WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
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QUESTION SUBMITTED ON MONDAY 23rd FEBRUARY 2026
ANSWER TO BE TABLED ON MONDAY 2nd MARCH 2026

Question

"In relation to the Electronic Patient Records (EPR) system, will the Minister provide an update on –

(a) what work, if any, has been completed to date to ensure the system is fully inclusive of all residents' health and hospital records;
(b) whether implementation of the system has been fully completed, and if not yet completed, when it is expected to be finalised and fully operational;
(c) whether the system is compatible with General Practitioner (GP) recording systems, and if not, why not;
(d) how much funding, if any, has been provided from the Health Insurance Fund, as part of the Jersey Care Model; and
(e) how much has been spent to date on the EPR system, and how much funding is allocated in future years?"

Answer

(a) The 2023 PAS replacement brought all hospital/secondary care patients into the EPR from go live, with comprehensive capture of demographics and activity. The EPR already delivers electronic clinical notes—most new documentation is unstructured digital text—and structured noting is being phased in (Maternity live, Oncology underway, more specialties planned). New paper creation is now rare, but historic notes remain on paper because scanning/EDMS was out of scope. The focus is on expanding structured documentation rather than widening population coverage; Islandwide integration will follow via the Digital Health Foundations Programme and the Jersey Single Patient Record.

(b) The EPR was implemented in phases and all core components are live. A major upgrade in May 2025 added ~300 features; a similar scale upgrade is scheduled for May 2026. As a core hospital system, it relies on continued investment in RIS/PACS, LIMS, pharmacy, theatres/maternity/ED systems, plus the integration/orchestration layer. Optimisation continues (Clinical Noting rollout, SMARTS workflow enabling further Clinical Decision Support and expanded mobile tools). The main programme concludes in 2026, with regular updates thereafter.

(c) Jersey GP and hospital systems are not directly compatible (as these are based on UK systems) and require orchestration/messaging for referrals, diagnostics and discharges. Jersey's EPR ↔ GP links are limited/ad hoc; the HIMSS CCMM (Feb 2025) rated Jersey Stage 0/7 (23%), 26th/26, citing missing standards, minimal system to system exchange and fragmented silos. What works: GP test ordering into the hospital and results back to GP systems, along with electronic discharges from hospital to GP's. What doesn't: referrals remain inconsistent or paper based, exacerbated by UK origin systems that depend on

NHS standard interoperability. The Digital Health Foundations Programme is delivering modern integration, NHS electronic Referral Service connectivity, structured acute referral flows and automated, standardised transfer of care to/from GP to General Hospital and off island acute. From Q3 2027, the Jersey Single Patient Record will unify data across GP and HCJ systems, addressing fragmentation, risk and inefficiency. The ambition is to broaden access to appropriate organisations beyond the initial rollout.

d) No funding from the Health Insurance Fund (HIF) has been provided for the EPR system. There is no Jersey Care Model (JCM) funding stream, and therefore no JCM related funding has supported the programme.

The EPR has been funded entirely through approved government capital and revenue allocations, in accordance with established governance and oversight processes.

e) Up to the end of 2025, Government of Jersey expended £7.5m on deploying Maxims, with a further £1.6m allocated in 2026 to 2027 to complete the rollout. In addition, a further £9.2m has been spent on modernising other hospital systems such as in Radiology, GP order Comms, Maternity, eConsent, Ophthalmology. Finally £1.9m per annum allocated per annum to cover ongoing maintenance and management of all hospital systems, including Maxims. The £9.2 million referenced relates to a programme of hospital digital modernisation delivered between 2020 and 2025. This investment funded upgrades and replacements across a range of clinical systems, including Radiology, GP Order Communications, Maternity, Electronic Consent, Ophthalmology and related diagnostic and workflow platforms.

These projects were funded through the Digital Care Strategy, using dedicated capital and revenue allocations already approved for the purpose of improving hospital digital infrastructure.
Separately, approximately £1.9 million per annum is allocated for the ongoing maintenance, licensing and support of hospital digital systems, including the Electronic Patient Record (EPR).

Regarding the new £8 million annual Digital Transformation Fund, this will not be used to fund core EPR deployment or standard operational running costs. Instead, it will be applied only to essential EPR-related development dependencies required to ensure the overall digital transformation programme can be delivered safely and effectively.

This ensures that the transformation budget remains focused on system-wide improvement and that the EPR continues to be supported through existing operational budgets