains a strategic priority for 2026.

4. Foster relationships between primary and secondary care to develop more robust monitoring and develop shared care guidelines.

Shared care agreements for the use of disease-modifying therapies have been developed and agreed with Primary Care. Communication is being enhanced through dedicated referral pathways and direct clinician contact channels. Once the shared care agreements have been digitised, this action can be closed.