Minnistre pouor la Santé
et les Sèrvices Sociaux

Gouvèrnément d'JÈRRI

19-21 Broad Street | St Helier
Jersey | JE2 4WE

Deputy Louise Doublet
Chair, Health and Social Security Scrutiny Panel
BY EMAIL

27 August 2025

Dear Deputy Doublet,

RE: MAJOR INCREASE IN FUNDING FOR HEALTH SERVICE

Thank you for your letter of 12 August 2025 in which the Health and Social Security Scrutiny Panel welcomed the commitment to investing in our health system and sought a number of clarifications. I have responded below to each of the questions posed.

Q1 - Please confirm your definition of "routine elective procedures"

An elective procedure is one that is scheduled in advance because it does not involve a medical emergency. Most surgeries are elective. Elective surgery is categorised by urgency, from emergency (lifesaving and immediate) through to routine

Routine elective procedures improve the quality of life for patients but tend to have longer waits as the patients face the least risk. Examples include joint replacement surgery and cataract surgery.

Q2 - Explain what is meant by "treatments that may be of limited clinical value or may not represent best use of the funds available" and how this determination will be made.

A treatment of limited clinical value is one where evidence of clinical benefits is not strong, and a different approach may be more appropriate and present less risk than surgical intervention. An example would be haemorrhoids (especially early-stage haemorrhoids), which can be treated by simple measures such as eating more fibre or drinking more water, or through outpatient treatment, in the form of banding or perhaps injection.

Health and Care Jersey (HCJ) has an existing Criteria Based Clinical Treatments Policy which states that treatments of limited clinical value will only provided to patients who meets certain clinical threshold criteria. A copy of the current policy is included with this letter.

A new Treatments and Interventions Prioritisation Policy ("TIPP Policy") is currently under development. Once complete, it will be considered by the HCJ Advisory Board who, in turn, will provide advice to the Ministerial team in advance of any decision on implementation. The TIPP Policy will support considerations of value and cost-effectiveness based on Jersey specific factors. For example, differences in our workforce as a small jurisdiction compared to elsewhere in the British mainland which may impact on cost-effectiveness.

Q3 - Please provide the current average and longest waiting times for the following procedures:

- **Hip replacement**
- **Cataract surgery**
- **Diagnostic procedures such as endoscopy**
- **Joint replacement**
- **Kidney stone removal**
- **Mole removal**
- **Carpal tunnel release**
- **Tonsillectomy**
- **Ear tube surgery**
- **Cleft lip repair**

HCJ reports average and longest waiting times by specialty rather than by specific procedure, because until the surgery takes place, the exact nature of the procedure that is required within that speciality is often unknown. This is in accordance with national practice. For example, the NHS also report waiting times by speciality, not procedure.

Current Jersey waiting times by speciality are publicly reported and are available on gov.je: Hospital waiting lists.

Retrospective analysis by procedure may be possible, but only as far back as June 2023 when the new Electronic Patient Record (EPR) system was introduced. Retrospective analysis is, however, highly resource intensive, and so would come at the expense of other work and have limited practical value in supporting HCJ to manage current waiting lists.

Q4 – Does HCJ have a policy equivalent to the NHS National Elective Access Policy?

Yes, HCJ has an Elective Patient Access Policy, which is openly available on gov.je: Elective Access to Treatment Policy.

Q5 - Will HCJ commit to publish waiting lists by inequality indicators, such as age, sex and ethnicity?

It is possible to store data related to sex, ethnicity and other indicators of inequality, in most of the main patient record systems used across Jersey's health and care system. However, the fragmented nature of these different systems means that the information is not captured consistently and hence cannot be reported reliably.

Implementing a single system-wide patient record would enable standardisation and ensure that effective monitoring can be implemented in future, allowing us to better identify inequitable access to services. The funding required to bring forward a single patient record is part of the digital health funding investment to be included in the 2026 Budget for consideration by the Assembly, which I hope the Panel will support.

I hope the information set out above is helpful.

Yours sincerely,

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