



HM Government of Gibraltar

Ministry of Health, the Environment,
Energy and Climate Change

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**Minister for Health, Environment, Energy & Climate Change
The Hon Dr John Cortes MBE
Budget Speech 2015/2016**

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. Let me set the scene by quoting a cruise passenger who sadly had to be hospitalised in Gibraltar:

"I was a patient in your hospital for two weeks and I do wish to express my gratitude to all concerned with my treatment. The medical and nursing care was first class with a general standard of efficiency. A high standard of training coupled with effective organisation shone in every way. So thank all of you for your share in getting me fit enough to return home. I count myself very lucky that the ship docked where such a fine hospital is available."

Mr Speaker, this budget speech will primarily highlight the improvements made to our health service during the last financial year 2014/2015.

Mr Speaker, there is of course much more to do. I continue to listen to the people I represent and realise that there are no easy answers to some of the problems which have built up over many years, just the painstaking work of putting right what was allowed to go wrong for so long under the previous administration and the previous management. But I am as determined as ever to deliver a health service of which to be proud.

Mr Speaker, in previous presentations to this House I have made reference to the need to change the GHA's management structure. I am now pleased to report that this has now been completed. This has allowed the team to start setting up essential groups and committees such as the Clinical and Corporate Governance groups which are essential and will ensure we address issues such as patient safety, staff training and development, audits, learning from clinical incidents and accountability.

Mr Speaker, as we know, the GHA provides a comprehensive range of health services for the people of Gibraltar. This includes Primary, Secondary, Mental Health and the Ambulance Service, together with arranging care in the UK or Spain for those patients whose medical condition requires that to be done.



Mr Speaker, we are extremely fortunate to have the high calibre of professionals delivering these services for a relatively small population. People now want to be informed about their care, and want to be involved in decisions about their care. Patients also expect to be active participants in developing plans for their care. The public is more aware than ever before about health care. Therefore in order to continue building on our reputation and respond to the challenges of the future, the values that underpin healthcare practice must reflect what the public expects from us.

Mr Speaker, I gave a commitment over 3 years ago and with the assistance of all at the GHA we will continue to seek ways of improving all areas. We have a vision of the kind of organisation we wish to be and the service we wish to provide, and our strategic plan sets out how that vision will start to be achieved.

Mr Speaker, in its strategy, we have identified five key objectives which are:-

1) Prevention rather than cure

The GHA will improve the health of our population through health promotion, education and awareness. Introduce new screening programmes and improve the management of chronic disease.

2) Provision of Care and Services

The GHA will provide care and services at the right time, by the right people, at the right place with the appropriate resources.

3) Training, Development and Succession Planning

The GHA will provide the appropriate training and support to staff to develop them in acquiring the right skills for current and future needs of the service.

4) Governance, Quality of Care and Safety

The GHA will develop a comprehensive and robust Clinical and Corporate Governance framework.

5) Communication and Engagement

The GHA will engage in the development of effective communication strategies within the organisation, with service users and with other stakeholders within the community to ensure that there is awareness, engagement and constructive participation in all aspects of the service.

Mr Speaker, I will now 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, Health Promotion is one of the key ways to improve the health and quality of life in our community. We promote the comprehensive childhood immunisation programme, but at the same time we also look to the more senior members of our community, for which the GHA has introduced a new vaccine against Shingles which will be of great benefit.

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Shingles is more common in people aged over 70 years, and complications are also more likely in older persons. For this reason as of this year the Shingles vaccine will be available to all persons during their 70th birthday year, or if older than 70, on their 79th birthday year.

Mr Speaker, during this period, Government also introduced vaccinations against Meningitis C for students who were starting University as a means of protection against the disease.

Meningitis vaccination has been routinely given to infants in Gibraltar for many years. However, research has shown that the protective effect of the vaccine may decrease as the child grows. Young persons who enter into higher education for the first time usually move into areas where people live closely to each other, such as university halls of residence and shared accommodation where they are exposed to unfamiliar bacteria. They will benefit from the protection offered by a single dose of the Meningitis C vaccine. We have also requested the necessary vaccine stocks to be able to introduce meningitis B vaccination in the autumn at the same time as the UK.

Mr Speaker, the Colorectal Cancer Screening programme was formally commenced on 1st April 2014. During the first year of the programme a total of 2159 invitations were sent and 2204 test kits dispatched. In response, 849 samples were received, of which 638 (75%) were negative. During this year, the screening programme picked up 2 cancers.

Mr Speaker, as promised last year, the GHA introduced a new screening programme to detect Aneurysms of the Abdominal Aorta from 1st March 2015.

This programme aims to detect such Aneurysms in older men who have a higher risk of this condition, which can be fatal if not detected and treated in time.

Mr Speaker our ability to screen the hearing of neo-natal babies is also progressing even further with staff being trained and new equipment procured.

Members will be aware of recent UK news reports where consideration is being given to a 'new', safe and non-invasive system of genetic screening for unborn children. Well I am proud to say that we introduced that system almost a year ago, the first national health service provider anywhere in the world to do so. This has greatly reduced distress to mothers and also reduced unnecessary referrals to UK. We have also acquired the services of a visiting consultant geneticist to advise on any issues that arise.

Screening programmes remain one of my priorities. The breast screening programme is expertly run and regularly improved upon, but I have discovered that the cervical screening programme that I inherited is far from satisfactory and this year we will work on bringing it up to the required standard.

Mr Speaker, another commitment from last year was to undertake the second Health and Lifestyle survey. The creation and successful completion of such projects highlights the

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commitment by this Government and the GHA to even closer understanding of the health of our people.

The 2015 survey will once again aim to find out the levels of perceived health in the resident population as well as gather information on eating, drinking, physical activity and other lifestyle parameters. It will also be able to make comparisons with the earlier survey and examine trends. The information from this second survey will be valuable in determining future health priorities for our community.

Mr Speaker, in keeping with another of the commitments made last year, the GHA has set up for the first time ever a specialist microbiology service which will be delivered by Hampshire based Gibraltarian Consultant Microbiologist Dr. Nicholas Cortes (no relation).

Dr. Cortes is providing advice to GHA doctors throughout the year, as well as making regular visits and training staff. He is providing guidance on clinical practices and expert advice on matters related to infection, something that is increasingly important with the emergence of organisms that are resistant to antibiotics.

He also provides advice on specific patients and conditions as well as support in developing policies and protocols and in improving clinical governance. This service will support the work of our health professionals, but most significantly benefit our patients and other users of our services.

Mr Speaker, on Health Promotion and Public Education, the department has been busy throughout the year with the following programmes delivered;

- Skin Cancer Screening day
- Autism Awareness
- Breast feeding Awareness day
- World Asthma day
- World Blood Donor day
- Noise induced Hearing loss
- Dental Health Awareness day
- Dementia Awareness day
- Mental Health week
- Heart Health
- No Smoking Day
- The Well Child
- Hand Hygiene Day

Mr Speaker, one of the greatest Public Health challenges during 2014 was addressing the Ebola crisis. The Authority took the lead in building up preparedness for a response to the threat posed by the potential arrival of Ebola Virus disease into Gibraltar. Gibraltar's Port protocols were strengthened with specific measures applied to ships or persons having visited from affected

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areas. The Borders and Coastguard Agency, Pier Masters, HM Customs, the Airport and the Police were all similarly prepared.

A comprehensive 'Viral Haemorrhagic Fevers Policy' covering preparedness, disease recognition, personal protection, infection control, investigation, clinical management, specialist advice and waste disposal was prepared.

A dedicated reception and isolation unit within St Bernard's Hospital for admitting potential suspected cases was swiftly and safely created, together with a comprehensive training programme delivered by our excellent Infection Control Nurses to healthcare workers. Two simulation exercises were successfully held on 5th November and the 11th December 2014 to test the plans. We were well ahead of the game.

Mr Speaker, as I have mentioned already, the management structure review that I initiated in 2012 is now complete and we are now adapting to this and streamlining operations.

As part of its new services, the GHA HR department will shortly be introducing and conducting exit interviews with all employees who leave the organisation. The benefit to the organisation of encouraging staff to complete the exit interview process is that important information can be obtained which can be used to support other initiatives and policies such as health and well-being, stress management and equality.

Mr Speaker, in order to support the HR function of the GHA, we have entered into a formal agreement with the UK's NHS Employers, which will allow us access to the various services provided by the organisation. These services provide access to publications which include guidance and case studies, access to seminars and webinars on topics such as health and wellbeing at work, Staff engagement, organisational development, raising concerns at work, equality and diversity just to mention a few.

Mr Speaker, the GHA will benefit immensely from this arrangement, from the experience and expertise that can be obtained from NHS Employers.

We are working hard in becoming the exemplary HR department of Gibraltar. Mr Speaker, staff are the most important asset a health service has, and we aim to provide practical support on all aspects of managing human resources, which in turn promotes better care to patients.

Mr Speaker, the GHA held its seventh annual Staff Awards Ceremony at the John Mackintosh Hall. Around 140 members of the GHA's staff and their guests came together to celebrate the long and loyal service of staff who have worked for the GHA for more than 25 years and a range of individual and team acts of outstanding performance in 2013/2014. Special mention needs to be given to Mr Stephen Mascarenhas and Mr Francis Mauro who work as GHA messengers and were joint winners of the GHA's prestigious 'Employee of the Year Award.'

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Mr Speaker, on the issue of the Consultant contract, I can report that we are in the final stretch to full resolution, with just some minor details being worked out between the negotiating teams of the GHA and Unite.

We are also reviewing the contracts of our Non-Consultant Hospital Doctors (NCHD's).

Mr Speaker, in keeping with a manifesto commitment on the subject of General Medical Council (GMC) registration, doctors will in future need to be both registered and licensed to practice by the GMC in order to register under the Medical Registration Board in Gibraltar.

The new procedures follow extensive discussions with private and public sector doctors in Gibraltar as well as with the UK Department of Health and the GMC. We are working with doctors to ensure a smooth transition, to guarantee that currently registered doctors are reassured, and to resolve any issues that may arise without prejudicing anyone's ability to practice legitimately.

Mr Speaker, this process has required the enactment of further rules establishing the Responsible Officer who will oversee the licensing of doctors in Gibraltar. There will be a comprehensive programme of Continuing Professional Development (CPD) and regular appraisals to a standard acceptable to the GMC in order to be revalidated. This process has already commenced in the GHA with the support of the Health Education Wessex Training Board.

Mr Speaker, this process will provide comfort in the knowledge that all our doctors will be validated by the greatly respected GMC and is already serving as a catalyst leading to improvements of standards of practice and good clinical governance. I look forward to working with the MRB and the doctors in making this a working reality.

Mr Speaker, in the same vein new regulations to govern Allied Health Practitioners are also in place. The benefits of this arrangement also, include improved standards of practice and good clinical governance. Mr Speaker, this Government as none ever before is committed to a quality service and safe professional practice.

School of Health Studies

Mr Speaker, the School of Health Studies (SHS) is at the heart of healthcare provision in Gibraltar, providing health care education to a range of staff in various settings. The SHS maintains close links and works with Kingston University and St Georges' University of London.

Mr Speaker, the SHS has over the last year introduced a range of new initiatives. The Enrolled Nursing programme has had over 40 pupil nurses taking part. Enrolled nurses registering with the Nurses, Midwives and Health Visitors Registration Board Gibraltar have and will take up employment with the GHA in various care settings. This is a joint award with the Pearson/Edexcel's Qualification and credit framework (QCF) level 3. This was an innovation of this Government and is an opportunity not available in the UK. It has opened the possibility for nurses to train through the different levels while staying in Gibraltar.

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The first ever Degree programme delivered fully in Gibraltar is due to render fruit this year. Eleven students are expected to graduate in Autumn 2015, and existing posts have been earmarked for all the students. The School is looking forward to offering joint degrees with the new University of Gibraltar.

The part time MSc in Leadership and Healthcare has entered its second year. Senior managers from across the GHA are participating in the first ever programme of study at this level. A number of other training programmes have received considerable SHS input, for example QCF levels 2 and 3 for health care assistants and ambulance service personnel, and assisting the ETB with their Care Training Programme in co-operation with the Care Agency.

The SHS is also assisting with the Clinical Governance aspects of the Ambulance Service ensuring that this service is patient centred, safe and effective.

Mr Speaker, in order to improve the learning experience and environment, there has been investment in the refurbishment and significant additions to the IT facilities within the SHS, which will offer staff and students further resources in the form of a 20 seater computer suite. The Library electronic databases have grown exponentially, responding to the changing ways in which staff and students access, learn and use current evidence to inform their practice. Our aspiration to provide a 24 hour, 7 days a week library provision is nearing completion.

Mr Speaker, to show this Government's commitment to healthcare education, an unprecedented year-on-year Bsc Nursing programme is to run in September 2015 as opposed to the alternate year intake. This will allow more local residents to fill registered nurse posts.

Mr Speaker, I am pleased to reveal that the School's programmes have received an exceptional External Examiner report from the Southbank University London regarding the academic quality of the BSc (Hons) Adult Nursing programme. The SHS also received two further outstanding external reports from 'Pearson/Edexcel' regarding the support candidates receive from the SHS as well as practitioners in the field.

Mr Speaker, finally on Health education, two GHA teams were shortlisted for the prestigious awards of Innovation Nurse of the Year and Lymphoedema Nurse of the Year by the 'British Journal of Nursing'.

Ambulance Service

Mr Speaker, the last 12 months have seen significant steps being taken by the GHA Ambulance Service to raise the pre-hospital care to current UK standards. Most GHA Ambulance staff have over 10 years' experience, reflecting the high staff retention, extensive experience and strong motivation for the job. The recent designations of a Clinical Development and Training Officer and a Resilience and Special Operations Officer have allowed these leadership roles to focus, develop and expand into their respective specialties.

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Mr Speaker, Paramedic practice was introduced successfully on the 1st December 2014, and already the benefits of using these advanced skills are clear, with out-of-hospital pain management demonstrating to be a prevalent area of practice. Advance Life Support can be delivered out-of-hospital providing lifesaving interventions at the incident site.

The Paramedic Response Vehicle (PRV) has proved to be at the sharp end of Gibraltar's pre-hospital response. Furthermore, attendance of a paramedic allows the possibility of triaging incidents thus ensuring that resources and skill are used more effectively.

Mr Speaker, our multi-agency relationships are getting stronger, and our professional interactions are now providing reciprocal benefits. During this period, Gibraltar has exercised two multi-agency aircraft disaster exercises with many lessons learned by all agencies and at all levels.

Sponsored Patients and Visiting Consultants

Mr Speaker, the number of referrals to tertiary centres outside Gibraltar continues to rise with over 3500 cases managed during this past year. Mr Speaker, this Government will continue to be committed to the programme and ensure patients with complex clinical needs get the best possible care and outcomes. It is for this reason that we have just two weeks ago entered into an agreement with St George's Hospitals Trust which will provide a range of treatments both in London and in Gibraltar, by way of visiting consultants and specialised nurses which will not only ensure the best possible treatment, but also result in more efficient use of funding. This will improve such services as neurology, neuro-surgery, spinal issues and back conditions and gastro-enterology. The agreement with St George's will include the use of in-hospital accommodation for families. Moreover the acquisition of the new, expanded Calpe House will, when complete, also provide for much more economical accommodation for our patients.

Still in relation to sponsored patients, Mr Speaker, I am pleased to announce that we have now completed the review of sponsored patients allowances and that, from the 1st of July, the weekly maximum allowance will be increased from £427 to £504, with a corresponding 18% increase in the allowances for those staying at Calpe House. Other improvements include greater flexibility in arranging return dates and escort conditions for the children and the elderly.

These much overdue changes have been discussed with and welcomed by patient groups.

Mr Speaker, I will now summarise developments in various other departments:

Radiology

- Commencement of the Abdominal Aortic Aneurysm Screening programme
- A GE Voluson E8 premium ultrasound machine has been purchased which includes an advanced foetal heart tool which facilitates and enhances the foetal heart investigation

Mr Speaker, the most significant investment in this department this year will be the replacement of the CT scanner which is currently 10 years old. This is further evidence of this Government's commitment to enhancing medicine in Gibraltar, and to ensure that there is proper upkeep and updating of equipment. This new scanner will increase the GHA's diagnostic capability together with a better and safer quality service, particularly with regards to dose saving software, reliability

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and image quality. This package has also included the training for staff in the department. It will be the most advanced CT scanner in use in the whole of Europe.

The possibility of bringing an MRI service to Gibraltar is now actively being pursued, as we continue to make plans to expand the St Bernard's campus to cater for growth and a redistribution of our services.

Pathology Services

Mr Speaker, this year has seen an increase in the requests for many tests across all of our Pathology services. This is related to workload increase and a greater dependence on laboratory tests in disease diagnosis and patient management, with a significant number of tests, including those for tumour markers having increased by over 300%. The department continues to work with service users to fine tune test repertoire, as well as implementing tests that reflect best practice and modern approaches to diagnosis and management.

Mr Speaker, in conjunction with the UK, the GHA has introduced a new-born baby screening test. The GHA's Department of Pathology has been involved since 2012 in the pilot study, which was run by Sheffield Children's NHS Foundation Trust for the testing of Heel Prick samples taken from babies between 5 and 8 days old, for certain genetic conditions in addition to those already checked. We can now identify these rare genetic disorders at a much earlier stage.

The extra conditions which will now be tested for are:

- Maple Syrup urine disease
- Homocystinuria
- Glutaric acidaemia type 1
- Isovaleric acidaemia

These are all inherited conditions where babies have problems breaking down amino acids. Knowing about these genetic conditions early allows dietary advice to be given to prevent the build-up of harmful proteins in the system and thus reduce the impact of the disease.

Catering

Mr Speaker, the move to a purpose built facility at the St Bernard's Hospital site is planned to take place during this summer. This will change the way meals are served to patients, and quality above all will be the main benefit. Already the process to improve the patient meal experience has commenced with the successful pilot introduction of bulk food delivery in John Mackintosh Ward. Excellent feedback has been received from patients and relatives.

Great thought has gone into the design of the facility in terms of energy efficiency which will reduce running costs.

The new facility together with the changes to be made in the way that meals are served will give a wider choice of meals to our patients.

Estates and Clinical Engineering

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Mr Speaker, the GHA's estate is spread across multiple sites that include St Bernard's Hospital, Primary Care Centre, Ocean Views, Community Mental Health and the Catering Facility. There is also an increasing amount of equipment maintained for patients in the community.

During this last year, a total of 2,833 work requests and emergency call-outs were attended to. This is a significant increase in workload, which mirrors the increase in assets now being managed. The clinical engineering team has also been engaged in numerous major projects as part of an ambitious programme of improvements across the GHA. These have included;

- Expansion of clinics and administration areas for Primary Care
- New Dermatology Clinic
- Expansion of Blood Department
- Expansion of the Community Mental Health Facility
- Relocation of the Hospital's liquid oxygen tanks
- Installation of a new lift for St Bernard's Hospital
- New Vital Signs Central monitoring system for A&E

Mr Speaker, over this financial year, the GHA has made substantial progress with its medical devices lifecycle replacement plan and continued to invest in equipment, upgrading critical medical devices that are nearing or at the end of their specific lifecycles.

Mr Speaker, I would like to stress the importance of investment and maintenance of equipment. The GHA repeatedly demonstrates its professionalism and dedication to ensure that St Bernard's Hospital and other sites remain operational.

Information Management and Technology

Mr Speaker, in keeping with the Government's policy for promoting e-Government, the GHA reached an agreement with EMIS/Ascribe, leading UK based companies, for the provision of a full integrated electronic patient record (EPR) for Gibraltar. This follows a European tender process that started in 2013. The introduction of an electronic patient record was well overdue.

Mr Speaker, I am glad to say that we are now in a position to introduce this and that it will mark a huge milestone in the development of Gibraltar's healthcare, probably one of the most significant ones ever.

Mr Speaker, the GHA and EMIS/Ascribe have been working together to deliver a unique, world-leading project combining all areas of healthcare, the most integrated system anywhere, and will be jointly branding the product. As this develops, patient records will be electronic, so that wherever you go within the system, your clinician will be able to access all of your records. No more lost notes or referral letters, Mr Speaker. Your GP at the Health centre will be able to see your record of interventions in the hospital, Xrays, scans and other results, and your hospital doctor, at A&E or the clinic, will be able to see your health centre records. At the end of the process, a GP on a house call, on a mobile device, will be able to access your notes, as will a Consultant doing a ward round in hospital.

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There will be alerts that appear on screen for certain conditions or medications, increasing patient safety even further.

Prescribing and dispensing tools will also be greatly improved.

Mr Speaker, the preparation for this has been huge, with intensive training sessions, here and in UK, and a great deal of organisational work being done by several teams, including the clinicians who will be using the system, and administrators, of as well as the GHA's own IT and IS experts who have been commended for their expertise by EMIS. This has been an initiative like few that the GHA has seen, and the whole team and everybody involved have to be congratulated.

I am pleased to state that the EPR Programme Board, which I chair, and which includes Gibraltar and UK representation, last Friday gave the green light to Go-live for the Primary Care and A&E modules ahead of schedule on Wednesday of this week. Further modules will follow in phases, with full implementation expected in 18 months.

Mr Speaker, EPR will modernise and transform the way we deliver healthcare. It will bring many benefits to both staff and patients by significantly improving the management of information, allowing us to extract important statistics, and most importantly, making the patient journey smoother and more efficient. A true game changer for healthcare in Gibraltar.

Mr Speaker, the IMT team has otherwise had quite a busy year. Apart from the work done in supporting the EMIS team on the EPR project, other significant projects have included installing all of the IT systems and equipment and network infrastructure at Ocean Views, CMHT and new clinics at Primary Care Centre. The team has also engaged in the installation of a hospital Wi-Fi network, a centrally managed digital dictation system for medical professionals and the British Sign Language online translation services.

Operation Waiting Lists

Mr Speaker, the Day Surgery Unit continues to expand its services and the number of procedures undertaken. The Unit continues to undertake on average between 85% to 90% of all elective patients requiring surgical procedures of all specialities. This is way above the UK mean. During 2014 a total of 2666 surgical procedures were undertaken within the Day Surgery Unit.

Mr Speaker, the continued success of the Day Surgery Unit which allows a reduction in demand for inpatient beds with an estimated freeing up of over 1200 bed days on wards, together with the use of the newly refurbished and equipped third theatre, improved utilisation of theatre time, improved bed management, the recruitment of surgeons in Orthopaedics and ENT, extra surgical initiatives and the transfer of long stay elderly patients to the newly refurbished John Mackintosh Wing have resulted in minimum elective surgical cancellations due to beds not being available despite the increased bed occupancy experienced during this last Winter.

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Mr Speaker, all of this has contributed to the drastic reduction in the size of surgical waiting lists in St Bernard's Hospital to what is now the lowest in years. Mr Speaker, from a total surgical waiting list hovering around the 1000 mark, in May this year it stood at just 387 patients, about a third, and this despite the fact that more clinics and more activity actually identify more cases. As one example, the plastic surgery waiting list was 154 in March 2013 and, is now at 80. The list for ENT was 125 and is now 49 and for Ophthalmology was 140 and is now at zero. The number of operations carried out has also increased, with the figure to May 2015 being 1432 compared with 1282 for the same period last year.

Mr Speaker, this is an unbelievable achievement in such a short time after so many years of the same old story. It goes to show that this Government's policy of empowering and encouraging clinicians and other stakeholders, and supporting them, produces results. Mr Speaker, the GHA is now planning extra initiatives in Plastic and Orthopaedic Surgery, to reduce the waiting lists even further.

Repatriation of Services

Mr Speaker, the GHA continues to explore opportunities of repatriating services. Even though in the short-term this represents a greater cost, these costs will be recovered in the long-term. The quality of the service is maintained and there is less of disruption to patients who do not need to travel abroad. Services repatriated so far have included;

- Cardiology Services

The GHA has increased the Cardiology Service agreement with a Visiting Consultant to allow more work to be done locally.

Upper limb Surgery

Thanks to the new orthopaedic surgeon, the GHA is now able to offer certain upper limb surgery locally thereby reducing the need for tertiary referrals to the UK.

- ENT Services

The GHA will now be able to offer a variety of otology and laryngology surgical procedures locally reducing the need of tertiary referrals to the UK and also reducing the need to bring Visiting Consultants over.

Oncology

The GHA is close to an agreement that will see Oncology (cancer) carried out in Gibraltar in by way of Chemotherapy, Consultant support and a multi-disciplinary approach to cancer treatment. In line with developing the strategy for Cancer services, the first step has been the recruitment of the Cancer Services Co-ordinator.

A&E



Mr Speaker, I am pleased to report that we now have an Associate Specialist in Accident and Emergency who, together with a 24 hour administrative presence, is reforming the way we work in the front line department.

Primary Care

Mr Speaker, This is an area of our health service that we need to continue to improve especially with respect to access to services and availability of GP appointments. It is a challenge that we are overcoming and developments this year have included:

- GP practice

Four new clinics for the use by GPs have been developed. 3.5 extra GPs have been recruited in order to reduce waiting times by increasing the availability of appointments. This increase will also provide GP cover for palliative care at the Cancer Centre.

- Dermatology Service

A GP with special interest in Dermatology will support the Visiting Consultant service and carry out minor procedures locally. This will avoid delays in having to wait for the visit by consultants from the UK. To further support this service, a new dermatology clinic has been built, designed by the team as a bespoke dermatology unit, allowing the service to have an established base and provide a better service.

- Dental Department

Works on the fifth clinic in the Dental Suite is currently being completed to allow for extra clinical sessions for both Orthodontics and general dentistry with the aim of reducing waiting lists.

- Repeat prescription box

A post box with relevant request forms has been set up to facilitate patients obtaining a 'last prescription appointment'. This service has allowed the release of extra GP appointments.

- British Sign Language – Video link

This year saw the introduction of the British Sign Language Video Link service for patients with hearing impairment. This service will fill a communication gap which was missing and allow this client group to access the services with no barriers. Initially this has been installed at the Primary Care Centre to allow clinicians and service users to communicate, but it is planned to roll out this technology into secondary care. A text service for the profoundly deaf has also been introduced. I can report Mr Speaker that these improvements have resulted in the famous queue for appointments on the first of the month having been cleared in 15 minutes from opening in June.

Dementia and the Elderly

Mr Speaker, in line with the completion of the GHA Strategy, the drafting of the Dementia Strategy for Gibraltar is nearing its completion. Part of this strategy is the development of the Dementia Day Facility which will be ready in a few months.

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The new Bella Vista Day Centre will offer services for up to 90 users and will provide much needed rehabilitation care to clients and support to family members. Some of the services provided include current services which will be re-located to the new site.

Mr Speaker, I would like to give a special mention to the Gibraltar Alzheimer's and Dementia Society which through their commitment, dedication and financial contribution through fund raising have been key stakeholders in making this project a reality.

As members know, in December last year I was entrusted also with the residential services for the elderly. Of relevance here is the new Dementia residential facility, also due to open in a few months and which will look after 52 residents. I must also mention the opening during the past year of John Mackintosh Wing, also as a residential home for the elderly. During the coming year we will be building up on these developments to improve provision of elderly services, including of course Mount Alvernia, and we will continue to work closely with the Care Agency to ensure smooth transition between home and residential care.

Finance

Mr Speaker, as we all know, the GHA has the largest Government budget. The FY 14/15 saw the budget top the £100 million mark.

The main challenges to controlling expenditure correspond to clinical demand-led items, mainly GPMS prescriptions, Drugs & Pharmaceuticals and Sponsored Patients. The GHA is studying ways of becoming more efficient in these challenging areas.

Mr Speaker, on the element of Capital Expenditure, with the creation of the GHA's CAPEX committee, we continue to deliver tight budgetary control, with capital expenditure being well within budget in this financial year. Necessary major works have been completed, new equipment procured, and a phased, planned and co-ordinated asset replacement programme is in place. This is thanks to a more informed prioritisation of expenditure and controlled capital replacement programme as a result of improved communication with all stakeholders that has clearly identified budget holders, and greater participation from user areas.

Mental Health

Mr Speaker, I now turn my attention to Mental Health, and I have deliberately left this to near the end of my budget speech since it is most definitely one of this Government's greatest achievements during these 3 years.

Mr Speaker, as related in my first budget speech to this House, there were tears in our eyes when the Chief Minister and I first visited KGV on being elected. I had returned after 20 years and could not believe the state of the building and the horrendous conditions that patients had to live in and staff work, being the clear result of years of neglect and lack of investment by the previous administration together, with their lack of vision and sense of priority.

Ministry of Health, the Environment, Energy and Climate Change

HM Government of Gibraltar • Duke of Kent House, Cathedral Square • Gibraltar GX11 1AA

t +350 20066491 f +350 20066706 e mhe@gibraltar.gov.gi w gibraltar.gov.gi



Mr Speaker, both the Chief Minister and I vowed to create a centre that Gibraltar would be proud of, and never again would Mental Health be the Cinderella of our Health Service. We achieved this.

Mr Speaker, the Leader of the Opposition in his disappointing address yesterday asked members of this side of the House whether they got a “twinge”, presumably of guilt about the state of a school. Well, Mr Speaker, it’s not a twinge the opposite side should be feeling, but a cramp of the most bone-twisting kind. Nay, Mr Speaker, they should shrivel in shame for having created and maintained a mental home with such inhuman conditions and kept it going in its Victorian decadence well into the 21st Century, condemning some of our less privileged citizens to a life of squalor, indeed forcing some of them to live out the end of their lives in KGV.

Thank God, Mr Speaker, for the professionalism of the staff and the care that they provided so that at least they could maintain as much of their dignity as possible.

Mr Speaker, the main focus of work in mental health this year has therefore been in preparing for the opening of the new facility, Ocean Views. The 7th February 2015 saw the long awaited migration to Ocean Views, a 52 bedded state-of-the-art modern facility and a bright new chapter in Mental Health. A historic and truly memorable day for Mental Health in Gibraltar.

Mr Speaker, I pay tribute to all the members of the Mental Health team at every level, who worked diligently for many months in partnership with all stakeholders including service users, carers, support groups, relatives and the general public to ensure the transition was carried out with precision, safety and causing minimal disruption to patients.

Mr Speaker, this is not just about a brand new facility but a new philosophy of care. This will reflect a holistic approach in the diversity of the therapeutic programme which will be available. The new treatment plans currently being introduced are comprehensive and based on a recovery model approach, as many of the patients treated demonstrate difficulties in a variety of life circumstances.

Ocean Views will now offer a Psychiatric Intensive Care Unit, a multi-functional suite which will cater for specific cases such as adolescents, vulnerable adults, mother and baby and forensic cases.

The other wards will cater for acute admissions, rehabilitation, elderly mentally ill together with two male and female rehabilitation flats.

There are improved clinical areas, an Activity and Rehabilitation Centre, together with ample open spaces and gardens. This provides a good balance of residential and recreational areas in an environment which is conducive to healing.



Mr Speaker, this new facility and approach to mental health care has already started to show its benefits. The patients absolutely love the new facility and they are benefiting from the large investment which has never been made before.

New Mental Health Act

Mr Speaker, critical to the overall Mental Health Service and clients, has been the need to review and update the current Mental Health Act. A multi-professional group has been working on this piece of work for the past 2 years and I will have the satisfaction of bringing the Bill to this House later this week.

Community Mental Health

Mr Speaker, keeping in line with this Government's commitment to improve Mental Health Services, this year has seen the completion of a full refurbishment programme to the community mental health department based at Coaling Island, achieved with minimal disruption to the running of clinics and services provided by this excellent team. Following the official opening on the 24th September 2014, very positive feedback has been received from service users, relatives and members of the public embracing the new therapeutic and welcoming environment.

Mr Speaker, this huge investment in our Mental Health Services is aimed at offering more effective clinical care pathways that are integrated across acute, community and residential care settings. This has been necessary to ensure that patients and service users are supported at all stages of the care journey and in a setting that is most appropriate to their needs.

Other key developments during FY 14/15

New Complaints Procedure

Mr Speaker, in line with our Manifesto Commitment on reviewing the Complaints Procedure, the relevant legislation was completed and published. The complaints process has now been moved away from the GHA and is now managed by the Complaints Handling Scheme which works under the umbrella of the Office of the Ombudsman. The new scheme commenced on 1st April 2015 and aims to provide a more independent and fairer process in managing complaints.

Transplants for Gibraltar Patients

Mr Speaker, even though there was a bilateral agreement between the UK and Gibraltar which has been in place since 1974, where patients referred by Gibraltar have had the benefit of transplantation services in the UK in the past, for many years our patients had been denied access to the UK's transplant services.

Thanks to the joint work done by the Gibraltar Dialysis Patients and Friends Association, by the Chief Minister and myself, these difficulties have been resolved.



The GHA is in the process of signing a Memorandum of Understanding with the National Health Service Blood and Transplant Service to ensure access for our patients who require transplants.

Mr Speaker, I am pleased to report that, in keeping with our philosophy, clinicians now play a greater role than ever before in the running of the GHA. After decades of inaction, the Medical Advisory Committee has been reconstituted and now meets regularly with the management team and with me. One of the first initiatives being planned together with the MAC is a sexual health policy, an area where we need to progress.

Other areas which we are planning to develop this year and where progress is already being made, include stroke management, child health, and telemedicine.

There is also a great deal of working together with health related NGOs, including general users' groups such as the Health users' Forum, and also, but not exclusively, those relating to sponsored patients, breast cancer, prostate cancer, multiple sclerosis and other neurological conditions, maternity and child issues, breast feeding, sexual health, mental health, and autism. All these groups have my full support and encouragement and I am grateful for their commitment and energy.

In relation to the latter, the GHA has advanced tremendously in its work in support of autistic children and young people, and their families. There is now a highly trained and motivated multidisciplinary team, and very successful courses have been held for parents. We are fast filling a huge gap that existed in this area just three short years ago.

The Government will also shortly be entering into an agreement with Cancer Relief in relation to the setting up of a hospice in Gibraltar, showing how willing we are to work with charities and support groups.

Conclusion

Mr Speaker, to finish I would like to thank all at the GHA and without whom these achievements would not have been possible. I am incredibly proud of nurses, medical staff, AHP's and the administrative, secretarial and other support staff for their professionalism, dedication and commitment to ensure the GHA provides a quality service. I am grateful too to my new colleagues in the Elderly Residential Services with whom I have now had the pleasure of working for some months.

Mr Speaker, I want to thank all the hundreds of members of the public who come to see me, or write to me, for bringing problems to my attention that I invariably try hard to solve. Without this feedback we cannot improve.



And I want to thank the Trade Unions, with whom I work regularly and closely, for the constructive, effective and tireless way in which they carry out their essential and legitimate duties in supporting all our employees.

I would also like to thank all those public servants and other employees in so many departments that I am involved in for their incredible commitment and work. Including of course the staff of this House.

And of course my own personal staff, based at Environment and at the GHA, some of whom will sadly be retiring soon. They are lovely people, an incredible group of professionals, dedicated, supporting, loyal and great fun to work with, even during the times when we are under pressure. You have made all the difference to me over the past three and a half years. THANK YOU.

Mr Speaker, I will never be satisfied that I have done enough. We clearly have some way to go still in providing the standards of excellence that we all aspire to. But I can confidently say for example, that never in the history of the Gibraltar Health Service has so much progress been made in such a short space of time.

The same can be said, Mr Speaker of other areas of my portfolio.
Mr Speaker, we have absolutely no intention of slowing down.

ENDS.