



St Helena
Government

ST HELENA GOVERNMENT
PROCEEDINGS OF MINISTERS QUESTION TIME
TUESDAY, 31 OCTOBER 2023
SEVENTH SITTING

LAID ON TABLE 5TH DEC 2024.

ST. HELENA
LEGISLATIVE COUNCIL

THE SPEAKER

The Honourable Cyril Keith Gunnell

EX-OFFICIO MEMBER

The Honourable Attorney General, Mr David Ferguson Ballantyne

ELECTED MEMBERS

The Honourable Rosemary June Bargo
The Honourable Mark Alan Brooks
The Honourable Ronald Arthur Coleman
The Honourable Jeffrey Robert Ellick
The Honourable Corinda Sebastiana Stuart Essex
The Honourable Martin Dave Henry
The Honourable Robert Charles Midwinter
The Honourable Christine Lilian Scipio
The Honourable Julie Dorne Thomas
The Honourable Karl Gavin Thrower
The Honourable Andrew James Turner

OVERSEAS

The Honourable Gillian Ann Brooks

Legislative Council Office Assistant

Miss Shanice Phillips

PROCEEDINGS OF MINISTERS QUESTION TIME

Tuesday, 31st October, 2023

The Council met at 10.00 am
In the Council Chamber, Jamestown

(The Honourable Speaker in the Chair)

ORDER OF THE DAY

1. FORMAL ENTRY OF THE SPEAKER

2. ADDRESS BY THE SPEAKER

First of all, please be seated Honourable Members. What a gorgeous day. Good morning to you all and all others present in the Council Chamber at the Castle in Jamestown. Good morning also to all those listening to these proceedings of Ministers Question Time being broadcast live via SAMS Radio one. We focus today on the Seventh Minister's Question Time. The topic chosen by Councillors for this meeting is Health Care Provision. In accordance with Standing Orders, the Chief Minister was made aware of the topic ahead of this meeting and this morning, an hour before the start of Minister's Question Time, the questions submitted by Councillors was forwarded to Ministers and if all goes well according to plan, the Order Paper would be published on the SHG website this morning, also before 10 a.m. There are six questions on the Order Paper. They have been listed in alphabetical order, but will be selected randomly for response. Up to one hour has been allocated for this. Ordinarily there would be seven questions presented, but one of the Councillors, Councillor G Brooks, who is also a Member of the St. Helena Public Accounts Committee, departed the island last Saturday along with two PAC colleagues, the Chairperson, Mr Mark Yon, and the Clerk, Miss Anita Legg, to participate in PAC business in Zambia. Mr Yon and Miss Legg will return to the island next Saturday. Councillor Brooks, however, will fly on to Iceland to participate in the Reykjavik Global Forum 2023. We welcome back Minister Martin Henry, who represented St Helena at the 66th Commonwealth Parliamentary Conference held in Ghana from 30th September to 6th October. Also welcomed back last Saturday was Councillor Bargo, and our Secretary for this meeting, Miss Shanice Phillips. Councillor Bargo undertook an Academy course in Scotland and Miss Phillips attended a Leadership Workshop in London. Honourable Members, if we're starting, I would like to pause and to reflect briefly on the spirit of Minister's Question Time. It was intended that questions for Ministers to respond to, would be punchy and relate to current concerns within Minister's portfolios which Ministers would answer to the best of their ability, and if need be provide a later response if the answer was not fully known. Also answers to any description of question would be provided without assistance from outside the Chamber, whether by a laptop or other electronic device. As such, this would be against the spirit in which Minister's Question time is meant to be conducted and should be discouraged. The duration of Minister's Question time starting from the first question, is up to one hour. All of the questions are directed to the Minister Martin Henry, the Minister for Health and Social Care.

Shanice Phillips is our Clerk and time keeper. Miss Phillips, may we have the first question, please?

The Honourable Dr Corinda Essex –

Mr Speaker, may I rise on a point of information.

The Speaker –

You may, Honourable Member.

The Honourable Dr Corinda Essex –

Mr Speaker, this is necessary to request once again that the relevant parts of Standing Orders are suspended for the duration of the sitting, to enable more than one supplementary question to be asked following each substantive question. Thank you, Mr Speaker. I wish to move.

The Speaker –

Councillor Dr Corinda Essex. Please go ahead with your motion.

The Honourable Dr Corinda Essex –

Thank you Mr Speaker. Mr Speaker, I beg to move that the relevant sections, which have been enunciated on many previous occasions in this House, I think on seven previous occasions, do once again be stood aside to enable the asking of more than one supplementary question. And also that the relevant section be suspended to enable the normal rules for discussion of questions to apply. The references refer to clause 8 and clause 9.

The Speaker –

Thank you. Thank you very much. Is there a seconder? Councillor Robert Midwinter.

The Honourable Robert Midwinter –

Thank you Mr Speaker, I beg to second.

The Speaker –

Thank you very much. Thank you. Does anyone else wish to speak? So Councillor, I beg your pardon, Minister Martin Henry.

The Hon. Martin Henry (Minister for Health and Social Care) –

Mr Speaker, can I just rise on a point as well?

The Speaker –

You may, Honourable Member.

The Hon. Martin Henry (Minister for Health and Social Care) –

Mr Speaker, I would just like to, before I start answering these questions, because I am unsure where supplementary questions may lead, just to reassure the listening public that some of the answers may include statistics and numbers, and I know Members, because we are a small community, it may be that members of the public or particular members are suffering from those particular illnesses, and I just like to rise on the point to say, that while the discussion today will be about getting the point across, that we do firmly as a Council, take that into consideration.

The Speaker –

Thank you very much for that, Minister. So I put the question that Rule 5 and Rule 6 of Standing Order 9 is suspended for the duration of Minister's Question Time.

Question put and agreed to.

The Speaker –

For the listening public because Rule 5 and 6 of Order 9 in Standing Orders have been suspended, it is possible for additional supplementary questions to be asked, unlike if the Orders were not suspended and a member putting a question, would be limited to asking only one supplementary question. Clerk, the first question, please.

3.

QUESTIONS

Question No. 1 - The Honourable Robert Midwinter to ask the Minister for Health and Social Care

The Speaker –

Honourable Robert Midwinter.

The Honourable Robert Midwinter –

Thank you, Mr Speaker. Mr Speaker, can the Honourable Minister for Health and Social Care tell this Council, how the review and the reorganisation of the pharmacy services is progressing, and when he expects pharmacy services to return to normal operating hours, bearing in mind that reduced operating hours were supposed to be for a limited time period only?

The Speaker –

Thank you. The Minister for Health and Social Care.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you Mr Speaker, and I'd like to thank the Honourable Member for his question. So there are a number of answers to that question. But first of all, I will start with the current pharmacy opening hours, which is currently Mondays, Tuesdays, Thursdays and Wednesdays, a.m. So the reduction that was planned was on largely focused on Wednesday afternoons. So while we are undertaking this review, we have found that there is a number of elements that has come about that we may have to continue for a short time period. Keep the Wednesday afternoons closed, and that's a longer discussion I will have with my team during our Advisory Board. The reasons for this, however, is because of the accumulating numbers for one-off medical prescriptions that we are now prescribing. So if I just give you an example about, you know, about five years ago, the cases of diabetes on St. Helena was only about 6 to 700. Now we are now 1000 plus. That's medication every single day for those people. And that medication has to be prepared. We've also found that doing prescriptions for long-term prescriptions, so people don't have to come every month for their medication has helped a lot across the board. But in order to do that, we required time to prepare those medications. On the other side, I would just like to say that right now we are experiencing quite a bit of difficulty with procurement, and that's largely because of the issues we're having with the current service provider, and sending chilled medication to St. Helena is currently

unavailable for some of the medications, and we now have to use a very expensive route, which is air freighting, which also gets bumped from time to time. So we're experiencing quite a bit of difficulty, but it's outside of our current, of what we are currently doing, but we are actively trying to get a better logistics service in play.

The Speaker –

Thank you very much. Honourable Robert Midwinter.

The Hon. Robert Midwinter–

Thank you, Mr Speaker. Mr Speaker, at numerous constituency meetings, it has been said to the public that even though there is shortened hours, particularly on a Wednesday, that people attending medical appointments on those days can still access prescriptions that are given to them on those days. Can the Minister confirm that, that is still the case?

The Speaker –

Thank you. Honourable Minister for Health and Social Care.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you, Mr Speaker. Yes, I can confirm that is still the case. There have been, dare I say, random times when this has not happened, and it's just a miscommunication, possibly between a new locum doctor and the procedure we have in place. The last time I had a report come in from a Councillor which indicated this to me was about 3 to 4 months ago, possibly that there were three members of the public who couldn't access their medication after attending a medical appointment on a Wednesday afternoon and I would just encourage, if there are still current issues, I would just encourage members to say so and we can address them. But I know it did happen on 1 or 2 occasions.

The Speaker –

Thank you. Councillor Midwinter.

The Hon. Robert Midwinter –

Thank you, Mr Speaker. And again I thank the Honourable Minister for his response. That's a good thing to know, again, because this has come up recently at constituency meetings. Could the notice that's on the door of the Pharmacy be updated, and some wording to that effect be put on there, so that people are aware that they can pick up prescriptions when the Pharmacy appears to be closed?

The Speaker –

Thank you. Honourable Minister.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you, Honourable Member, and the obvious answer is yes. And thank you very much for the suggestion as well.

The Speaker –

Okay. Thank you very much. Councillor Dr Corinda Essex

The Hon. Dr Corinda Essex –

Thank you, Mr Speaker. Would the Honourable Minister also consider providing some publicity on this point, so that those that have appointments on a Wednesday afternoon are aware of what is the provision provided for them, before they go around and see a closed door to the Pharmacy. And can you also undertake that locum doctors in particular are provided with that information in their induction packs?

The Speaker –

Thank you very much. Honourable Minister for Health and Social Care.

The Hon. Martin Henry (Minister for Health and Social Care) –

I'd like to thank the Honourable Member for her question and valid points there. And yes, of course we will. And we do provide the information in the induction packs, but they are occasions when it does slip, so we are trying to reinforce that is the case. But definitely the publicity from both Honourable Members will be actioned.

The Speaker –

Thank you. Thank you very much. Councillor Karl Thrower.

The Hon. Karl Thrower –

Thank you very much, Mr Speaker. Would my Honourable Friend be able to say whether the problems with the chilled goods should be sorted with the new shipping contract, which starts in February?

The Speaker –

Are you able to respond Honourable Minister?

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you, Honourable Member and thank you, Mr Speaker. The question is way off where we are at the moment, but we are talking about health provisions. So I understand where my Honourable Friend is coming from, but I cannot respond at this time. But I mean, I'm openly saying that in public, and you know, being able to bring cold medication, chilled service to St. Helena, especially in terms of medication, is an extremely important element, and I would expect that a new shipping service provider, that the negotiation takes place, that is definitely happening.

The Speaker –

Thank you for responding. Next question please.

Question No. 2 - The Honourable Ronald Coleman to ask the Minister for Health and Social Care.

The Speaker –

The Honourable Ronald Coleman.

The Hon. Ronald Coleman –

Thank you, Mr Speaker. Can the Honourable Minister for Health and Social Care tell this Council, why it is still difficult for some people to get appointments to see a doctor in reasonable time, following the rearrangement of the appointments procedure which should have improved this?

The Speaker –

Thank you very much. Honourable Minister for Health and Social Care.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you, Mr Speaker, and I'd like to thank the Honourable Member for his question. However, just before I make an answer to that question, can I just ask the Honourable Member what is his tolerance or his understanding of a reasonable time frame in terms of appointments?

The Speaker –

Thank you Honourable Member. Honourable Ronald Coleman.

The Hon. Ronald Coleman –

Thank you, Mr Speaker, within a week I would think so.

The Speaker –

Thank you very much. Honourable Minister.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you, Mr Speaker. I can now proceed and answer the question. But before doing so, I would like and I would encourage people to have a research on any, any public funded health service and just to see if they could find, if they could get a GP's appointment within one week. I would very much, and I think my team would very much would like to hear about it. So in saying so, the last I've got, because every week I get an update of our appointment times because it is a hot topic in the community, so I get an update from my medical staff on the appointments. The last one that was given to me was on the 22nd of October, and it says as follows. Jamestown Weekly days there were 5 free slots, and, but we also do a long term at that particular point in time, a number of free slots for the next four weeks, which is 20 working days, was 92. So that was as of last week. Likewise, there's one for Half Tree Hollow where at, where it was just 1 free slot. But however the, and there was 25 available within the next 20 working days. The Longwood and Levelwood clinics are similar, so free slots and working days are quite similar data, so there are appointments available at the moment. However, I would just like to add to the back of this, because this happens seasonally across every health service around the world, that seasonal flu's show up and or seasonal elements show up, and the health service is inundated with a demand for hospital appointments, etc. So we can't just make an assumption based on a particular time in the year, we have to look at the average time that it takes throughout the year. So sometimes it can possibly take 25 to 30 days. It will also depend on whether we have a full medical complement, because that's also a really, really, really difficult thing to have on St. Helena, which I hope to answer in a question following. So we have to take all of these things into consideration, and given that at the moment that you should be able to get a medical appointment within two weeks, because that's the tolerance that we are trying to work towards as a benchmark for our own team. And like I said, given that most other public health services around the world work well outside of those tolerances.

The Speaker –

Thank you very much. Honourable Ronald Coleman.

The Hon. Ronald Coleman –

Thank you, Mr Speaker. The other thing I would like to raise with the appointments is that people are having problems, so the public need to know. That's why we brought the question today, is that if you

went to get an appointment to see a doctor and they want a blood test or other tests done, then the patients still have to wait a further week, two weeks sometimes to get that test done, it can't be done the same day.

The Speaker –

Is a question following that statement?

The Hon. Ronald Coleman –

Yes. Is he aware that they have?

The Speaker –

Thank you very much. Honourable Minister.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you, Mr Speaker. I am absolutely aware of this simply because some of the tests actually take quite a few days to achieve. Also, given the health situation on St. Helena, medical appointments and hospital attendances are very, very high and most of them require follow up medical work, which means there's a long list of these too for our lab to contend with. So a two week waiting time on a blood test back, from my perspective isn't actually such a bad thing given what we have. I like to say on top of that though, some of the new medical equipment we have that should be able to analyse some of these, some of the things we're testing a lot quicker might help to speed up that, but until we put it in practice, until we actually trial it, we won't be able to know this. But depending on, you know, on what we are testing. So this is a very broad and across the board answer. My answer would be that 1 to 2 weeks would be what it would take to achieve this.

The Speaker –

Thank you very much. Honourable Ronald Coleman.

The Hon. Ronald Coleman –

Thank you, Mr Speaker. Just one final thing. When there is heavy flu's going about, I wonder if they would consider having flu clinics apart from those clinics that people genuinely need to see the doctor for other reasons?

The Speaker –

Thank you very much. Honourable Minister.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you. Thank you, Honourable Member, just to say that there's a delicate boundary with having flu clinics, obviously if there's young children, very ill, etc. But we also try to keep the bugs away from our own medical team who have to attend other emergencies. So the normal advice is actually to stay at home, take some painkillers and to rest. But there are some occasions, especially with our elderly community, that flu actually can do far more and be far more critical, so I don't want to say to everyone that you need to stay away when you got the flu, but it is a delicate boundary where we need to also protect the staff that we need every day to deal with other medical incidences.

The Speaker –

Thank you very much. Councillor Dr Corinda Essex.

The Hon. Dr Corinda Essex –

Thank you, Mr Speaker. In order to reduce the demand for appointments, is there any mechanism in place whereby patients who are awaiting routine results from scans and blood tests and so on, can be informed that they don't need follow up if indeed all the tests are satisfactory?

The Speaker –

Thank you. Honourable Minister.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you, Honourable Member. And it's a very good question because it is something that we are currently working on as a team. At the moment, remembering that all of the results have to be reviewed by usually, by the doctor that person is seeing, it still takes quite a bit of time to do that review. So sometimes it's actually up for the team. It is just easier to revisit and re-see that patient. But I totally take the point that you are making because it is important. Once we can free up some of that space then we actually can take on more appointments. But we are as a team working on that very element as we speak, because we understand how it could help with the efficiency of the organisation.

The Speaker –

Thank you very much. Councillor Andrew Turner.

The Hon. Andrew Turner –

Thank you, Mr Speaker. Can the Honourable Minister say if there are any plans to expand the district clinic provision to enable better access to appointments and reduce pressures at the main hospital?

The Speaker –

Thank you. Honourable Minister.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you Honourable Member for your question. Currently because we did increase quite a few of the appointment slots that we had given, that we, I think it was Levelwood, that we shut for a while I think. I can't think if we did every other week, we didn't shut it and we have tried to increase that to do exactly that. However, it again comes down to sometimes as long as we've got five GP's available, which is the number that seems to keep our operation ticking relatively fluently, these can be achieved. But there are times when we, for unforeseen circumstances go a doctor down, and that's when we have to consolidate and probably bring back some of those times. Currently though, to answer your question Honourable Member, there isn't a current plan to increase the times at the moment, but understandably, there's still some issues with one of the current districts that you represent, and that's something that that we hope to do better at.

The Speaker –

Thank you very much. Councillor Rosemary Bargo.

The Hon. Rosemary Bargo –

Thank you, Mr Speaker. Minister Martin. Sorry. Can you tell me, I know we were talking about test results and it would take about two weeks or so, but do you have any fast track mechanisms in place with results if like a serious illness has been like, determined, identified?

The Speaker –

Fast tracked. Thank you very much. Honourable Minister.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you. Honourable Member. So this is one of these questions where I would actually need support from my medical team to say what they do operationally on a daily basis. However, if there is a medical emergency in place, then I'm sure that the results are fast tracked under a different manner. I mean, there are teams that come in during the evening if there's an emergency to sort this out.

The Speaker –

Thank you very much. Councillor Karl Thrower.

The Hon. Karl Thrower –

Thank you, Mr Speaker. Honourable Minister, previously it's been indicated that improvements to the health computer system should help manage appointments more efficiently. How is that work progressing?

The Speaker –

Response. Honourable Minister.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you, Honourable Member. May I say that this is probably a question for the Financial Secretary no less. The work is progressing really well to be quite honest, and I speak of the point that stands before us right now. There is a sum of money which we have submitted, the business case, to FAM for the next round of consultation that will bring our current system, our patient source system, totally up to date, and also with the potential of using the cloud based facilities, which would bring it up in line with how it's operated in the NHS. There's also a secondary piece of very important work being undertaken. We want to bid to get, and to have an epidemiologist out here to consolidate our data, and to look at, because we're trying to build a disease register for the island. We're small that we actually can build a 100% disease register, and so we'll be doing both elements line to line. We're consolidating the data, bringing it in, bringing it up to speed with all of the, with data protection, etc. And then putting all of that data onto a new updated patient source system, if obviously my business case is submitted. So here's my promotion.

The Speaker –

Thank you very much. Next question please.

Question No. 3 - The Honourable Dr Corinda Essex to ask the Minister for Health and Social Care.

The Speaker –

The Honourable Dr Corinda Essex.

The Hon. Dr Corinda Essex –

Thank you, Mr Speaker. Will the Honourable Minister for Health and Social Care state what policy is in place for the treatment of dental emergencies?

The Speaker –

Thank you very much. Honourable Minister for Health and Social Care.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you, Mr Speaker, and I'd like to thank the Honourable Member for her question. This was one of those questions that I had to rush and have a look at this morning just because of the detail. So I've, so the dental services emergency operation is from 8:30 to 9:30 in the morning. But currently there is no policy, specific policy, in place. But it is a protective time slot that has been in place for the last 20 years, and it is strictly for that. And, you know, I just had back couple of statistics, for instance, there's about six patients daily who attend this emergency. The other side to this obviously is what is considered an emergency, so there's a dental emergency, what we may consider a dental emergency, which is obviously the relief of pain, which can be done there by just relieving the pain. And then if there's further work to be done, an appointment can be made so that work can be done. But then, there is a medical emergency where potentially swelling is being caused, for instance, that is blocking the airways etc. and then that becomes a medical problem as well. So the policy that underpins what could be seen as a dental emergency is actually the medical emergencies policy, which covers both elements.

The Speaker –

Thank you very much. Honourable Councillor Dr Corinda Essex.

The Hon. Dr Corinda Essex –

Thank you, Mr Speaker, and I thank my Honourable Friend for his response. In the case of dentists not being available, how would a dental/medical emergency which could be potentially serious, be handled?

The Speaker –

Thank you. Honourable Minister.

The Hon. Martin Henry (Minister for Health and Social Care) –

So if I just refer back to my previous answer, which is that if it is deemed a medical emergency, then medical staff will be brought in to support that. However, I trying to think about her title now, our well, Charmaine then, who is currently our Hygienist, thank you, our Hygienist. She is currently equipped and can do very basic relief, and she's qualified to do so. So we can again most importantly relieve pain, and then we can bring in medical staff if it actually is a medical emergency that comes through the dental.

The Speaker –

Thank you very much. Councillor Dr Corinda Essex.

The Hon. Dr Corinda Essex –

Thank you. Just to clarify, can the Honourable Minister say whether the Hygienist would be able to determine if a case needed to be referred for medical input?

The Speaker –

Thank you, Honourable Minister.

The Hon. Martin Henry (Minister for Health and Social Care) –

I can't say straight up right here Honourable Member, but I am sure if she is or has the qualifications to be able to look at some of these, then the training should have been provided. However, I can go and check for my Honourable Member if that is the case. I would assume that in any, which is across the board with health, if there is an unknown or an unfamiliar, then the first thing we do is actually go for the next step, which is to have at least someone with the right experience and qualifications to come and determine whether it's a medical emergency.

The Speaker –

Thank you very much. Next question, please.

Question No 4 - The Honourable Karl Thrower to ask the Minister for Health and Social Care.

The Speaker –

The Honourable Karl Thrower?

The Hon. Karl Thrower –

Thank you, Mr Speaker. Would the Honourable Minister, I would like to inquire about the progress and strategies in place for recruiting doctors and critical medical staff. When will the Honourable Minister for Health and Social Care, given our unique geographical location healthcare needs, please provide an update on the current efforts to attract and retain medical professionals of a suitable caliber to ensure the continued well-being of our community?

The Speaker –

Thank you. Honourable Minister.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you, Mr Speaker, and I'd like to thank the Honourable Member. I think I'll try to help and look at the boundaries within the second part of your question first, which is our isolation etc. because it's important that we have this discussion within that context. So let's be straight up and honest about what it is. It is difficult to recruit and retain good doctors here. We are simply asking people to relocate to a very remote island with lots of personal and professional challenges. The health resources are limited. It means that doctors work with fewer facilities and much less support than they're used to in other areas and other systems. There's also an issue with the discrepancy that remuneration is a potential disruptor. We are competing with other small islands who actually pay far more for our medical team, for their medical staff. So in the context of just these elements outside of medicine, there's also another important point, which is the fact that potentially the years served on St. Helena doesn't count to their CPD as well, which also limits them in their professional development when they leave St. Helena so there is a lot. It takes a lot for a doctor to come here and want to stay for three years. I am pleased to say that we now have what I consider to be some very good doctors on St. Helena. So let's just go back to the beginning of your question, which is from a normal perspective in terms of the recruitment process, qualifications check and registration etc. that is done through the normal recruiting process. So it's done through our HR process and there will be input from the CMO if necessary. But some of those checks, and I also would like to point out here, going back to what I said earlier that even with the current medical litigation that has just been in play, that's also actually can throw a huge spanner in the works for trying to recruit doctors to St.

Helena as well, because they are isolated and they do have limited facilities so we have to be well aware of that. So the strategies, we have a full complement of doctors right now. The strategy on the back of this is two elements, one for our local GP doctors, and what we're trying to do now is just reinforce our locum roles, which means that when our doctors, our permanent doctors go on leave that we can bring in locums, but not locums that just come randomly, locums that we use all the time. And I'm sure you've seen a few of them over the past two years. So it's very good for a small community to see regular faces, but secondly we are changing, we're taking a strategic change with our specialists doctors. You know we normally bring in specialist doctors from the UK etc. some have been coming for a long time. We are now currently looking at what we can do with our medical service provider to provide the exact same treatment. So some of you will be aware that the, we had a specialist out here not too recently, they did all of the work here, looked at which people they needed to refer to, and then they did all of the work. So we're trying to build that relationship where you see the doctor here, as well as if there are specialists and you need specialist help that you also see them on the next end. So that's the strategy with secondary doctor work, but we are at present, we do have a full quorum of doctors.

The Speaker –

Okay. Thank you very much. Councillor Midwinter.

The Hon. Robert Midwinter –

Thank you, Mr Speaker. Mr Speaker, can the Honourable Minister say what impact the engagement of short term locum medical staff has on his budget?

The Speaker –

What impact? Thank you very much. Honourable Minister for Health and Social Care.

The Hon. Martin Henry (Minister for Health and Social Care) –

So in terms of where the impact would be, would be in terms of the moving staff through and through. So there is an allocation for locum staff, which we are or we have just about come out the back of. So let me just explain that we used to have our complement of doctors was three, and we made up a rotation and added with locum staff, constant locum staff, this costs in terms of travel arrangements, sometimes doctors come out here for a week and they don't like it, one of the main reasons, I can't use the internet properly. We hope we can resolve that problem etc. But they come from you know those type of environments and what we consider to be the norm, and saying you know, isn't the norm for them so those costs did accumulate in the past. But what we've done now is we've managed, we've established a team of five GP's with the potential of being able to work out of using locum staff in the future.

The Speaker –

Thank you very much. Councillor Midwinter.

The Hon. Robert Midwinter –

Thank you, Mr Speaker. Mr Speaker, for the benefit of the listening public, can the Minister say or give an overview of the twinning arrangements that are in place with the NHS Trusts in the UK and how this helps to address the challenges that he's mentioned?

The Speaker –

Thank you. Honourable Minister.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you Mr Speaker. Thank you Honourable Member. In terms of twinning arrangements, we don't have an official twinning arrangement. We are working with Hampshire as is a lot of other portfolios with some of the elements. As the Honourable Member knows, it was one of my sort of dreams when I walked through the door is that we establish a twinning arrangement so that we can draw down on those resources. However, that was in the middle of the pandemic and the NHS etc. hasn't quite recovered as you all know from a lot of this, and in fact they are suffering from quite significant problems throughout. So what we are establishing is, I just said in my answer a few minutes ago, we are trying to establish a very similar arrangement but with the use of the medical provider in SA. So you know, there will be potentially, and again this is just potentially, in the future if we are short of a particular specialist skill a senior staff nurse etc. that we may be able to use that arrangement to be able to bring in that person because it cuts out all of the elements, which my Honourable Friend asked earlier about the HR process etc. because they are already employed by a professional team. So it helps us become far more efficient with that arrangement. But we are just at the very beginning of this so it's still a bit of we're working on it.

The Speaker –

Thank you very much. Dr Corinda Essex.

The Hon. Dr Corinda Essex –

Thank you, Mr Speaker. Can the Honourable Minister for Health and Social Care indicate how recruitment is targeted? Is it just through the normal recruitment channels within HR, or is it specifically designed as well to reach out to organizations that provide medical care in less developed countries and in other jurisdictions, apart from the mainstream highly competitive market?

The Speaker –

Thank you. Honourable Minister.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you, Mr Speaker, and I'd like to thank the Honourable Member for her question. So it does go through the normal HR processes, and at the beginning of my tenure there was a significant issue with how we recruit and how we go out to various organisations. The elements between that though, is that the minute we bring in our scope and demand that we look for doctors of a particular caliber, because that's we have, we need to you know, we were looking at South Africa private care, UK, Europe, Australia, etc. We actually reduce the number of doctors we can actually attract, so we have to be very, very, again very, very understanding of where we are, our limitations and we have to balance that with ensuring that we recruit from reputable agencies or countries so to speak. So it is a balancing act, but we are at the moment attracting doctors from the areas that we would want them to come from in terms of the backgrounds.

The Speaker –

Thank you very much. Councillor Dr Corinda Essex.

The Hon. Dr Corinda Essex –

On a point of clarification, I wasn't suggesting that we recruited doctors who were qualified in third world countries for example. What I was suggesting is that we target organizations like Medecs across borders etc. which have very highly qualified and skilled staff in some cases who are used to working in non-

competitive sorts of environments. They are the sort of professionals who opt for jobs where they feel they can make a real difference, and if you like, have a more philanthropic approach rather than necessarily wanting to go where the pay is the best, and there are actual opportunities for continuing professional development, are extremely strong. I was not in any way wishing to imply that we should employ individuals who do not meet the highest standards.

The Speaker –

Thank you very much. Do you wish to respond Honourable Minister?

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you, Mr Speaker, and thank you, Honourable Member for actually clarifying that. I can say that our recruitment, I would say personally is potentially doing well and actually in the right areas because I can confirm as far as I'm concerned, that we do have people of that nature already working for us. So I will go away Honourable Member and just check if we are actually using all of those services to recruit and come back to you. Thank you.

The Speaker –

Thank you very much. Next question please.

Question No. 5 - The Honourable Rosemary Bargo to ask the Minister for Health and Social Care.

The Speaker –

Honourable Rosemary Bargo.

The Hon. Rosemary Bargo –

Thank you, Mr Speaker. Can the Honourable Minister for Health and Social Care provide an update on how things are progressing with regards to the new medical provider for overseas referral?

The Speaker –

Thank you very much. Honourable Minister for Health and Social Care.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you Mr Speaker and I'd like to thank the Honourable Member for her question. From in terms of from a practical stance, speaking to my CMO and from personal experience myself, now things are progressing very well with the new service provider. We have found them to be very up front. We get far more discussions with them. There's far more liaisons between the doctors in South Africa and the doctors here on the other side. In terms of the care I actually went to Johannesburg and I went visit the facilities, and every person I talked to there was very happy with the care. So there are small things. For instance, the provider shows up in a recognised vehicle, people are recognised in uniforms, she's the lady I met, she's a paramedic by trade as well so those things are the smaller side. I also had the opportunity to visit some of the hospitals and if I can just give you, because this was obviously coming from a non-medical background and not quite understanding what private care is, there's private enterprise within a private enterprise basically. So an entire hospital actually is full of specialist private enterprises. For instance nuclear medicine which is a private enterprise that does cancer is in 3 or 4 different hospitals but they have a floor. The lab is a particular business organisation and they have a floor in these individual hospitals. So the setup is quite a bit different. But speaking to the clinicians, they're speaking to some of the directors

which took me around on those visits, and Doctor Moss visits just about every hospital I think, in South Africa according to them. So he knows the ins and outs, which is more important than me having a visit, that it seems that this provider is well geared up to serve our needs. On the other end, it is you know, whether we can actually, whether we have the funding to actually acquire those needs but that's a different topic I am sure we will have at a later date.

The Speaker –

Thank you very much, Councillor Bargo.

The Hon. Rosemary Bargo –

Thank you. So Minister Henry, I just checking so do we now have a signed deal with this medical provider.

The Speaker –

Thank you. Honourable Minister.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you. Thank you, Mr Speaker. Thank you, Honourable Member. So currently, we are in, so we don't have a signed deal, we are in the final stages and if Members would allow, I've, just because I just saw your question, if you would allow the AG probably to respond to that, because it's outside of the premise of my remit.

The Speaker –

So thank you very much. Honourable Attorney General.

The Hon. David Ballantyne (Attorney General) –

Thank you, Mr Speaker. It's correct that the contract has not yet been finalised. There are important provisions which are still not settled. These relate principally to the issue of an indemnity to be provided to the Government to protect itself against claims for clinical negligence, which is a current topic arising from historical events. Associated with that is the potential provision of an avenue for third parties who have a claim to claim against the supplier rather than via the Government. And there is a third issue of subcontracting where the supplier subcontracts. We have to ensure that the services subcontracted are performed to the same standard as they would be under the current contract, so that although I have the draft document in my hand, there are these outstanding issues. I would say this, excuse me, this is a new form of contract. It's a more thorough contract than the previous contract. We are negotiating with a global health provider who has an in-house legal team. Our legal team is also in-house and as Members may be aware, we are suffering constraints of resource. That means that contracts have to be prioritized, and that means that sometimes it takes longer than we would prefer to achieve an outcome. We are, however, operating under a letter of intent currently, and the services are being provided. And the mechanisms that I'm describing are designed to protect the Government against any contingent liabilities that could arise, particularly from third parties. There's no question about the competence of this entity with whom we are engaging. My limited understanding of their capacity is that they are a global health provider, but they are a major health provider in South Africa, and that they have either control or access or ownership of several hospital facilities. So that from a capacity point of view, that's not the issue. The issue is really to achieve a respectable agreement with them that respects both sides' positions. And it's not always easy to achieve that under the current procurement arrangements, in the sense that we end up with a preferred bidder, who are therefore sometimes in a position to resist positions that we might advance were that not to be the case.

So we don't always enjoy the degree of leverage that we would like to have in pushing on particular issues. That is a generic issue for the Government, which I think should in due course be addressed. But I would also like to inform the House, slightly tangentially, that since the beginning of this year, have been pressing an initiative of mine to try to secure legal assistance from the Government legal department in the United Kingdom, and although we are not quite there yet, there is considerable interest and FCDO have been facilitating this process. The idea is to have, on secondment, competent lawyers to assist this Government in the partnership that we are enjoying with the United Kingdom, and we are at the point now of having the basis of an understanding how much interest we will get. I do not know, but we have got a document entitled Expressions of Interest, which we have to complete as a template that will then be circulated within the Government legal department in the United Kingdom. That department consists of 2,100 lawyers of various disciplines, and we are immediately looking for a commercial contract specialist and a legislative drafter to augment our resources. Our resources are present are about 60%. We have a complement of ten. We have six, I have 3 commercial lawyers or civil lawyers, mostly concerned I have to say, with litigation, which has become a dominant feature. So our resource capacity on contracts is limited. We are trying to augment that in a helpful way that will ensure that the biggest problem, which I perceive since I came here is continuity, is a major issue, and the net result sometimes of the funding process, and I'm not wishing to throw stones at that, is that the legal side of things tends to come towards the end of the process, instead of engaging at an earlier level when we could make perhaps a difference and to achieve less scope for resistance, if I can put it that way when we get to the contract level. So I apologise for the length of the answer. We are pursuing these final issues and subject to a favourable response, we will conclude a contract. It will be for five years, so it is worth making the effort to try to secure a satisfactory outcome. Thank you.

The Speaker –

Thank you very much Attorney General. Councillor Rosie Bargo.

The Hon. Rosemary Bargo –

Thank you Mr Speaker. And thank you Attorney General. Minister Mark, I understand, sorry Minister Martin Henry, I understand that you know there has been some mix up with payments of doctor's bills in South Africa right now, and there has been refused treatment to patients. Can you tell me if this is actually been looked at and there's a smooth mechanism of payments now going to bills as such within South Africa?

The Speaker –

Thank you very much. Honourable Minister.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you, Honourable Member. And thank you, Mr Speaker. Just to, so we have been informed that there has been at least one element of this, and we are currently looking at it. However, I just would like to, just for the record here, just assure people that it isn't as straightforward as the doctor charges and we pay. There has to be an element of, so our team here has to be satisfied with some of the, what the doctor is looking at and what they're trying to achieve. So again, we are dealing with a private service within a private service, so there has to be some checks and balances. But there has been to-date one case that we, that has been reported and it is currently under review. So I can't give you an answer yet, but I can come back to you with one.

The Speaker –

Okay, thank you very much. Next, sorry. Councillor Thrower.

The Hon. Karl Thrower –

Thank you, Mr Speaker. Would the Honourable Minister be able to say whether under that same contract, the new company is responsible for managing subsistence payments and the accommodation away from the hospitals?

The Speaker –

Do you need some? Do you need the question repeated?

The Hon. Karl Thrower –

Yeah. Sorry. Maybe I'm calling it the wrong thing here, but the subsistence payments for people, you know, when people go on medical referrals, once they're treated and they move into accommodation away from the hospital, is that money that people were having problems with, the payments and receiving payments in a timely fashion. Is that managed under the same contract?

The Speaker –

Honourable Minister.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you very much. I now got the question. So no, I don't think it's managed under that, that's my honest answer. I can't tell you straight off the bat so I won't commit to it. I have had no reports since we started, that this is now an issue. The only feedback I had from my visit was just to try support our patients with, was to tell them to not to exchange their money at the airport because they are being seriously taken for a rand. So that was the only feedback I've had currently around the money arrangement. But I can double check to just to see if that arrangement is going well because I know it was off. It was an element which was causing some significant stress while people were away.

The Speaker –

Thank you very much. Next question please. Oh, I do beg your pardon, Honourable Attorney General.

The Hon. David Ballantyne (Attorney General) –

Thank you Mr Speaker. I'm just looking at the draft contract, it does make provision for pastoral care, and that includes managing subsistence payments.

The Speaker –

Thank you very much. Next question please.

Question No. 6 - The Honourable Andrew Turner to ask the Minister for Health and Social Care.

The Speaker –

The Honourable Andrew Turner.

The Hon. Andrew Turner –

Thank you, Mr Speaker. Will the Honourable Minister for Health and Social Care tell this House what steps the St. Helena Government is taking to ensure there is adequate nursing provision on the Island?

The Speaker –

Thank you very much. Honourable Minister for Health and Social Care.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you, Mr Speaker, and thank you to my Honourable Friend. So as we know, this has been a relatively hot topic over the past few years in terms of nursing, in terms of numbers, quality, etc. So it is something that the department is actioning at the moment. So if I can just confirm what we have at present. So at present we have 53 nurses, which is a combination of nurses, healthcare assistants and midwives employed across the directorate, and there are currently 3 vacancies. With that, in terms of the directorate has managed to attract 5 apprentices this time to undertake nursing and the paramedic side as well as occupational therapy. So it's really good that we've after quite a number of years attracted 5 people to come in. And I spoke to one of the young ladies I think just last week, and she was thoroughly enjoying her role. There's also a need for us now to rebrand and relaunch. So we are establishing again what was the nursing and midwife's board which has disappeared, I think for the last decade or so for some unknown reason, and we are trying to bring that back up. Our Chief Nursing Officer is leading on that, and I will also sit on that board just to ensure that the element of nursing is held at my level as well. So, also we've just appointed a Practice Development Nurse who is currently in the UK undergoing their clearances. But the employment is confirmed and that will underpin the development of our current nursing team to start with. So we have excellent, excellent people working there. But however this is an environment moment and we are constant updating and constant re-skilling because health changes, the procedures changes, you know very frequently is necessary. So I hope that at least those elements just allow you to see that we understand the need for this. And we have now started this process with trying to bring in apprentices, local apprentices, as well as bringing in a Practitioner Nurse to support our current established team as well. There will be further elements I would like to add to this, however again within the constraints of our current budget etc. but this is a start.

The Speaker –

Thank you very much. Councillor Turner.

The Hon. Andrew Turner –

Thank you Mr Speaker. So with 53 nurses on staff and only 3 vacancies, considering the extreme circumstances our nurses working, are there any plans to increase that overall nursing provision on St. Helena so that the heavy workloads they are experiencing can be shared over a much larger team?

The Speaker –

Thank you very much. Honourable Minister.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you Honourable Member for your question. So currently there isn't plans to increase the nursing workforce. However, there is a relook at how we actually deliver care in terms of, there's various methods of delivering care through that particular element of health. And one of them is if you are, so you could utilise Senior Nurses, and use more health care assistants, or senior assistants. So what we are looking at it's quite hard to actually get a nurse trained, you know to the right level within a very short period, so

what we're looking at is trying to reorganise that, and look at where we can hang on to our nurses or establish qualified nurses through various means, as we know, but also reinforce a lot of the other workload with providing this support. So you know in the UK, nurses actually do what we do now, which they pretty much cover all of the bases. Whereas in South Africa the strategy is a little bit more like what I'm talking about now. In Europe it's different again, so there's various strategies of tackling this element given that we have the quantity we have at the moment, and I'm trying to support, we're trying to support the team in relieving some of this pressure. But at the same time, also as you've just heard, develop the team going forward because that's extremely important, given not only in health but in teaching etc. If you look at the mean age of some of our workers, we've already lost quite a bit of time I would say, in that across the board within the SHG.

The Speaker –

Thank you. Councillor Turner.

The Hon. Andrew Turner –

Thank you, Mr Speaker. Just for clarity's sake, then, so that I'm sure I understand the answer here, is the plan then to move more to the South African model of having qualified nurses who will do the sort of, the more the medical tests, blood pressures, etc. and having more health care assistants. Is that the right phrase for sort of doing the feeding, the caring side, is that the plan?

The Speaker –

Thank you. Honourable Minister.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you, yes that is the plan. And I know I'm venturing a bit over into the social care side, which obviously no doubt I will be questioned on at some stage in the future. But by having health care assistants also allow us to move across the board. So having people who can do both roles is actually, we didn't just pick up the South African system, it's actually a hybrid of both. But we have looked at our current environment and looked at where we'll be able to utilise these staff, you know given the daily complications of delivering a service with sickness, etc.

The Speaker –

Thank you very much. Honourable Councillor Dr Corinda Essex.

The Hon. Dr Corinda Essex –

Thank you Mr Speaker. Can the Honourable Minister give an indication of roughly within what timescale he hopes to have that new organisational structure in place?

The Speaker –

Thank you. Honourable Minister.

The Hon. Martin Henry (Minister for Health and Social Care) –

Thank you, and thank you Member, for your question. So we are we are targeting one step at a time. So I am targeting first and foremost, like I've said, we've employed our practitioner nurse, so that will help to facilitate the up-skilling and the delivery for our nurses here as well as the apprentices that are now, within our, with us. However, we are gradually already moving towards the system I just mentioned in terms of

how we are employing. We are looking at particularly when there is a position for a role, do we then replace that with a staff nurse or do we get two health care assistants, so that structure has already started. We are of course limited currently on St. Helena by the workforce base as we have in social care. So for all the plans and the best will in the world, we have to get around, as an entire island, that particular limitation because that's obviously affecting us all.

The Speaker –

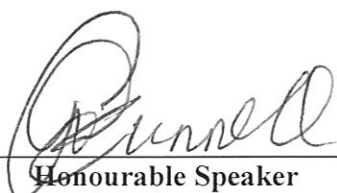
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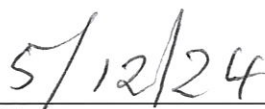
CLOSING REMARKS BY THE SPEAKER

The Speaker –

Thank you all very much. That then has brought us to the end of the Minister's Question Time for today. All six questions were able to be answered, and that included a very valuable and lengthy input from the Attorney General. Thank you very much, sir. And Minister Martin Henry, I note that you're going to on four occasions, you're going to follow up with the Councillors. Yeah. So excellent. Very well as far as I can see. Thank you all very much. So our members that then concludes Minister's Question Time for October. Thank you all very much for your valuable contributions, and thank you the listening public. We hope you found the questions on Health Care provision and answers provided, to both be interesting and informative, and we look forward to your feedback. And thanks also to SAMS for broadcasting these proceedings. Honourable Members this is a glorious day, isn't it? The last day of October and earlier on, Chief Minister asked me to wish everybody Happy Halloween. Well, that is coming this evening and we all look forward to that I am sure. I wish you all a very pleasant day ahead. Thank you all very much.



Honourable Speaker



Date