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Deputy Doublet  
Chair, HSS Panel  
**BY EMAIL**

19 April 2024

Dear Chair,

**Re: Residual Information from the Public Hearing**

Following the Quarterly Hearing on 14<sup>th</sup> March, I would like to provide the Panel with further detail on some of the topics discussed.

- 1. Find out if it is still the case that the policy change made during COVID to allow medical terminations to be delivered at home is still ongoing and if a legislative change needs to be made to make this permanent?**

The Termination of Pregnancy (Jersey) 1997 law stipulates that a woman must consult with a healthcare professional and that consultation must be **in person**, with terminations to be carried out **at the hospital**.

Arrangements before, during and since Covid for early medical terminations (terminations that are carried out within the first 9 weeks and 6 days) are set out below:

	<b>1<sup>st</sup> Consultation (GP/Le Bas/ Brook)</b>	<b>2<sup>nd</sup> Consultation (ToP Clinic)</b>	<b>1<sup>st</sup> Medication Administered</b>	<b>2<sup>nd</sup> Medication Administered</b>
<b>Pre-Pandemic</b>	In person	In person	By HCS staff in hospital	By HCS staff in hospital
<b>During Pandemic</b>	By phone	In person	By HCS staff in hospital	At home
<b>Current</b>	In person	In person	By HCS staff in hospital	At home

Early medical terminations involve the administration of 2 medications taken 48 hours apart. The Royal College of Obstetricians and Gynaecologists updated their clinical guidelines during the pandemic providing for the second medication to be administered at home. This practice was adopted in Jersey as it did not require legislative change – this is because it is the administration of the first medication which terminates the pregnancy, with the second medication expelling the products of terminated pregnancy. The administration of the first medication continues in the hospital, as per the law.

As a temporary emergency measure (during lockdown) the first consultation with GPs/Brook/Le Bas took place over the phone but once the emergency measures were lifted this reverted back to being face to face, as per the law. The termination clinic continued to run for women to attend in person throughout the pandemic.

- 2. Following the Assistant Ministers meeting in April, can the Panel be informed what the timeline for the Termination of Pregnancy changes to come to the States Assembly is?**

An 'in principle' report and proposition setting out proposed changes to the law ahead of law drafting will be lodged before the end of 2024. The report and proposition will be informed by the consultation, clinical guidelines and research, and will set out additional monies required to support service improvements.

**3. Find out how much funding is required to implement the Dementia Strategy.**

It is too early for me to know what funding will be available as the implementation plan is still being finalised to match funding within the existing budget, however, I would be pleased to share this with the Panel as soon as it becomes available.

**4. Send the Panel the organogram of the Health Department and provide an explanation of what the Health Organisation and strategy is.**

This information is still being collated, but I would be pleased to share this with the Panel at the earliest opportunity.

**5. Provide a list of which areas of the Health Department and Clinical Governance are currently being reviewed and which areas are in the plans to be reviewed.**

- A review of Radiology services was conducted by Royal College Radiologists in January.
- A review of Breast Radiology services was conducted by British Society Breast Radiologists in March.
- A review of General Surgical Acute on call services will be conducted by Royal College Surgeons in April, as requested by the Advisory Board in September 2023.
- A review of Orthopaedic Surgery and Theatres will be conducted in April as a service review by the 'Getting it Right First Time (GIRFT)' Team in April.
- A review for Neurology will be conducted by the Royal College of Physicians, but a date is to be yet confirmed.

**6. Update the Panel on the IT outage providing details of the events and whether human error was the cause.**

A comprehensive report on the root causes of the IT outage will be issued before the end of April, which I would be pleased to share with the Panel as soon as it becomes available.

**7. Update the Panel on the potential Political Oversight group that will oversee the HCS Advisory Board (in replacement of the Minister for Health and Social Services) which may be formed by both States Members and Lay Members.**

I am in the initial stages of considering the potential establishment of a political oversight group and, as such, cannot provide any more detail as this stage. I will however inform the Panel of my proposed direction of travel at the earliest opportunity. In the meantime, I am sharing my responsibilities in relation to the Board with my three Assistant Ministers.

**8. Update the Panel on a Briefing the Minister was due to have regarding the potential for GP's the prescribe ADHD medication and any resolutions that have been made. Potential for funding to be taken from the Health Insurance Fund and what the complications or obstacles are.**

I am working closely with the Minister for Social Security to explore alternative solutions to prescribing and subsequent funding of ADHD medication. I cannot share much more detail at this stage but will certainly keep the Panel informed when we develop these plans.

**9. Update on the Political appetite to progress the work to allow GPs to prescribe ADHD medication.**

My Assistant Ministers and I are currently in discussion with GPs on this subject and regularly liaising with the Director for Mental Health and Adult Social Services.

**10. Progress update regarding work to approach children and Youth Parliament regarding the Joint Strategic Needs Assessment and Women's Health Strategy.**

The Panel will be aware that my predecessor committed to the production of a women's health strategy, however I have now proposed that women's health forms a part of the emerging whole system strategy (see Q11 below), as opposed to a stand-alone strategy. This decision is a reflection of the need to prioritise allocation of resources.

In the meantime, the Women's Health Political Advisory Group will continue to progress discussions around amendments to the termination of pregnancy law, and review of funding for both IVF and contraception services, which will then be fed back to me by my Assistant Minister, Deputy Howell.

**11. Timeline for when the Whole Island Strategy will be published.**

Stakeholder consultation on the whole system strategy will commence in Q3 2024, will help to determine the strategy development process. A date for publication will be confirmed once the consultation has closed and policy officers have had the opportunity to thoroughly review feedback.

The Panel's remaining questions will be addressed in due course.

I trust the above is of use to the Panel.

Yours sincerely,

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