

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY THE CONNÉTABLE OF ST. MARTIN
ANSWER TO BE TABLED ON MONDAY 2nd NOVEMBER 2020**

Question

Will the Minister advise what work, if any, has been undertaken since 2018 to improve access to endocrinology services for Islanders, in particular in relation to thyroid conditions, either by increasing the on-Island service or establishing a working partnership with a U.K. hospital; and will he advise if there are any future plans for such improvements to take place; and if not, why not?

Answer

In 2018, the endocrine consultant provision equated to 1 consultant and 2 middle grades. Since then, the endocrinology service has expanded to 2 consultants and 1 middle-grade post. There is also an additional part-time consultant in Acute Medicine with an interest in endocrine medicine who has been serving for over a year. For 2019 and until April 2020, there were 2.5 (2 locum) consultants in endocrinology. Currently, 1 consultant and 1 middle grade post are vacant and a recruitment process is ongoing to appoint to these vacancies.

Further, there has been a change to the retinal screening process which, since 2019, is now overseen by Ophthalmology at Jersey General Hospital.

The Endocrine Medicine speciality in Jersey maintains a close working relationship with University Hospital Southampton NHS Foundation Trust as the specified tertiary referral centre for endocrine conditions, specifically for thyroid-related conditions – this equates to patients who require radiotherapy. Surgical intervention for thyroid is managed on island by the Ear, Nose & Throat (ENT) speciality, reducing the need for Jersey residents to be transferred to the United Kingdom for surgical intervention.

The Endocrine Medicine Speciality in Jersey is currently reviewing clinical pathways for the management of thyroid conditions. In particular, protocols are being devised to ensure the safe discharge of stable thyroid cases back to primary care – aligning to the Jersey Care Model.

A much bigger piece of work is taking place between primary and secondary care with regard to the Diabetes Service in line with the Jersey Care Model. As part of this review, the speciality will also ensure robust clinical pathways are established to enable primary care to have clear access to both specialist endocrine advice and referral for secondary specialist input.