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BY THE MINISTER FOR HEALTH & THE ENVIRONMENT,

THE HON DR JOHN CORTES

PART TWO

MINISTRY OF HEALTH AND THE GIBRALTAR HEALTH AUTHORITY

Mr Speaker, I now turn my attention to the Ministry of Health and the Gibraltar Health Authority.

Mr Speaker, some people were sceptical about our resolve to improve current services, implement new ones and increase access to treatments. Sceptical about our ability to make changes at the top which would be reflected in improvements at all levels. Mr Speaker, all can see that, although there is a great deal still to be done, we have made very significant progress. And I assure this House that we continue to be determined to complete this process.

Fugit inreparabilis tempus, to quote the Georgics again, Mr Speaker. But just like a newly transplanted tree invests in first years in developing its roots, fooling the observer on the surface by the limited growth of its branches and leaves, only to burst into a frenzy of new life once the roots are firmly established, so too be aware that the groundwork done, the teams and processes in place, we are just about ready to go.

Mr Speaker, after two and a half years in office, I continue to have an open approach to improving the Health Service, I continue to meet staff, service users, pressure groups, charities and other organisations which enables me to be aware of any shortfalls or gaps in the service, be it resources, logistics, space, access to services e.g. GP appointments, or waiting times e.g. at the Accident & Emergency Department. Mr Speaker, I encourage those with concerns about our services to come forward and make them known. Knowing about them enables me, and the GHA to address them and deliver a Health Service to be proud of and one that meets the needs of our people.

Since my last presentation to this House, a solid foundation continues to be laid down for the achievement of our goals and the manifesto commitments that we have set ourselves.

Mr Speaker, in previous presentations to the House, I have made numerous references to the need to change the GHA's management structure which I described as awkward and complex with little focus on the patient or service user. Over the last twelve months we have taken huge strides in this with the appointment of hugely experienced Gibraltar health professional, Freddie Pitto as the new CEO, as well as a new Medical Director, but also the appointments of the three Unit General Managers. The new General Managers will provide much needed leadership and unity to the three main pillars of our Health Service, Primary Care, Secondary Care and Mental Health. The main benefits of this new management structure will be more effective and efficient management of operations, better integration of services and a seamless journey for patients and service users. The introduction of the Unit General Managers will further assist in strengthening budgetary discipline by creating more controls, and greater responsibility and accountability for the GHA's expenditure.

Mr Speaker I would like to take the opportunity here to thank John Langan and Ernest Lima for bidding the organisation over for a year and for the support they are always willing to provide the GHA, and of course to congratulate Mr Lima on his nomination for the well deserved Gibraltar Medallion of Honour.

Mr Speaker, parallel to the restructure will be the review and formation of new groups. The GHA Senior Management Team is being formed to replace the old, tired and ineffective GHA Executive, and will be tasked to deliver on our strategic objectives. The GHA Operational Group will form the senior group with regards operational delivery, the management of performance and management of risk. Together as a team, they will have collective responsibility to ensure the most effective running of the organisation ever, in order to optimise the experience of patients in our care. Additional groups will include the Corporate and Clinical Governance groups which will address such issues as patient safety, staff training and development, audits, learning from clinical incidents and accountability, just to mention a few areas.

Early indication from feedback collected from our users is that they feel our health service needs to focus on the following key points:-

- A shifting emphasis from cure to prevention, to include screening programmes and earlier interventions
- A Health Service planned around the health needs of the population
- A Health Service which aims for consistency, safety and high quality
- Care which is provided by the appropriate professional in the appropriate site
- Reconfiguration of our services and model of service delivery with a greater shift to Day Care, outpatients and community services
- A wider integrated approach to healthcare with the GHA operating with other Government Departments and agencies with the aim of improving the health of our community
- A Health Service which invests in staff training and development
- An Organisation which learns and responds to the main themes of audits, complaints and incidents
- A wider use of 'IT' to improve patient care
- Repatriation of services

And finally,

- a health service which is financially cost effective and operates within budget

These are in tune with our manifesto commitments and will form the basis of the GHA strategy for the coming years.

Mr Speaker, all of these key points will form the framework for the future vision of our health service, one which will aim to have a health care model which improves accessibility to services, focuses on quality of care, and always with strict, responsible financial controls in place to ensure a cost effective service.

Mr Speaker, I would now like to turn my attention to specific areas of our health service, what has been achieved and what is in the process of being introduced.

Public Health & Health Promotion

Mr Speaker, Gibraltar's childhood immunisation schedule is one of the most progressive in the world, and the programmes continue to be carried out every year in accordance with the schedule by the Primary Care Practice Nurses.

Protection against disease is also available to our adult population through comprehensive and established programmes e.g. Influenza vaccine. New developments in this area may include the introduction of the vaccination programme against Shingles (Herpes Zoster). This has recently been introduced in the UK and the GHA is considering this programme since we shadow the UK's Immunisation programmes.

Mr Speaker, the lack of Occupational Health Services has been a major handicap for many years. This has resulted in situations where healthcare workers are not protected against from serious infections like Hepatitis B to which they are at risk of exposure whilst working. Gibraltar and European law is quite clear and specific on the employer's responsibilities toward workplace safety and on health protection for employees, laying particular emphasis on the role of vaccination.

The risk of Hepatitis B does not only affect GHA workers, but also Police Officers, Prison Officers, Social Workers, Sewage Workers and a variety of others who are exposed in varying degree to this risk due to their occupations.

In order to address this immediate risk, the Government has set up a scheme in partnership with the GHA to immunise all Gibraltar Government employees who are at a significant occupational risk of Hepatitis B. The programme was launched in March 2014 and was a hugely significant, and well overdue service.

Mr Speaker, Gibraltar already has a screening programme in place against Breast Cancer, and we have this year, on the advice of our Consultants and our referral centre, streamlined and improved the service. Attention has now turned to the prevention of another major cancer, Colorectal Cancer. Colorectal cancer is Gibraltar's most commonly occurring cancer, as well as the third most frequent cause of cancer deaths. The incidence is also rising compared to a decade ago. The disease has a high mortality rate if left undetected.

Mr Speaker, the Government announced a screening programme targeted at all persons between the ages of 60 and 74 years. This Government has invested substantially in the resources and improved facilities necessary to make this a reality and make the Gibraltar programme a state of the art design, superior to that of many countries. This programme was launched in February 2014. Mr Speaker, lives will be saved as a result.

Mr Speaker, I am committed to the continued introduction of screening programmes for early detection of disease which improves the survival rates and quality of life for our people. This is one of our Manifesto Commitments.

The next screening programme which will be introduced is screening for 'Abdominal Aortic Aneurysms' (AAA). Having an aneurysm does not produce symptoms unless it starts to bleed. Early diagnosis and treatment will, once again, save lives.

Mr Speaker, priority continues to be given to the area of Health Promotion and Public Education. We will continue to considerably amplify the productivity of the department in meeting the standard that the public expects.

Activities carried out by the department during this past year include the following awareness campaigns:-

- Breast feeding
- Immunisation
- Reducing Obesity
- Colorectal cancer screening
- Sun Awareness
- Dermatology

Mr Speaker we continue to address gaps in this department which were ignored by the previous administration. The Public Health Department has now taken steps to halt the progressive deterioration of the quality of data of the Cancer Registry, whose fitness for purpose had been questioned in an audit report in 2009. The department will now carry out its core data and information based functions.

Mr Speaker, in my last address to this House I mentioned the publication of Gibraltar's first ever Health & Lifestyle Survey. In the words of our Director of Public Health, Dr Vijay Kumar, *'Every nation that desires to understand the health of its population must at some point consider carrying out a health and lifestyle survey'*. The information and data gathered will allow for informed decision making and appropriate actions to be taken to improve the health and lifestyle of all of Gibraltar's people.

This survey has brought insights into the health of the people in an unprecedented manner. However, the wealth of information gained will only remain useful if it is regularly supplemented and updated. To this end, the Public Health Department is planning for the next Health and Lifestyle survey to take place in 2014-15. Creation and successful completion of such projects highlights the commitment by this Government and the GHA to ever closer understanding of the health of our people.

Mr Speaker, I am also pleased to announce the introduction of a new Consultant Microbiology Service. Medical science has changed vastly in the realm of infectious diseases in the past decade and many bacteria seen in hospital infections nowadays are resistant to antibiotics, creating an impending crisis for the future. Addressing this problem requires specialist clinical expertise in infectious disease management, which the GHA currently does not have. It is however planned that a service provider contract with a UK based (Gibraltarian) Consultant Clinical Microbiologist will fill this gap. The benefits of this will be more optimised treatment for patients and better management of the scarce antibiotics.

Other initiatives that we are planning include an initiative on Men's Health awareness, and the enhancement of prostate cancer detection in collaboration with the Prostate Cancer Support Group and the Kusuma Trust.

Care Agency

The GHA's HR and Finance staff were very busy in the latter months of 2013 co-ordinating and undertaking the administrative arrangements necessary to facilitate the transfer to the GHA of approximately 260 Care Agency staff. The most significant change to the transferred staff was that of a pay uplift bringing their salaries in line with that received by GHA staff under the Agenda for Change (Gibraltar) agreement, which had been a commitment of the parties in Government. This required many hours of hard work, and I am grateful to the staff of both the GHA and the Care Agency for making this possible in record time.

Twenty members of staff from a wide cross section of the organisation successfully completed the 'Learning in Action' management development programme. A key element of the programme involved the completion of a work related project which would subsequently be of value to the organisation. The staff must be congratulated for the high calibre of the projects presented and for their significant academic achievement.

School of Health Studies

Mr Speaker, this Government continues with its commitment to deliver a wide range of levels of education, including University level education locally be it at undergraduate or postgraduate level. Last year I was pleased to announce the commencement of the first ever BSc (Hons) Nursing (Adult) Degree programme with 15 students being selected. We are now in the process of selecting the next group of students who will be starting in September 2014.

Additional to this we have recently introduced a postgraduate Masters programme in Leadership and Management in Health; this will provide a higher level of education for our leaders and managers.

This Government and the GHA will continue in its aspiration to respond to the needs of the people of Gibraltar through the provision of high quality, fit for purpose and contemporary healthcare education.

Mr Speaker, most importantly, the provision of education by the GHA is aimed at staff across the organisation with a strong commitment to opening up professional career paths for all staff.

We have already started Enrolled Nurse level training for nursing staff with a second cohort is soon to start. This has opened avenues for entrants at Nursing Assistant level to be able, through hard work and commitment, to continue to progress their nursing career.

Mr Speaker, other future training programmes for our staff will include the possibility of undertaking foundation degree programmes which will continue to develop and modernise the service provided by the GHA.

For the first time ever in the history of Gibraltar we graduated four students with a foundation degree in Paramedic Science from Kingston University. All four are now registered with the Health Care Professionals Council.

The final cohort of 12 Diploma Nursing students graduated in November 2013 at a colourful graduation ceremony at the John Mackintosh Hall. I am pleased to inform this House that all those nurses who qualified secured employment with the GHA.

Additionally two students have returned from Kingston University & St Georges University of London with Mental Health nursing qualifications and one of them secured a first class honours degree.

I take this opportunity to congratulate *all* the successful students of the GHA School of Health Studies. I am pleased and proud to say that the School is also playing a key role in the ongoing work led by my colleague the Minister for Education towards setting up a University of Gibraltar.

In partnership with the Department of Education we are monitoring the number of local students undertaking healthcare related programmes in UK in order to plan for the future workforce of the GHA.

But Mr Speaker, the provision of education does not end here. For healthcare professionals to maintain and improve their skills and knowledge for the benefit of patient care we have set up a comprehensive programme of Continuing Professional Development (CPD). This is multi-disciplinary, offering modules of study for a variety of academic levels reflecting the health and care needs of the people of Gibraltar. The majority of the modules are generic in nature as we continue to encourage staff to accumulate academic credit as they work towards a Diploma or Degree in Health Care Practice. A significant number of staff have completed a CPD module or attended a skills update session delivered in-house or by invited overseas clinicians.

All of this Mr Speaker has been achieved as a result of the professionalism and commitment of the staff at the School of Health Studies and with our partners at Kingston University and St Georges University.

Ambulance

Mr Speaker, the development and modernisation of the Gibraltar Ambulance Service continues to be a priority for this Government.

We recently appointed a new Chief Ambulance Officer, who started in his new role on the 1st March 2014.

Mr Speaker, as with all other sectors of the GHA, training for the Ambulance Service continues to be a priority. As previously mentioned, 4 members of the

Ambulance Service completed their Paramedic training. We are in the process of making the required changes to our legislation and once this has been completed, the newly qualified Paramedics will have at their disposal the whole range of clinical interventions and drug administration regimes which are available to their UK counterparts.

Paramedic care at this level has been shown to not only save lives in seriously ill and injured patients, but also to improve the general outcomes for a whole range for other patients in the pre-hospital arena, plus they will be able to use their newly acquired knowledge and skills to support their Emergency Medical Technician (EMT) colleagues.

Mr Speaker, other training programmes have included;

- 16 GHA Ambulance staff undertook training in Maritime Emergencies and the Ambulance Service now for the first time ever has the capability of responding to Maritime Emergencies in our coastal waters.
- 13 staff were trained in Chemical, Biological, Radioactive and Nuclear (CBRN) equipment and readiness to UK standards.

Mr Speaker, the GHA's Vehicle procurement plan is well underway and has already replaced the bulk of the Ambulance Fleet. In total five new vehicles have arrived which have included Patient Transport Ambulances and High Dependency Unit Ambulances.

Mr Speaker, prior to this plan, the fleet had been in a poor and dangerous condition and largely not fit for purpose, placing patients and staff at risk. I am committed to never again allowing the fleet to age to the point where almost total replacement was urgently required within a short timeframe.

Pharmacy Services

Mr Speaker, the Pharmacy Department now has a Community Pharmacist who replaced many of the functions of Mr William 'Mito' Guillem who retired earlier this year, and who I would like to thank for his many years of service in setting up and running the Prescription Pricing & Advisory Unit (PPAU).

The Pharmacy Department continually strives to improve the service it provides. As new initiatives it has introduced double checks of all dispensing, with drug labels carrying two signatures. Wards have greater input from pharmacists on a daily basis and this year has seen the introduction of an Emergency Drugs Cupboard for out of hours which is proving very effective and allows patients to receive medication in a timely manner. Another initiative, which is being explored, is the introduction of Patient Own Drugs cabinets.

Mr Speaker, another major achievement has been the transposition of all hand written prescriptions into the electronic prescribing/record system. Huge piles of unrecorded prescriptions had been the norm in the past, a real danger to patients. Mr Speaker, I can now confirm that for the first time ever since its inception approximately 8 years ago, all handwritten prescriptions generated and presented to PPAU (Prescription, Pricing & Advisory Unit) are now in the system. This translates to up to date patient medication records and therefore increases patient safety.

Mr Speaker, this is just one of the 'hidden issues' that I have been discovering since coming into office. Never a part of the Manifesto, such hidden issues have plagued me, and some of my colleagues, and have taken up our time, over the past two and a half years. Fortunately, it has now been dealt with.

Pathology Services

Mr Speaker, this year has seen significant improvements and updates to the Pathology equipment base and Laboratory Information System. The majority of the biochemistry, haematology and coagulation analysers have been replaced. This will ensure that all equipment is reliable, robust and current.

Mr Speaker, we are also in the process of introducing new tests. In 2003 a NICE guideline recommended that pregnant women should be offered screening for Downs Syndrome. At present the GHA offers all mothers-to-be a

blood test at 12 weeks (the Quadruple test) to screen for Downs Syndrome, but this only gives a 67% detection rate.

In 2007 NICE guidelines recommended that all women should be offered screening tests with detection rates above 75%.

The Non Invasive Prenatal Test (NIPT) will soon become available to Gibraltar mothers. The advantage of this test (a blood sample taken at 8 weeks) is that it is 99.9% accurate for detection of Downs Syndrome and will save many families from the stress and anxiety of having a stressful test, amniocentesis, which is done by inserting a needle and taking a sample of fluid around the baby and carries a higher risk of miscarriage.

At present this test is only offered in the private sector and Gibraltar will be the first ever national programme anywhere in the world. As from 14th July, this will give women in Gibraltar the latest and most advanced test with the least disturbance and anxiety.

Information Systems

Mr Speaker, our aim to computerise patient notes remains as strong as ever, we are very aware of the benefits that this will bring to the service. These include;

- Increased patient safety by reducing or correcting errors
- Improved shared decision making
- More efficient, accurate transferability of records
- Improved quality and continuity of care
- Clinical time savings
- Administrative time savings

Mr Speaker, since 2007 the GHA identified 'Electronic Patient Records', or EPR, as the way forward in modernising and improving our health service, but the previous administration stood idle and took no notice or action on this to the detriment of progress and of the service.

This Government has seen and witnessed the importance of this project and has committed itself fully to this initiative.

I can inform this House that the GHA issued an OJEU advert on the 27th November 2013. Three companies were initially shortlisted to proceed to invitation and participate in the competitive dialogue stage of the tender process. The Electronic Health Record Programme Board, which I chair, has been set up to oversee this project and ensure it is delivered on time.

Mr Speaker, in the periphery of the work being undertaken with the EPR project, other initiatives and improvements are taking place. The Information Systems (IS) team have developed in-house clinical applications to manage various requirements for monitoring and managing patients or specific clinical initiatives e.g. the Colorectal Screening Programme. Other new initiatives are being worked on, including a 'new look' to the existing system, and a diabetic clinic system. These new systems will be integrated once the full EPR System is in place.

Mr Speaker, the Information Technology (IT) team continue to manage the GHA's computer and network infrastructure and are involved in various development programmes such as the design and build of the new data centre, the installation of a histopathology system, 'Vitropath', which will enable the computerisation of all results for this area of Pathology Services and to fully integrate with existing systems, installation of a hospital Wi-Fi network, improvements to the virtual clustered server environment, new back-up and disaster recovery systems for business continuity and supporting other GHA projects such as the new Mental Health Facility.

Mr Speaker, the GHA launched its new website and social media presence on the 17th July 2013. The website was designed and developed completely in-house and provides information on all aspects of the healthcare services available to visitors, patients and health professionals in Gibraltar. It also offers a great deal of information to assist with enquiries and to stay informed of the latest health related news.

Since its launch in July 2013 the website has received 48,506 unique visits, 158,986 page views and the average site visit lasted for approximately 5 minutes. The website has also received 409 email enquiries, and 164 service users cancelled their appointments online.

Prior to the launch, the previous website had received a total of 384 unique visitors, 1983 page views and the average visit had lasted 3 seconds. They can't have been very impressed with what they saw!

Catering

Mr Speaker, keeping to our Manifesto commitment of 'making alternative arrangements to improve the delivery of meals and consequently their quality' I can inform this House that the feasibility study commissioned for the relocation of the Catering Facility to St Bernard's Hospital has been completed and the project is now in the construction phase.

The new facility has been designed to cater for a bulk meal service; however discussions are already underway to phase in this service as a pilot prior to the completion and relocation of the new facility. Works to accommodate bulk meal service within the wards are proceeding.

This project is a priority since it will improve the quality of the food served at the bedside. Good nutrition is essential to aid recovery and in the provision of excellent healthcare.

Medical Records

Mr Speaker, I am pleased to inform this House that the exercise to relocate all active patient medical files to the new Medical Health Records Library was successfully completed in December 2013. This new facility will provide spacious and functional accommodation for the safe storage and retrieval of medical records and improve the working environment for staff.

Sponsored Patients

Mr Speaker, the sponsored patients department continues to see an increased trend in the number of patients being referred to various UK and Spanish centres for tertiary treatments due to the fact that health care continues to become even more specialised and more options become available for patients. This is reflected in last year's expenditure which exceeded £11 million. This Government will continue to support this programme, but is always mindful of exploring options for repatriation of both

diagnostic and treatment services and of keeping services as close to home as possible to ensure patient and family comfort, and to offer a wider choice to our people.

Following on these lines we have formally established a Service Level Agreement with 'Xanit International Hospital', which has fixed prices, and provides the opportunity for tertiary referrals close to home for a wide variety of medical conditions. Discussions with other centres are also in progress.

Mr Speaker, the number of referrals processed by the GHA's Sponsored Patients Department will continue to increase. In order to ensure that the department continues to provide an excellent service, an internal review of the Sponsored Patients Department and its services is currently being conducted, in keeping with the Government's Manifesto commitment to this effect. Changes to the conditions and allowances are being considered and will be concluded within this financial year. As an interim measure, and as from 1 August this year, the maximum allowance payable to patients and escorts staying with friends and relatives will be increased by approximately £75 a week each to equal half of the amount given for staying in rented accommodation. This will assist these patients and their relatives, who often receive very meagre allowances.

Radiology

Mr Speaker, the Radiology Department has been a pioneer within the GHA with regards to information systems and electronic requesting. There have been on-going developments within the field of 'Teleradiology' and patient images and reports can now be sent abroad directly through secure login accounts to users anywhere, anytime.

The tender for the procurement of the new CT Scanner is going through due process via the Government's Central Procurement office and I expect it will be in place during this financial year.

Green Initiatives

Mr Speaker, I continue to support initiatives by the GHA management and those by the GHA's very active Environmental Task Group. The GHA continues to be proactive in reducing the environmental impact brought about by the increasing use of facilities and services. There are various environmentally friendly initiatives aimed at reducing energy consumption, enhancing energy conservation, recovery and the reduction of operational costs.

Some of the initiatives include:-

- LED Lighting scheme, with the aim of replacing conventional lighting throughout the GHA. This is a long-term project given the size and complexity of the systems. The new Records Department at St Bernard's Hospital has been the first department to have a fully-fledged lighting solution based on LED technology.
- A smart metering solution has been recently commissioned to ensure we are able to monitor power usage throughout St Bernard's Hospital.
- Installation of Heat Recovery Systems ensures the recovery of heat load generated from the air conditioning systems in order to provide hot water. This system has already been installed at the new Mental Health Facility.
- A new Solar Thermal Plant will be installed at St Bernard's Hospital. It is expected this plant will provide up to 60% of the hospital's hot water, with considerable savings in fuel costs.
- Other projects include the introduction of recycling bins for paper and cardboard, small electrical and electronic equipment and batteries plus an on-going programme to develop a paperless system.

Mental Health

Mr Speaker, improving Mental Health services remains one of our top priorities. A large proportion of the work done over the past year in Mental Health relates primarily to the new facility due to open this year. Through a process of discussions with a number of groups including staff, service users, carers, support groups and relatives, major changes will be seen in the way Mental Health operates.

Among some of the improvements will be the ability to offer more appropriate placements for patients during their journey through the reconfigured facility.

Mr Speaker, the new facility will also see the introduction of a variety of new services and programmes, including

- A sheltered employment programme in partnership with the 'Club House Project'.
- An Activity & Recreational Centre offering structured programmes,
- and the introduction of open air exercise equipment in the garden area to promote a healthy living initiative, this will be linked with the well man and well woman groups.

All these programmes are being developed to assist full integration into society and giving patients the opportunity for a better future.

Mr Speaker, another area which required great attention was the Community Mental Health Unit. This facility is currently undergoing a major refurbishment programme to all existing areas. This will include an extension to the existing building, which will house two extra consultation rooms and a secure area to house all the clinical notes.

Mr Speaker, when I came into office I made a promise of never again allowing the Mental Health Service to deteriorate to the level that I found it. I maintain this commitment and I am pleased to inform this House that we are well on the way to having a Mental Health facility and service of which Gibraltar can be proud.

Mr Speaker, due to the increasing demand of services for Dementia patients, resources have been re-configured and staff have successfully completed further training in this field in order to offer more support to this client group and their families.

Keeping to the subject of improving services and facilities for Dementia patients and support for relatives and carers, the Dementia Day Facility Steering Group continues to work on this project with a target date for completion late this year. This group is also developing the Dementia Strategy for Gibraltar.

Day Surgery

Mr Speaker, perhaps the biggest success story of this past year has been the opening of the new 'Day Surgery Unit' with its extended opening hours and specialised staff. This unit has the ability to do more procedures as day surgery, reducing the need for overnight stay and the use of much needed inpatient beds.

Most Healthcare providers worldwide are working hard to implement this model of surgery as the norm for the vast majority of surgical procedures as there are multiple benefits for the patient and healthcare provider. In the UK around 70% of all surgery is carried out this way and the NHS is trying hard to improve this number.

Mr Speaker, I am proud to say that the GHA's Day Surgery programme has revolutionised surgery at the GHA and now accounts for nearly 85% (April figure) of all surgery, compared to just 33% in January 2013. I have to thank all the staff concerned who have spearheaded the project themselves and responded to this change admirably.

Mr Speaker, the aim of the GHA's Day Surgery programme is not just about numbers, but about a service which follows international best practice, contributes towards a safer service and aims at improving patient and staff satisfaction and outcomes. The success of this is evidenced by the numerous letters and positive patient feedback received highlighting the excellent service.

The opening of the new Day Surgery Unit together with the introduction also this year of the 3rd operating theatre suite which had practically remained inactive since the opening of the new hospital, have been major factors in addressing some of the challenges which were being faced by the health service; long surgical waiting lists in every speciality and the unavailability of hospital beds.

The number of cancelled operations due to bed shortages has dropped massively since last summer with only 2 cancellations during the usual difficult winter season between October and March. This compares to a peak of 70

cancellations in 2011/2012 when the former management was in place and the policies of the previous administration lingered. The average cancellations in these months during the last winter were 0.4 per month compared with averages of 9, 14, and 7 per month in the previous three winters.

Mr Speaker, the scourge of the GHA, cancelation of operations at short notice due to lack of beds, is a thing of the past, and banished to the memory of the dark days of the GSD.

Also significant is the drop in the number of patients waiting for surgery. Comparing April 2012 with March 2013 and March 2014, the total number of patients waiting was 986, 1030 and 626 respectively. This is equivalent to a reduction by about a third in the past year. If those patients already booked for surgery are removed from the list, the total drops even further to 467, or half the figure.

Mr Speaker, even though there are still surgical specialities which continue to present a challenge, through a number of initiatives such as increasing the visits by Visiting Surgeons and undertaking weekend initiatives, with the ability to use three theatres and day surgey, we will continue to improve on these figures.

Progress in other waiting lists can also be seen for example, in Urodynamics there has been a drop from 30 to 13 weeks.

Even in Orhtopaedics, which remains the biggest challenge due to a longstanding waiting list going back years, the outpatient wait has dropped from an unacceptable 10 months to 6 months. This is still not acceptable, and we are on resolving this in the coming year, but it shows a clear improvement by for whole months.

Mr Speaker, I am proud to say that waiting lists are falling and waiting times reducing. Put another way, Mr Speaker, we have slashed waiting lists and waiting times unrecognisably.

Mr Speaker, other factors which have contributed to achieving these successes, have been a more proactive management of lists and beds, and

more engagement by clinicians in the direction and development of theatre activity. This is hugely significant. The clinicians, nurses, doctors and allied professionals are all actively involved in taking and actioning decisions, working with technical, administrative and support staff, from attendants and labourers and craftsmen to domestics, who as we know keep the GHA in sparkling condition. And it works. The GHA is once again becoming a team.

Mr Speaker, I would be falling short of my duty if I did not here mention the work being done in partnership with the Care Agency in providing 'care packages' and support in order to facilitate discharges of patients from St Bernard's Hospital. This is in addition to the work that has been carried out by the Care Agency in opening the John Mackintosh Wing at the old St Bernard's site. This facility, temporarily accommodating residents of the Jewish Home, will cater for frail/elderly patients. It will allow the GHA to free up much needed hospital beds, allowing it to continue its elective programme and maintain its emergency capacity with no disruptions or safety issues.

Allied Health Care Professionals (AHP's)

AHP's are an integral part of our healthcare system and have been involved in the past year in the introduction of new services and are working to implement new ones.

Mr Speaker, keeping in line with improvements done to the GHA's waiting list and waiting times, another success story is the Physiotherapy outpatient waiting list which reached an unacceptable 400 in October 2013 following loss of staff, with a waiting time of 20 weeks. Since January 2014, I am glad to say that this initiative has yielded very positive results with the waiting time now standing at only 3 weeks. Another incredible achievement.

Other initiatives have included:

- The Physiotherapy Department together with other healthcare professionals have worked towards the implementation of NICE guidelines for the management of non-specific Lower Back Pain.
- The Audiology Department is working with the Nuffield Centre in the UK to set up a comprehensive neo-natal screening programme.
- The waiting list for hearing aids is in the process of being reduced.
- Waiting times for Orthotics and Optometry are just 2 weeks.
- During 2013 the Optometry Department introduced a Contact Lens Service. Apart from a few patients who need to be referred to Moorfields Eye Hospital in the UK due to the need for more specialised treatment, the majority of patients are now seen locally; this is in line with this Government's commitment to repatriate services.
- The Occupational Therapy staff continue to work tirelessly on the backlog of environmental works which stretched back to 2007. By prioritising these works, for the first time in years this backlog has now been eliminated.
- The 'Early Birds' Training programme started in March 2014. This programme is jointly run by the Paediatric OT and Speech and Language therapist and is designed specifically for parents to help them with understanding and giving them practical coping strategies to implement at home and in school for their child with a recent diagnosis of autism.
- In line with our policy on Autism, staff also attended the National Autism Conference held in UK and gained excellent knowledge and skills from the workshops to ensure best practice is followed for this service.

Mr Speaker, I am particularly satisfied at the progress being made in providing support for families where autistic spectrum disorder has been diagnosed. I will continue to actively support this work and I have encouraged parents of children with autism to form a support group with which I will continue to work.

Indeed Mr Speaker, I continue to meet regularly with too many groups to mention separately, and will to continue to work together with them to achieve

greater improvements. Some of the initiatives resulting from working with these groups have included and will include:

- The introduction of free diabetic specific medicines for all Type 1 Diabetics;
- Introduction for the first time of guaranteed annual reviews of Type 1 Diabetics by a Consultant;
- Prostate Cancer screening service;
- Improved lymphoedema service;
- Plans to work on sexual health initiatives;
- 'Talking lifts' in St Bernard's Hospital to assist the visually impaired;
- Lift to the hospital garden allowing wheelchair access.

Consultant Contract

Mr Speaker, I am pleased to report that after lengthy negotiations with Unite the Union, a firm proposal to resolve the issue of the Consultant Contract has now been put to Unite the Union who represent the Consultants.

These negotiations threw up new claims not anticipated when I reported to this House last year, which resulted in the discussions being extended.

Mr Speaker, we remain committed to also review the contracts of our Non-Consultant Hospital Doctors (NCHDs).

GMC Registration

Mr Speaker, in line with our Manifesto commitment of making the General Medical Council (GMC) the regulatory body in Gibraltar for the medical profession, after meeting with the Department of Health and GMC in UK, we have made huge progress on this and expect soon to be in the position to implement. We have already identified the Responsible Officer for Gibraltar and we are in the process of drafting the necessary legislation. Further progress has been a Service Level Agreement with Health Education England to deliver the mandatory appraisal programme for all our medical staff, which is a crucial part of the revalidation process.

This will represent a massive step forward for the GHA in maintaining the skills, competency and quality of our medical staff and one which will have a lasting and positive impact on the standard of healthcare in Gibraltar.

The GHA has supported its doctors in dealing with this change in practice, which has included the GMC's own moves towards a stricter licensing regime. There has been and will continue to be full consultation with doctors in both the public and private sectors as the process is rolled out in the coming year.

Medical Staff

Mr Speaker, an Associate Specialist in Accident and Emergency will shortly be appointed, which will improve the management and leadership of the medical team in the department, improve medical cover and hopefully reduce waiting times for patients. Together with the plan to have a 24 hour receptionist presence at A & E, improvements in this area are envisaged.

Primary Care

Mr Speaker, at the beginning of my presentation to this House, I identified that one of the problems that we continue to have is access to GP appointments. The system for the provision of advanced appointments changed on the 1st August 2013. The appointment system changed from a 3 month cycle to a monthly cycle. This seems a better solution than the previous system, but I acknowledge that no system is perfect and this one is not without its problems.

Notwithstanding the improvements that the new system represents, it is clear that more work is still required. Analysis of available data on patient numbers reveals an increase in the number of users eligible for the service. This increase in demand is a challenge that is being discussed with both service users and service providers.

I acknowledge Mr Speaker, that there are complaints with regards to lack of access to services by telephone especially at peak times of the morning. I take these concerns very seriously and attempts continue to be made to improve access to services. The problem Mr Speaker is largely due to the

large number of persons who phone in over a short period. Even though up to 7 lines are in use, and 60 callers get a recorded message, the system as it stands gives the impression from the 61st caller that the phones are either off the hook, or not attended. I assure you Mr Speaker that this is not so, and I pay tribute to the staff at the Primary Care Centre for their commitment and hard work in challenging circumstances.

Mr Speaker, we continue to work on these issues. On-going developments to help improve the service include:

- Extra phone lines
- Booking appointments through the internet
- Further improvements to the repeat prescription system
- Texted appointments for those with sensory impairment
- Analysing the GP workload
- Exploring different models which may change the way appointments are offered, with the aim of improving the quality of the GP/Patient interaction and increasing the availability of GP appointments

Other developments which will improve current services include:-

- Extra clinics are in the process of being constructed which will ease the pressure of clinic space felt by all clinicians
- Specific children's clinics will shortly be introduced
- Nurse Practitioners are now able to prescribe from the full formulary

Mr Speaker, all of these developments will result in the problems experienced by the public in accessing primary care becoming a thing of the past.

Estates & Clinical Engineering

Mr Speaker, the GHA's 'Hard Facilities Management' services are provided through the Estates & Clinical Engineering section which is staffed by staff seconded from the Gibraltar Electricity Authority's Techno-medical Division (TMDs). This covers the GHA's substantial estate across multiple sites.

This team is responsible for planning and co-ordinating major works, Mr Speaker, many of which I have already mentioned.

Engineering and maintenance support is provided for the estates' engineering infrastructure as well as the maintenance, repair and calibration of medical plant, clinical equipment and medical gases.

Mr Speaker, the Estates & Clinical Engineering team attended to a total of 1,892 breakdown and repair requisitions and 459 after hours call outs. This represents a fall of 7% over the previous year.

Their hard work and commitment sees the GHA's premises function with a high degree of excellence, and has reduced the backlog of servicing and commissioning to zero.

Last year the Government maintained the GHA's substantially increased Capital Expenditure funding. This has allowed the GHA to develop important projects necessary to improve facilities, and continue to make progress with its medical equipment life cycle replacement programme. This ensures that our clinicians are supported with modern technology that is now an integral part of health care delivery. This investment in capital for the health service will continue this year.

On-going Initiatives & Manifesto Commitments for FY 14/15

Mr Speaker, I will now mention a few on-going initiatives which have seen recent progress and/or which we will see during the coming year.

Expansion of Gym and Rehabilitation services facilities

Building an extension into the surrounding grounds will expand the area available for patients in cardiac rehabilitation, physiotherapy and occupational therapy.

Medical Advisory Committee (MAC)

For the first time in over twenty years a Medical Advisory Committee has been set up made up of the doctors and dentists in the GHA. This is a manifesto commitment and essential in enhancing clinical involvement.

Stroke treatment and care

The pathway for stroke care is at present being developed by a steering group of healthcare professionals under the direction of a Specialist Stroke Consultant from UK.

This pathway will introduce the use of new technology, which will transform the way healthcare is provided in Gibraltar. Telemedicine will enable the Accident & Emergency team to receive prompt advice from a skilled Stroke Consultant in the UK when a patient presents with a stroke to the A&E Department. It will give medical and nursing staff in A&E support and advice on how to manage individual care. This will be by confirming diagnosis or making a differential diagnosis based on an expert assessment using a remote video-based consultation. This service will be available 24/7 thus improving the outcome for patients.

The use of this technology will then be used to cover other specialities such as Neurology, General Medicine, General Surgery, Orthopaedics, and others.

Public Access Defibrillators

There have been an additional five defibrillators placed in public areas around Gibraltar with a further one due to be installed when some refurbishment works are completed. The first ones ever, 10 in total, were placed by the Government last year.

IVF

Ten new Gibraltarians have been born as a result of this Government's introduction of IVF, and there are further pregnancies at the moment.

BSL translation services

Online access to British Sign Access interpretation for assisting the access to healthcare by the profoundly deaf will allow such service users a dignified and informed access to healthcare.

Fire training

For the first time since moving to St Bernard's new site, comprehensive fire planning and fire training has been provided to key workers in GHA sites.

Complaints Procedure

The GHA is working with staff from the office of the Ombudsman to re-draft how complaints will be managed in the future, with the aim of addressing complaints more efficiently, and to have more transparency and independence in the process. The final draft of the new complaints process with the accompanying changes to the legislation are expected to be completed by the end of the year.

EU Cross Border Directive

Mr Speaker, keeping in line with being up to date on EU directives, the Ministry set up a steering group to review the EU Directive on Cross Border Healthcare and facilitate its implementation.

Member states were given until October 2013 to implement the Directive and the Commission would be monitoring the process to ensure that this is implemented fully across the EU.

Mr Speaker, I am pleased to announce that after introducing new legislation – the Cross Border Healthcare Regulation 2013, setting up a National Contact Point and the GHA Prior Authorisation Committee, all transposition was completed on time by the 25th October 2013.

International Health Regulations (IHR)

These regulations, which govern the processing of medical issues at our entry points are due to come into force. The last administration had given this no priority, which would have left Gibraltar exposed at having inferior facilities at its entry points, especially its Port, with the consequent effects on our reputation and success as a destination. I am pleased to say that once more this administration has worked with tremendous inter departmental collaboration and efficiency and the regulations will be published within weeks. This has not just meant the publishing of the regulations, but ensuring that the processes are agreed and in place.

Conclusion

Mr Speaker, I would like to finish by sharing some examples of success and positive feedback, which is a reflection of the excellent work being carried out throughout the GHA.

Dermatology Department

From humble beginnings, dermatology in Gibraltar has grown over the years into a great service, to the full credit of the Dermatology team. Evidence of this excellent service is the fact that one of the nurses leading this service, Ms Linda Castro, was placed second place in the category of 'Dermatology Nurse' of the year in the UK. This is testimony to the professionalism and excellence of Linda in particular, but also of the service in general. The Unit is shortly to have improved facilities at the reconfigured Primary Care Centre, and recently held an extremely successful skin cancer awareness day and walk-in service, with the collaboration of Unite, which received hundreds of visitors.

This is a good point, Mr Speaker to mention the importance the Government gives to protecting the health of the community. To this end, future Government organised or sponsored events will have available free sunscreen and ear protection. Mr Speaker, this is a new way of doing things.

Examples of Patient/Relative Feedback

Mr Speaker, please allow me to quote some of the feedback that we have recently received:

'Having been admitted to CCU suffering from a Pulmonary Embolism the quality of the doctors and nursing staff was off the chart. These guys are on the go for the whole shift yet their bedside manners and care was tremendous' (CCU patient)

'It is most often the case that people will only write to you to complain about the service received from your organisation or take issue with a particular instance, action or aspect of the service. On this occasion, however, my wife and I would like to congratulate you on the thoroughly professional yet deeply caring manner which we were dealt with during our time at the Maternity Unit'

(Maternity – couple on the birth of their son)

Conclusion

Mr Speaker, as I approach my conclusion, I must thank all the nearly 1000 staff of the Ministry and the Authority, for their commitment, hard work, professionalism and the support they give me in performing my duties.

All our healthcare workers and support staff will forever remain our heroes. I wish to thank them all for their sterling work and performance, at times undertaken in very difficult and challenging circumstances.

I also want to thank the members of the various committees and boards, in relation to both my Ministries, for their work and sense of public duty, and extend these thanks to associations and others in the voluntary sector who play a tremendous role in improving and sustaining the health of our community.

Mr Speaker, I am conscious of the responsibility that I, and my team, carry on our shoulders as we are entrusted with a budget of £100 million pounds. I can assure you Mr Speaker, that never before will such money have been better spent, for we will see real improvements in the service that we provide.

Mr Speaker, there have been huge improvements in the health service provided in Gibraltar. I'd say unprecedented in any similar period. But I am not satisfied, it is not enough. I have already said that my main areas of concern are access to Primary Care and A & E. There are a few other areas where improvements have lagged. Some of these include some of the services provided by Visiting Consultants. I am pleased to report that I am undertaking an incisive review of these services, in discussion with major UK providers, which will show marked improvements in the coming months.

I am also committed to exploring new, alternative pathways and avenues of treatment as a way of increasing the range of services available to our community.

Among the difficulties we face is the need for space, both in the PCC and at St Bernard's, particularly as we consider the possibility of repatriating diagnostic services such as MRI scans to Gibraltar.

I am therefore hugely pleased and proud to announce that the Government will shortly embark on the construction of a new wing at St Bernard's Hospital, which will allow the GHA to relocate many of those services which are short of space and facilitate the repatriation of services. This will be a separate building located in the central courtyard, and is already being designed.

Mr Speaker, we will continue to develop this service. Our ambition is for Gibraltar to have a health service second to none, a service in which we can all take pride, services which will reach beyond our hospitals and provide care where it is needed most, at home and in our community.

A commitment to learn and improve, and a focus on partnership, will allow the GHA to succeed.

This commitment is what defines this Government and this Gibraltar Health Authority.

This Financial year 2014/2015 will be a memorable one for our health service.

Mr Speaker, this Government of the GSLP and Liberals came into office with a promise of change. Mr Speaker, as I have clearly demonstrated with reference to my portfolios, it is not change that has been delivered. Mr Speaker, it has been a veritable Transformation.