Minnistre pouor la Santé
et les Sèrvices Sociaux

Gouvèrnément d'JÈRRI

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Deputy Rob Ward
Chair, HSS Panel
BY EMAIL

19 September 2023

Dear Chair,

Re: Quarterly Hearing - Residual Questions

Thank you for your letter dated 11 September 2023 which contained residual questions following the Quarterly Hearing held on 7 September 2023. Please see below responses to the Panel's queries and an update on the information to be shared with the Panel.

Information to be shared

- **The number of recommendations that have been undertaken to date in respect of the previous HSS Panel's review of Maternity Services, and the details of those from other reviews.**

  As of 18 September 2023, all of the HSS Panel's recommendations following its review have been undertaken and actions identified. Eleven recommendations have been completed and are now part of BAU practice and a further four are close to completion. A Maternity Improvement Plan has been created to incorporate additional recommendations on best practice, for example, from external reviews in the UK (i.e., the Ockenden Report 2022).

  If the Panel would like a private briefing on the recommendations to go through them in detail, this can be arranged.

- **Summary of results of dementia consultation**

  Additional time is required to provide this information. It is expected that this information can be provided on Friday 29 September 2023.

Fee Increase for Private Patients

1. **Please can you explain how an adjustment of 1% to "allow for the underlying higher rate of medical inflation" was calculated?**

   The approach taken to uplifting this tariff has been to conduct a bottom-up costing exercise using PLICS (Person Level Information Costing System) every third year, and between years to add an annual inflation uplift. Such a detailed costing review was last conducted in 2021. Since then, the tariff had not been revised for a two-year period.

   Therefore, an inflation uplift of 2.5% was applied for each year (in line with the limit set on States Charges, as referenced in my recent Ministerial Decision). It is allowable to compound this increase, with the result that 2.5% compounded for two years is 5.0625%.

Inflation on all goods and services has been significantly higher than this in the last two years. Medical inflation is higher than 6%. It was therefore considered reasonable to round up the tariff increase to 6% overall.

There are several health insurers, each with their own view of Jersey's market and each with differing views on inflation, which they then use for individual negotiations with providers. As HCS has a single provider tariff, a balanced judgement on overall market acceptance of inflation at 6% was set.

2. **Please may you advise on why a retrospective increase of 2.5% has been recommended for 2021, when no increase was implemented at the time following a detailed costing review?**

   The new increase accounts for the fact that the tariff had not been increased for two years (2022 and 2023) and applies to new bookings from 1 September 2023.

   An increase to the tariff was applied in 2021 and it should have been reviewed annually. There is no retrospective increase for 2021.

3. **Given the current problems with waiting lists for services, in particular for MRI and ultrasound, do you think increasing fees by 6% will leave patients with less choices which could have a detrimental impact on their health?**

   The HCS Private Patient Tariff covers hospital charges for Main Theatres, Day Surgery Unit, Endoscopy Unit, inpatient accommodation, and some outpatient clinic procedures. However, private Radiology services, which include MRI and Ultrasound, are managed separately by an independent private provider and are not included in the HCS Tariff.

   The independent provider periodically uplifts their tariffs separately from HCS and without consultation. Furthermore, such uplifts may be more or less frequent than annually, and higher or lower than the Government's benchmark inflation rate of 2.5%.

   Officers advise that the 6% uplift to the HCS tariff is reasonably within an acceptable market tolerance. Private medical insurers have accepted this increase in line with current market conditions. Officers do not believe this increase will stop patients who choose to seek care privately as the pricing level is just one of the factors for that choice.

   a) **What data has been collected that shows how many patients who have attempted to access public health care have ended up accessing private health care, without health care insurance, due to waiting lists?**

      No data has been collected to target this specific question. Patients refer themselves to a private consultant so that would be the point where this data might be collected, but this information is not available to HCS.

      The data available to HCS would be the split of self-funding patients versus those using private health insurance. In 2022 self-funding payments represented approximately 23% of the total private patient invoices. (This also includes patients who are ineligible for free hospital care in Jersey, such as visitors.)

      There are many factors as to why a patient will self-fund. For example, insurance premiums increase significantly for the over 70s and many choose to put the money

into savings accounts rather than pay the premiums, but they will then use this money to have private treatment if needed. It should also be noted that the self-funding market includes cosmetic surgery, fertility and other treatments not funded by private medical insurers or HCS.

Patient insurance data, whether State or other insurance, is not presently collected.

Substance Use Strategy

4. **During the publication of the Strategy, the Panel was disappointed with the lack of accompanying promotion, including no social media posts. Can you explain why this was?**

   Upon publication of the strategy a press notice and copy of the strategy was issued to all local media outlets. An interview was held with the JEP ahead of publication promoting the strategy. This was tied into their week-long feature on drugs in Jersey to act as a final piece, including interviews with Director of Public Health.

   Not all Government strategies are posted on social media. The use of social media as part of the communications plan for substance use will support the overall aims of the substance use strategy, for example, when there is a need to raise awareness on a particular issue. Government and Public Health social media channels were used to provide harm reduction messaging on the use of MDMA, which is aligned to the aims of the strategy. Visual messaging on MDMA harm reduction was also used in key locations over the summer.

   Multi-channel communications to support the aims of the strategy will continue across departmental and Government channels.

   Media coverage included:

   - *BBC: New substance use strategy launched in Jersey*
   - *ITV: Jersey government urge islanders to drink less or quit completely to improve health*
   - *Channel 103 - New Plan To Tackle Substance Use*
   - *Bailiwick Express - Change of focus from 'just say no' to 'just be safe'*
   - *JEP - Jersey Evening Post (printed edition)*

5. **Have the Substance Use Service Forum and Substance Use Strategic groups been set-up yet? If not, when do you expect this to happen?**

   Both groups have been set-up with a draft terms of reference and initial proposed membership amongst other details. The launching of both groups is scheduled to fit within a rotating order to support good governance and allow considerations or decisions from the operational Substance Use services Forum to be passed to the strategic Substance Use Strategic Group and, if needed, to the Advisory Council on the Misuse of Drugs.

   Planned dates are as follows:

   - The Substance Use Services Forum will launch on the 19 September 2023.
   - The Substance Use Strategic Group will launch on the 16 October 2023.

- The final quarterly Advisory Council on the Misuse of Substances meeting will then follow (date TBA).

6. Given that Jersey Tobacco Strategy ended in 2022, what is the rationale for not including smoking or vaping in the Strategy?

Public Health began early scoping of the substance use strategy over late 2021 and early 2022. During this time urgency was placed on developing a combined alcohol and drug strategy due to strategic gap which arose when the Building A Safer Society Strategy lapsed in 2019. In contrast the Tobacco Strategy remained within date.

At various points over the development of the substance use strategy the question of integrating tobacco and vaping was considered. On each occasion the urgency was placed on alcohol and drugs.

Commitments have been made to refresh tobacco and vaping strategy in the Population Health Prevention Strategy 2023-2027.

The methodology used in the Substance Use Strategy will inform planned work on smoking or vaping, by focusing on the long-term prevention of smoking, vaping in young people and by addressing a number of root-causes linked to substance use, unhealthy and risky behaviours.

The Substance Use Strategy's five aims, and underlying health and social approach will also be used to inform strategy on tobacco and vaping.

7. In the most recent Public Hearing of the CEHA Scrutiny Panel, the Minister for Home Affairs said that the Public Health Jersey team will be able to monitor the impact of the Strategy from a health perspective.

a) Please may you explain which health outcomes will be monitored by Public Health Jersey?

A specific indicator library for the substance use strategy is under development as part of the substance use strategy's objectives. Each objective of the strategy will also have its own process and outcome indicators, many of which will be linked to key outcomes within each aim of the strategy.

Key health related outcomes already identified include the following:

- Self-reported alcohol and drug use in children and young people.
- Occasional and regular alcohol use in children and young people.
- Self-reported binge drinking.
- New referrals to the Alcohol & Drugs Service which require a detox.
- Referrals to relevant services, including those from known missing populations.
- Self-reported rates of a bad experience due to drugs by children and young people.
- Alcohol and drug specific admissions to hospital.
- Self-reported rates of hazardous and harmful drinking in adults.

- Deaths due to alcohol and drug use.
- Brief interventions delivered in primary care settings.
- Prevalence of alcohol related diseases.
- Additional indictors reflecting sustainable wellbeing, such as:
    - Quality of life;
    - Life satisfaction;
    - Day to day mental health and wellbeing; and
    - Daily interference by having a long-term health condition.

In addition, a number of future indicators and outcomes will consider the wider influences on health such as changes in employment, education, training, relationships of service users. Where possible these will also be matched to existing population level indicators and outcomes within the Jersey Performance Framework.

b) Will you be prescribing any specific success milestones for the Strategy?

Initial prioritisation of objectives has been completed using the following criteria:

- Prioritising alcohol over drugs given their higher use and potential for harm.
- Addressing gaps in service provision and then moving to improve current service provision.
- Remaining flexible so that urgent issues can be dealt with in a timely manner.

On launch of the Substance Use Services Forum and Substance Use Strategic Group these priorities will discussed and agreed to form and agree the key milestones and timelines.

c) How often will these outcomes be published?

Once the Substance Use Strategy indicator library is complete, this will allow for real-time monitoring using the most recent available data.

Specific outcomes will be published alongside other publications or tied into relevant campaigns. For example, the Jersey Alcohol Profile is published every two years and we would aim to simultaneously provide brief updates on alcohol related objectives from the substance use strategy. Similarly, relevant updates on objectives can be shared alongside Alcohol Awareness Week or Overdose Prevention Day to tie-in awareness campaigns.

8. Will you be involved in the in-committee debate on the potential decriminalisation of illicit substances? If so, are you able to share your thoughts on how Island health could be impacted by decriminalisation?

As Minister for Health and Social Services, I have responsibility for the Misuse of Drugs Law and so it would be appropriate to be involved in the in-committee debate.

The Substance Use Strategy acknowledges the need to continue to move away from the criminalisation of personal drug use in Jersey. Internationally there is growing evidence and support for implementing policy alternatives to the criminalisation of personal drug

use. This is largely due to the unintended consequences criminalisation policies can have on the health and wellbeing of those who use illicit substances. Within these recommendations personal drug use is considered distinct from other drug related activities such as commercial drug trafficking and supply where criminalisation-based approaches remain suitable and recommended.

A proposition for an in-committee debate will be accompanied by a report which outlines these key issues and potential impacts on island health.

Electronic Patient Records

9. **Have any issues been raised by Consultant Staff or others in regard to the new system?**

   Yes, issues have been raised. Staff were encouraged to raise any support or technical issues with using the new system with the EPR team in order for the issues to be resolved.

   a) **If so, what are these?**

      Issues that have been raised include:

      i. Training and usability.
      ii. Process of finding information in the EPR and EPMA system.
      iii. Ability to add to different lists.
      iv. Incorrect patient record information.
      v. Process changes requiring different ways of working.
      vi. Print detail.
      vii. Process of documenting patient transfer.
      viii. Missing information.
      ix. Need for additional training.

      All issues are investigated, and learning is recorded and shared. Issues that were due to human errors or insufficient knowledge of the new system are being addressed through 1:1s or team sessions to ensure colleagues are aware of the root cause and plans are put in place to address these. Any configuration issues are escalated to and discussed with the IMS Maxims support team for resolution.

Delayed Discharges

10. **Have you and the Health CEO and Executive Team given any more thought about reopening the 12 beds on Samarès and the 12 beds on Oak Ward based at Rosewood House? If not, what are these areas being used for now and going forward?**

    Additional time is required to provide this information. It is expected that this information can be provided on Friday 29 September 2023.

Other Matters

Having reviewed the transcript for the Public Hearing, I note that there was some ambiguity in my response regarding the JCC and medicinal cannabis regulation which I thought worth clarifying. The JCC *will* be responsible for aspects of the regulation of medicinal cannabis moving forward, but they are not as yet. If you have any queries regarding the JCC's role in the regulation of medicinal cannabis, policy responsibility sits with the Minister for the Environment, and so you may wish to liaise with him further on this matter.

As a final matter, I would like to comment on the Panel's press release published following the Quarterly Hearing[1]. The press release stated that:

> *"The first round of public consultation seeking Islanders views on areas for inclusion within the Women's Health Strategy has been further delayed. The Minister does not expect the second stage of consultation to finish until this time next year."*

For the avoidance of doubt, it is envisaged that the first round of public consultation will run from November 2023 to January 2024. This first round of public consultation was rescheduled in order to ensure that it can build on themes that are emerging from some recent professional stakeholder consultation. The second round of consultation is scheduled to take place in Spring 2024, although the final timings and format of the second round of consultation will be dictated by the findings from the first round of consultation. We would then expect the strategy to be published in Autumn next year. I hope this provides some clarity for the Panel on the progress of the Strategy.

I trust the above addresses the majority of the Panel's question following the Quarterly Hearing and I will revert in due course regarding a response to question 10.

Yours sincerely,

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[1] 'Health Minister concerned over Governance structures to ensure safety in Maternity', published 7 September 2023, States Assembly.