

Late last year and earlier this year, reviews of the medical services were undertaken to assess progress with the implementation of various projects in the health sector as well as to assess what level of service can be expected. The following summarises services currently provided and plans for the future

What you can expect from the health service on St Helena – and what the health service on St Helena should expect from you!

The Government of Saint Helena provides both primary and secondary (hospital) care services and there are skilled and committed staff engaged in delivering health services to our community. Doctors, nurses, professional, technical, administrative and support staff all work hard to provide the best service possible within the limits of available funds and our isolation. There are numerous difficulties in the provision of medical services in small and/or remote and/or isolated communities – St Helena ticks all three boxes! We must therefore be realistic about what level of sophistication can be achieved, when worldwide medicine is becoming more specialised and reliant on expensive and complex new technologies that can never realistically be provided on St Helena. As a community, we need to take responsibility for our own well being and follow professional advice on how to stay healthy. It is also important that we do not use our health services inappropriately – our staff need to be able to focus on those who genuinely need their skills and expertise.

Primary care – provided in ‘Out Patients’ in Jamestown and at local clinics – is where most patients come into contact with doctors and other clinical staff. Our primary care services already compare favourably in many respects with the NHS and we are working to further develop and improve our services. We will be recruiting an additional medical officer to enable us to expand doctor’s clinics and consultation time per patient. Equipment has been received to allow digitalisation of x-rays to facilitate remote advice from overseas specialists, while a fixed x-ray unit will be bought next year. We are also considering introducing an appointment system for most of the nurse-led clinics to reduce waiting time and ensure timely follow-up appointments are planned if /as required. The diabetic and cardiac specialist nurse will start regular diabetic and cardiac clinics in 3 outlying districts (Levelwood, Longwood and Half Tree Hollow) to improve accessibility to our diabetic and cardiac services.

We also plan to start this year with 'expert patient' groups focusing on the management of diabetes, which will be led by the diabetic specialist nurse. Following a period of training patients suffering from diabetes will be able to pass on their knowledge and provide support to others who have the same medical problem. The IT link with outlying clinics and the dispensary bus has been improved to ensure good access to the electronic patient recording and reporting system during clinics in the districts.

During 2011/12 we will benefit from the visit of a general medicine specialist. He will pay special attention to chronic, non-communicable diseases such as diabetes and cardiovascular diseases, including hypertension and will review related treatment and care protocols. We are also looking to formalise links with an NHS organisation. This link is expected to facilitate ongoing remote advice and support, visits of specialist clinicians and visiting experts as well as training and development of our staff. The link will enable us to further explore the establishment of comparable 'benchmarks' against which to measure our services. In the meantime, we will agree a set of monitoring indicators with the Health and Social Welfare Committee that will allow us to measure and regularly report on progress made.

However, at the same time St Helena residents will need to be challenged to take greater responsibility for their own health and there are four areas where this is especially the case:

- Firstly, to encourage a more healthy lifestyle, with regular exercise, moderate drinking, no smoking and a balanced diet;
- Secondly, to accept and act upon clinical advice as well as health promotion messages for early detection of diseases and not rely on doctors to be able to 'fix things'. This includes following treatment and diet regimes provided and ensuring to keep follow-up appointments as advised.;
- Thirdly, to accept that many minor ailments do not require an appointment with a doctor or other health professional; and
- Fourthly, to reinforce that access to primary care services is normally by appointment and access out of hours is available only for genuinely emergency cases. The General Hospital is not simply an extension of the primary care service and treating it as such diverts the focus and energy of the medical officers from those patients who require more urgent care and the already demanding routine daily scheduled service provision.

Our General Hospital is dated and work on a major redevelopment and refurbishment will commence later this year. This will include building of a new fit for purpose Accident and Emergency department, expansion and improvements of the operating theatre, relocation of the x-ray section to a suitable location for the planned fixed X-ray unit, and provision of semi private wards with en suite facilities. The beds will be used flexibly to provide all health

care needs on the Island that require hospital stay, including emergencies, critical care and maternity services. The hospital and clinic redevelopment work is expected to be completed in 2014 and will also include various improvements to the Jamestown outpatient clinics such as relocation of the dispensary to ground floor level, building of a modern laboratory thereby making space for additional consultation rooms and primary care clinics.

The General Hospital provides a broad spectrum of services and has a range of equipment to help with diagnosis and treatment. The service is necessarily limited by the range of the specialist skills of the doctors and other clinical staff without access to increasingly 'high-tech' expensive diagnostic equipment that is readily available in more sophisticated health care systems. The specialist skills and requirement for expensive technical support to operate and maintain such equipment means that it will not be possible to provide this on St Helena. Any patient who requires specialist tests, treatment or care not available on the Island is referred to a specialist in our partner hospitals in either South Africa or the UK. Initially, this may be a telephone or email referral to the specialist but we are looking to develop the potential for 'telemedicine' where a real time conversation with the specialist would be possible, which may include the patient where this would be appropriate. Arrangements for patients who need to travel off the Island for treatment are always made taking all relevant factors into consideration.

The programme of visits to St Helena by specialists from the UK or elsewhere is now well established. These specialists hold clinics, undertake surgery, provide training and generally support the work of our local staff. We are working to improve on these arrangements through formalising a link with particular NHS organisations in the UK, with a view to the same specialists visiting each time. This will provide better continuity and ensure that those visiting are fully aware of the particular factors that must be taken into account when providing services on St Helena.

Here on St Helena, we have the basis of as comprehensive a service as it is possible to provide in our unique circumstances. However, we are not complacent and will continue to look at ways to improve and develop services further. As a community, we should seek to be engaged in this process and seek to address life style issues that directly influence our health. We should support those working to provide our health care – it is difficult to recruit staff to St Helena and those who choose to work here, work very flexibly and should be valued for their expertise and commitment. Most importantly, we need to be realistic in our expectations of what our health services can provide and realise that our lifestyle choices can have a direct bearing on our health and that of our family and community.

Cyril Gunnell
Chairman, Health and Social Welfare Committee

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