REPLY BY THE PRESIDENT OF
THE COMMITTEE *FOR* HEALTH & SOCIAL CARE
TO QUESTIONS POSED BY DEPUTY PROW PURSUANT TO RULE 14 OF THE RULES OF PROCEDURE

1. In May it was reported that our surgical waiting list had now exceed 2300 patients. The Government Work Plan tells us HSC have a '£7.8m - 4-year action plan' to implement a system to reduce backlogs and waiting times. What is that plan, and in measuring the success of this plan what patient numbers are HSC targeting to reduce backlogs, at the end of this year, 2023, 2024 and 2025?

Action is being taken in a number of areas. For example, steps to reduce the orthopaedic waiting list, using some of the funding available in the Government Work Plan, has facilitated a new nine-bed elective orthopaedic unit at the Princess Elizabeth Hospital (the 'de Havilland' Ward). The investment made to ringfence beds for this specific purpose has helped to reduce the number of postponements. The opening hours of the Day Patient Unit have also been extended so that more surgeries can be undertaken as day cases. Steps have been taken to reduce the waiting time for MRI scans.

It is difficult to define a specific target for patient numbers on an annual basis with any degree of certainty. This is because the waiting list is affected by the number of new patients referred for surgery; the complexity and nature of their condition/s; whether the treatment they require is urgent; whether care can be provided on-Island or needs to be provided off-Island; and the availability of any external provider.

Health and Social Care, working closely with the Medical Specialist Group (MSG) and other commissioned providers, is doing what it can to meet the needs of those on waiting lists. This is of course affected by wider contextual issues, such as recruitment challenges in health and social care, which are mirrored nationally. It is also important to remember that the waiting lists have arisen as a result of the steps taken to manage the COVID-19 pandemic and that the staffing levels in place are not necessarily at a level designed to tackle backlogs, despite the ongoing efforts of all involved to cater for increasing patient need.

2. In a recent response to media questions HSC said, "It is standard practice in healthcare across the UK and in Jersey to charge an uplift on baseline costs for private services for a range of reasons and the uplift charged by HSC is equivalent to Jersey at 25%."

Can the Committee confirm that in Guernsey the 25% "uplift" or "markup" is only applied to drugs, or is it applied more widely? If so, which private patient services incur this additional 25% HSC charge?

The 25% 'mark-up' is not applied more widely. The Committee's detailed statement issued in August 2022 provides a full explanation as to the purpose of this charge, which is to cover a full range of handling costs and other overheads expenses for drugs and treatments that the States of Deliberation has determined should not be publicly funded at this time. This statement is attached to this response.

3. HSCs key priority setting policy document G1033, tells healthcare professionals, general practitioners and nurses they must not introduce new treatments, initiatives or diagnostics that will increase cost, unless sanctioned by HSC. It goes on to say, "Neither should they raise patient expectations about care to be provided, or refer publicly funded patients for treatments or interventions, not currently funded."

HSC therefore appear to strongly discourage healthcare professionals from routinely disclosing explaining to contract patients the full range of treatment options available to Guernsey residents, treatment options that are routinely available to those willing or able to pay privately. Is it HSC's intention that this paragraph should be interpreted in this manner, if so how does HSC justify this inclusion in the Policy?

The policy document G1033 entitled "Priority setting in Health and Social Care" is largely unchanged since it was ratified by the previous Committee *for* Health & Social Care in November 2017. It does not discourage healthcare professionals from speaking to patients about treatment options. It responsibly discourages staff from falsely raising expectations that contract patients will have access to treatments that are not currently funded by the States of Guernsey.

This position is against the wider context that the Committee operates within a fixed budget, which it is required not to exceed, and must make very difficult decisions between competing needs across a spectrum of complex health and social care services. Inevitably, there are resource constraints, and such challenges are faced by all health authorities. It is therefore appropriate for Health & Social Care to sanction any new treatments, initiatives or diagnostics primarily to retain a control on expenditure in this area.

With specific regard to drug funding, as in question 2 above, the Committee is working in line with the direction of the States of Deliberation, following approval of the Committee *for* Health & Social Care's Policy Letter in January 2020, entitled the 'Review of the Funding of Drugs, Treatments and Devices'. This Policy Letter is available from www.gov.gg

Date of receipt of questions: 29th November 2022
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