Health Care Jersey – Patients and Users' Public Engagement Panel

21 October 2025

Deputy Tom Coles
Chair, Regulation of Care Sub-Panel
Scrutiny Office, States Greffe
Morier House
St Helier
Jersey

Re: Draft Regulation of Care (Jersey) Amendment Law 202–

Dear Deputy Coles,

Thank you for your letter of 16 September 2025 inviting feedback from the Patients and Users' Public Engagement Panel regarding the Draft Regulation of Care (Jersey) Amendment Law 202–. The Panel welcomes the opportunity to comment on this important development in the regulation of health and care services in Jersey and the below, collectively-formed, response was approved by Panel members on 20 October, 2025.

1. Awareness of standards and scope of regulation

The Panel was made aware of the standards and regulatory framework at a presentation delivered by Francis Walker, Head of Policy for Health Regulation, in October 2025 (although some members were aware as there had been some discussion previously at Health Board level). Members are generally supportive of the standards as outlined, but there is strong consensus that regulation must extend comprehensively to all areas of health and care provision. In particular, members highlighted the need to include psychotherapists, visiting private doctors, and other independent practitioners operating in Jersey. Beauty and cosmetic premises offering invasive procedures (e.g. Botox, weight-loss drugs, or similar) should be formally regulated and inspected to protect vulnerable clients. The provision of medicinal cannabis requires clearer regulation and monitoring. Ancillary services such as Physiotherapy and Occupational Therapy should also fall within the regulatory scope, with Occupational Therapy suggested as a priority for review. The Panel also expressed concern regarding the placement of children under the Mental Health Law in the UK, highlighting the need to ensure that appropriate regulated services are available locally.

2. Engagement with consultation

Panel members confirm engagement with the consultation process, although some noted that while they were made aware of opportunities to provide feedback, the process could be made clearer and more accessible for all participants.

3. Role of the Engagement Panel in the regulatory framework

The Panel sees its role as providing a patient and public perspective on the quality and experience of care in Jersey. Members believe they can contribute meaningfully by continuing to monitor and feedback concerns to Ministers, senior leadership teams, and the Jersey Care Commission (JCC). They also see value in acting as a conduit between service users and policymakers to ensure that the regulatory framework remains grounded in real patient experience. The Panel suggests that a panel representative(s) be attached to the JCC committee for a defined term to enhance two-way communication and transparency.

4. Access to Health and Care records

There is broad agreement that patients and their representatives should have access to personal care plans and records, subject to consent. This is viewed as an essential component of joined-up, transparent care. However, clarification is needed for situations where patients lack capacity to consent — the Panel recommends that access should then be granted to an authorised next of kin or designated carer, in line with data protection principles and patient rights under GDPR.

5. Duty of candour

The Panel strongly supports the principle of openness and honesty in healthcare, and views a formal duty of candour as vital to maintaining public trust. Members note that apologies should be encouraged and understood as expressions of accountability and empathy rather than admissions of legal liability.

6. Complaints' handling

The Panel recognises the need for proportionality in complaints handling but is concerned that the proposed framework could limit timely and independent investigation of serious issues. Members believe that the Jersey Care Commission should retain the ability to investigate serious or systemic concerns without undue delay. Patients must be given sufficient time, guidance, and support to prepare and submit complaints. Mechanisms should also be in place to discourage frivolous or vexatious referrals while ensuring legitimate complaints are not dismissed or delayed.

7. Assurance of quality and safety in regulated services

Panel members agree that effective regulation is imperative to improving confidence in Jersey's health and care services. However, several concerns were raised regarding the perceived independence and timeliness of regulation. The Care Commission's independence may appear compromised by secondments from the hospital itself, and other Government departments. The selection of external inspectors should be entirely independent of local influence; inspectors from the UK's CQC should be appointed directly, not selected via local

input. The slow pace of implementation—over a decade since initial approval—undermines public assurance. The Panel urges a more rapid and transparent rollout of inspections across all services. While members praised the ambulance service as providing consistently excellent care, they noted that public confidence in hospital services remains low, with many patients expressing fear or apprehension about inpatient treatment.

Conclusion

The Panel welcomes the extension of regulation to Government and private health services but emphasises that comprehensive, independent, and timely regulation is essential for restoring public confidence in Jersey's healthcare system. We look forward to continued engagement with Scrutiny and the Jersey Care Commission as the framework evolves.

Yours sincerely,

Patients and Users' Public Engagement
Panel Health Care Jersey