PROCEEDINGS OF THE GIBRALTAR PARLIAMENT

AFTERNOON SESSION: 2.33 p.m. – 5.07 p.m.

Gibraltar, Friday, 20th October 2017

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The Gibraltar Parliament

The Parliament met at 2.33 p.m.

[MR SPEAKER: Hon. A J Canepa GMH, OBE, *in the Chair*]

[CLERK TO THE PARLIAMENT: P E Martinez Esq *in attendance*]

Questions for Oral Answer

ENVIRONMENT, ENERGY, CLIMATE CHANGE AND EDUCATION

Q603 and Q612/2017 – Further information; revised schedule

Clerk: The Hon. the Minister for the Environment, Energy, Climate Change and Education.

Minister for the Environment, Energy, Climate Change and Education (Hon. Dr J E Cortes): Mr Speaker, if I may, I have been busy over lunch as there were a couple of questions in relation to the schedules on education which I think I have been able to clear up.

The first one, if I may, was one PGCE which was clearly treated as non-mandatory. I am going to give generalities because, Gibraltar being the place it is and with the size that we are, if I give too many details as to subject, colleges and so on, people are going to know which student we may be referring to. So, in general terms, this was a person who had already completed a degree course and a postgraduate course on a completely different subject, was already in employment and applied for a PGCE in a completely different subject. They did not tick all the boxes, so it had to be treated as discretionary and the board did not feel that they could award it at the time. It was not a run-of-the-mill one.

In relation to the Law ones which were non-mandatory, they were in effect either conversions or similar requests for postgraduate work well after they had finished their first degrees, so they became discretionary.

Those were in relation to Question 603 and the schedule thereto.

In relation to Question 612, where the Gibraltar College was missing in some of the pages, this has now been amended and the revised schedule is being distributed now. My apologies for that oversight. Obviously it was just left out in one of the stages of dealing with the table on the computer.

Revised Schedule to Q612

Pupils per Year in Gibraltar Schools: 2012/13

School Name		School Year																															
		N		R		1		2		3		4		5		6		7		8		9		10		11		12		13		2012/13	
	SEN	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
St Josephs First	48	39	37	39	35	42	49	37	54	60	51																						
St Mary's First	56			23	27	23	20	21	21	17	25																						
St Paul's First	44			36	38	36	39	38	24	38	41																						
St Bernard's First	61	18	16	14	10	11	14	14	14	14	15																						
Governor's Meadow	51	25	17	37	34	29	22	34	34	32	30																						
Notre Dame	72			30	41	37	27	34	23	35	27																						
Hebrew Primary	28			6	12	13	9	9	11	6	17	12	8	9	12	8	7	9	12														
St Martin's Special	44	10	4																													26	6
Bishop Fitzgerald	84											47	52	64	39	52	63	69	56														
St Anne's	65											62	52	50	45	61	41	53	51														
Sacred Heart Middle	79											34	30	22	30	22	19	29	27														
St Joseph's Middle	33											45	54	54	40	42	52	60	54														
Westside	144																				185		179		220		209		116		98		
Bayside	223																			229		213		232		203		123		100			
Gibraltar College																																187	159

SNLA's Employed: 78
Long term needs of service: 1

Pupils per Year in Gibraltar Schools: 2013/14

School Name		School Year																															
		N		R		1		2		3		4		5		6		7		8		9		10		11		12		13		2013/14	
	SEN	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
St Josephs First	64	42	42	55	35	45	41	45	50	55	37																						
St Mary's First	64	29	23	28	28	25	28	27	18	21	21																						
St Paul's First	52	20	21	32	35	37	40	37	39	40	25																						
St Bernard's First	60	25	9	18	14	16	11	15	15	15	17																						
Governor's Meadow	53	27	32	33	32	37	33	29	23	32	30																						
Notre Dame	67	24	36	32	29	32	44	38	27	31	22																						
Hebrew Primary	19			9	13	5	10	13	8	7	10	5	14	13	7	8	13																
St Martin's Special	68	12	3																													22	11
Bishop Fitzgerald	84											48	50	48	53	64	38	55	63														
St Anne's	70											60	47	60	59	48	40	59	42														
Sacred Heart Middle	105											33	35	37	33	22	29	27	20														
St Joseph's Middle	44											56	52	47	55	53	41	42	54														
Westside	147																				227		184		194		210		150		96		
Bayside	277																			223		230		223		218		142		100			
Gibraltar College																																174	153

SNLA's Employed: 78
Long term needs of service: 1

Pupils per Year in Gibraltar Schools: 2014/15

School Name		School Year																															
		N		R		1		2		3		4		5		6		7		8		9		10		11		12		13		2014/15	
	SEN	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
St Josephs First	59	39	46	48	47	47	47	45	38	42	48																						
St Mary's First	68	16	17	45	28	29	25	27	27	24	16																						
St Paul's First	41	21	20	34	44	32	34	37	38	38	42																						
St Bernard's First	48	22	14	26	8	17	15	15	9	16	17																						
Governor's Meadow	39	23	19	37	37	38	32	37	33	30	24																						
Notre Dame	88	24	23	38	44	36	32	35	45	44	25																						
Hebrew Primary	21			10	9	9	13	5	10	13	8	7	9	6	15	12	7	8	13														
St Martin's Special	64	5	4																													22	13
Bishop Fitzgerald	82											64	42	49	52	49	56	70	37														
St Anne's	93											52	44	69	51	58	57	48	43														
Sacred Heart Middle	122											34	31	33	39	41	38	23	30														
St Joseph's Middle	43											42	56	46	40	45	53	53	43														
Westside	156																				197		232		186		183		170		103		
Bayside	252																			194		224		236		211		160		100			
Gibraltar College																																169	147

SNLA's Employed: 78
Long term needs of service: 5

Pupils per Year in Gibraltar Schools: 2015/16

School Name		School Year																															
		N		R		1		2		3		4		5		6		7		8		9		10		11		12		13		2015/16	
	SEN	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
St Josephs First	74	45	31	43	47	56	51	46	52	45	43																						
St Mary's First	63	15	15	27	31	42	31	30	25	24	27																						
St Paul's First	35	21	21	35	31	35	44	36	37	37	37																						
St Bernard's First	36	20	17	23	18	29	11	20	19	18	11																						
Governor's Meadow	50	23	19	35	28	39	38	38	32	38	33																						
Notre Dame	91	25	30	34	33	38	45	39	33	37	47																						
Hebrew Primary	26			6	13	9	8	9	15	4	9	12	8	7	10	3	13	14	0														
St Martin's Special	83	14	3																													24	14
Bishop Fitzgerald	108											52	46	60	44	50	53	51	54														
St Anne's	102											63	44	50	44	69	50	58	53														
St Bernard's Middle	110											40	43	44	44	26	31	47	39														
St Joseph's Middle	42											44	44	46	53	56	50	47	56														
Westside	170																				166		199		227		173		143		142		
Bayside	296																			195		190		220		220		162		108			
Gibraltar College																																186	168

SNLA's Employed: 78
Long term needs of service: 16

Pupils per Year in Gibraltar Schools: 2016/17

School Name		School Year																															
		N		R		1		2		3		4		5		6		7		8		9		10		11		12		13		2016/17	
	SEN	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
St Josephs First	61	32	44	48	37	47	55	53	52	52	49																						
St Mary's First	56	22	8	22	19	26	30	42	32	26	29																						
St Paul's First	43	17	25	40	43	30	30	35	44	40	39																						
St Bernard's First	58	24	17	21	14	23	20	31	15	18	23																						
Governor's Meadow	41	21	21	34	27	39	30	38	37	39	30																						
Notre Dame	89	24	26	45	42	33	35	42	44	38	33																						
Hebrew Primary	25			14	9	5	13	9	9	9	17	4	8	11	8	8	9	4	13														
St Martin's Special	107	12	4																													26	13
Bishop Fitzgerald	94											61	49	52	47	61	43	49	52														
St Anne's	101											61	54	62	46	51	41	70	51														
St Bernard's Middle	94											39	35	42	42	36	37	36	44														
St Joseph's Middle	24											52	47	48	44	46	53	55	47														
Westside	175																				207		168		197		218		137		112		
Bayside	328																			217		195		196		210		167		106			
Gibraltar College																																155	140

SNLA's Employed: 78
Long term needs of service: 21

Pupils per Year in Gibraltar Schools: 2017/18

School Name		School Year																															
		N		R		1		2		3		4		5		6		7		8		9		10		11		12		13		2017/18	
	SEN	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
St Josephs First	*	44	41	34	44	52	42	47	53	54	54																						
St Mary's First	*	11	21	24	17	23	18	25	28	43	31																						
St Paul's First	*	20	20	33	40	40	43	29	30	35	43																						
St Bernard's First	*	21	20	26	17	22	14	22	24	32	13																						
Governor's Meadow	*	31	11	39	34	35	28	38	29	40	37																						
Notre Dame	*			39	28	47	44	33	34	43	41																						
Varyl Begg Nursery	*	19	35																														
Hebrew Primary	*			9	8	12	9	5	12	7	9	9	17	4	8	10	6	9	9														
St Martin's Special	*	11	5																													34	16
Bishop Fitzgerald	*											66	44	56	64	53	48	57	44														
St Anne's	*											57	49	53	61	65	40	48	43														
St Bernard's Middle	*											40	46	37	36	43	41	34	37														
St Joseph's Middle	*											59	49	51	46	45	43	44	51														
Westside	*																				196		201		167		182		179		118		
Bayside	*																			216		214		190		182		157		129			
Gibraltar College	*																															131	187

* SEN statistics are sent to Department for Statistics every June

SNLA's Employed: 78
Long term needs of service: 21

25 **Hon. D A Feetham:** Can I ask a supplementary right now. Just in relation to the Law ones, I have noticed from the schedules that the hon. Gentleman has provided that prior to 2015, the Law ones – and indeed it refers to the diploma, so it is obviously a conversion course – those conversion courses, were discretionary, then afterwards they are mandatory as from about 2015. Is the hon. Gentleman aware of a policy change in relation to this?

30

Hon. Dr J E Cortes: No, Mr Speaker, I am not. I was not Minister at that time, so if there was a policy change, which there could have been, I was not responsible for that in the Department. But I can enquire, and obviously not for today's session but I can provide the hon. Member with the information outside the House if he is happy with that; if not, I would be happy to answer it 35 on another occasion here.

Q615/2017
Smoking in play parks –
Progress re banning

Clerk: We now move to Question 615. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: Does Government have any updates in connection with its commitment from April of this year to look into banning smoking in play parks?

40

Clerk: Answer, the Hon. the Minister for the Environment, Energy, Climate Change and Education.

Minister for the Environment, Energy, Climate Change and Education (Hon. Dr J E Cortes): 45 Mr Speaker, no, sir.

Hon. Ms M D Hassan Nahon: Mr Speaker, can I ask why the U-turn – a public statement that was made into reviewing the legislation has now stopped being under review?

50 **Hon. Dr J E Cortes:** No, there are no further developments. I know from my hon. Friend that the GSLA does not normally allow it anyway, although it is not legislated. We just have not progressed it. There has not been a decision not to do so.

We were looking, and I think I had some correspondence with the hon. Lady as to some of the areas which she did not feel … I think Commonwealth Park the hon. Lady mentioned to me, 55 and I think that the hon. Lady tried to clarify with me that she was talking about the children's playgrounds. (**Hon. Ms M D Hassan Nahon:** Those enclosed.) Enclosed, yes.

So it is not that it is not happening or there has been a policy decision; it is just that it has not been progressed, but it is certainly on our to-do list and we will be taking it further.

Q616/2017
Supply list teachers –
Payment of on-call allowance

Clerk: Question 616. The Hon. Ms M D Hassan Nahon.

60

Hon. Ms M D Hassan Nahon: Would Government consider paying an on-call allowance to teachers on the supply list?

Clerk: Answer, the Hon. the Minister for the Environment, Energy, Climate Change and Education.

65

Minister for the Environment, Energy, Climate Change and Education (Hon. Dr J E Cortes): Mr Speaker, I apologise for being very short in both my answers to the hon. Lady, but the answer is, once again, no, sir.

70 **Hon. Ms M D Hassan Nahon:** Mr Speaker, my question is based around the concern for the supply teachers in the sense that they cannot apply for other jobs and they also cannot apply for unemployment benefit while at the same time they are being stuck every morning at the end of a telephone line.

From what I understand, other Government agencies do pay some type of on-call allowance 75 fee in certain Departments, so perhaps … I was just trying to enquire if this could be equalised or normalised.

Hon. Dr J E Cortes: Mr Speaker, I think the hon. Lady is not correct in what she is saying. On-call allowances are paid to staff in the employ of the Government when they have to be 80 available for callouts. Supply staff – we cannot really call them supply staff – are not actually directly in the employ; they are available to be called in and I do not believe there are any supply staff within the whole of the public service or associated to the whole of the public service who have an on-call fee just in case they are called in to work. It is a different arrangement to an on-call allowance proper, which is provided for in the public service. It is not the same.

TOURISM, EMPLOYMENT, COMMERCIAL AVIATION AND THE PORT

Q617/2017
Number of persons registered unemployed –
Question not answered

85 **Clerk:** Question 617. The Hon. R M Clinton.

Hon. R M Clinton: Mr Speaker, can the Government confirm the number of persons registered as unemployed?

90 **Clerk:** Answer, the Hon. the Minister for Tourism, Employment, Commercial Aviation and the Port.

Deputy Chief Minister (Hon. Dr J J Garcia): Mr Speaker, we will be proceeding with the Questions to the Hon. Minister Bossano.

MINISTER FOR ECONOMIC DEVELOPMENT, TELECOMMUNICATIONS AND THE GSB

Q621/2017
Technology-based apprenticeship –
Plans to introduce

Clerk: We move to Question 621. The Hon. R M Clinton.

Hon. R M Clinton: Mr Speaker, does the Government intend to introduce a technology-based
95 apprenticeship, and how does it envisage this working?

Clerk: Answer, the Hon. the Minister for Economic Development and Telecommunications.

Minister for Economic Development, Telecommunications and the GSB (Hon. J J Bossano):
100 Mr Speaker, as the hon. Member is aware, the policy of the Government is to provide training for employment. The Member is also aware that my Department has written to all employers with five employees or more to ascertain whether they are interested in providing work-based placements for apprentices, and therefore any new apprenticeships that might be provided in future will depend on the result of establishing a demand for the skills in the private sector.
105

Hon. R M Clinton: Mr Speaker, I am grateful to the Minister for his response.
I do not recall hearing an answer as regards the people registered as unemployed.

Hon. J J Bossano: Mr Speaker, I was not answering that question; I was answering the other
110 one.

Q622-625/2017 –
Public finances –
Figures as at 1st August 2017

Clerk: Question 622. The Hon. R M Clinton.

Hon. R M Clinton: Thank you, Mr Speaker. I now know where I am.
Can the Government please advise how total liquid reserves are invested/held, giving details
115 of all bank savings, bank accounts and cash held for the following date, being 1st August 2017?

Clerk: Answer, the Hon. the Minister for Economic Development and Telecommunications.

Minister for Economic Development, Telecommunications and the GSB (Hon. J J Bossano):
120 Mr Speaker, I will answer this question together with Questions 623, 624 and 625.

Hon. R M Clinton: Mr Speaker, can the Government advise the balance on the General Sinking Fund as at 1st August 2017?

125 **Clerk:** Question 624. The Hon. R M Clinton.

Hon. R M Clinton: Mr Speaker, can the Government please advise the total liquid reserves figure and its constituents, namely Consolidated Fund, Improvement and Development Fund, the Government-owned companies, deposits, contingencies and other funds, for the following
130 date, being 1st August 2017?

Clerk: Question 625. The Hon. R M Clinton.

Hon. R M Clinton: Mr Speaker, can the Government please provide the total gross debt,
135 aggregate debt after application of the Sinking Fund to gross debt, cash reserves and net debt figures for public debt for the following date, being 1st August 2017?

Clerk: Answer, the Hon. the Minister for Economic Development and Telecommunications.

Hon. J J Bossano: Mr Speaker, the position as regards the total liquid assets composition when, where and how these are invested on a particular date chosen by the Member opposite, continues to be as previously stated.

The figures requested for 1st August 2017 are: gross debt, £447.7 million; General Sinking Fund, £5.2 million; aggregate debt, £442.5 million; cash, £106.8 million; net debt, £335.7 million.

Hon. R M Clinton: Mr Speaker, I am grateful to the Minister for his answer.

I still seem to be missing the unemployed numbers.

Hon. J J Bossano: Mr Speaker, perhaps I can explain to the Hon. Member that I am not supposed to be giving him the unemployment numbers. The question was called when the Minister responsible for employment was not here, but I would happily have given it to him if I knew it.

Hon. R M Clinton: Mr Speaker, then I guess that question will still be pending and I apologise to the Minister.

Mr Speaker: We are going to have a short 10-minute recess to clear up one or two matters relating to questions which have not arrived.

The House recessed at 2.50 p.m.
and resumed its sitting at 3.14 p.m.

HEALTH, CARE AND JUSTICE

Q626/2017
Children in care –
Total number and number subject of care orders

Clerk: Question 626. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government say how many children are currently in care and/or the subject of a care order?

Clerk: Answer, the Hon. the Minister for Health, Care and Justice.

Minister for Health, Care and Justice (Hon. N F Costa): Mr Speaker, there are 36 children in care, of which 25 are subject of care orders.

Q627/2017
Health and Care Services –
Agency workers

Clerk: Question 627. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government state the number of agency workers currently working within our care and health services by reference to each company which provides workers?

Clerk: Answer, the Hon. the Minister for Health, Care and Justice.

175 **Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, the number of agency workers currently working within our care and health services is as follows: ADA, 110; Grand Home Care, 142; Gibcare, 1; S&K, 36; Beta Service, 12; JFM, 18; Meddoc, 42; Athona, 1; Head Medical, 1; National Locums, 2.

180 **Hon. E J Phillips:** Mr Speaker, I wonder whether the Minister can help me with a supplementary question in relation to the impact of the Agency Workers Regulations 2012. In respect of those workers, of that total amount that the Minister has referred to with the various companies, how many have worked over the requisite 52 weeks under those Regulations?

185 **Hon. N F Costa:** Mr Speaker, we need notice of that question.

Hon. E J Phillips: I will ask it in the next session. Thank you.

Hon. D A Feetham: Mr Speaker, may I?

190

Mr Speaker: Yes.

Hon. D A Feetham: Just so that I understand the Government's view of things, perhaps he can answer this question. The Government's policy is, or their interpretation of the relevant 195 provisions, is that if a worker is employed by a recruitment agency, is therefore not employed by the Government, that therefore the Regulations that provide that if you serve a period of time effectively you should then be engaged on a permanent basis … that those do not apply to the workers of recruitment consultants or agencies because they are not employed by the Government directly.

200

Chief Minister (Hon. F R Picardo): Mr Speaker, that, as I understand it, is right, but the hon. Gentleman may want to go back in his recollection to a time before the last General Election when we had a number of discussions around this subject.

I am unable to cite the authority right now, but there is a European authority that provides 205 such agency workers with the right to apply for internal vacancies in the places of work where they have been posted by those agencies if they have been there for a particular period of time. That period of time I think is a year, so once you are in an agency and you are placed in a particular period, although the four-year period may not be relevant to you because in those four years you may be working for that agency in different places, and although you may be 210 working for the agency for four years you may not be placed in the same place for that period … if the agency places you in a place of work and you extinguish a period of more than one year in that same place of work you are then entitled, by the operation of this European authority, to be dealt with as an internal applicant for vacancies in that organisation.

I think that is the benefit that many who have been placed with employment agencies in 215 public sector places of employment have had the benefit of in the time that we have been in office.

Hon. E J Phillips: Mr Speaker, just one follow-up question in relation to that point.

I am grateful for the Chief Minister's intervention in relation to the right to apply for a 220 vacancy. I was trying to direct my previous question as to the right of the individual concerned to enjoy the same rights as those permanent employees of the relevant organisations, such as the Health Authority, for example. So, would the agency workers enjoy the same rights – i.e. the rights to minimum wage, holiday/leave entitlement, sick pay and the rest of it?

225 **Hon. N F Costa:** No, Mr Speaker, the agency employee will be bound by whatever contract they have signed with the agency, but whatever laws are in statue … of course the agency cannot vacate the rights afforded to any person by statute. So anything that is in the law they will have to comply with, but agency employees are regulated by whatever contract they entered into with the agency company.

Q628-630 and 659/2017
Rehabilitation of offenders; updating of Gibraltar Courts Service filing systems; sexual offences complaints; HM Prison staffing levels

230

Clerk: Question 628. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, does the Government have any plans to amend existing provisions in our law in relation to the rehabilitation of offenders?

235

Clerk: Answer, the Hon. the Minister for Health, Care and Justice.

Minister for Health, Care and Justice (Hon. N F Costa): Mr Speaker, I will answer this question together with Questions 629, 630 and 659.

240

Clerk: Question 629. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Minister confirm whether the Government has any plans to move towards an electronic filing system for issues of claims and applications for the 245 Gibraltar Courts Service?

Clerk: Question 630. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government say how many complaints relating directly 250 to sexual offences have been made by citizens to the RGP; and, of those, how many resulted in charges being brought?

Clerk: Question 659. The Hon. Ms M D Hassan Nahon.

255 **Hon. Ms M D Hassan Nahon:** In accordance with this Government's manifesto promise, where it committed to increase manning levels in HM Prison with the numbers recommended by the Joint Working Group, has it decided yet how many officers they are going to employ and by when?

260 **Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

Hon. N F Costa: Mr Speaker, there are no current plans to amend the existing provisions in our law in relation to the rehabilitation of offenders. This however, is an area of the law which is kept under review and one which in particular may be informed by the examination of local 265 sentencing laws by the Law Commission.

The Government currently does not have any plans to move towards an electronic filing system for issues of claims and applications in the Supreme Court. However, as part of the e-government strategy and in close consultation with the Hon. Minister for Commerce, Albert Isola, we are looking at the possibility of integrating such a system at some point, should it prove 270 to be financially feasible.

In relation to Question 630, the question does not specify dates for which the information is requested; however, since April of this year to date the RGP has received 27 complaints, of which three have resulted in charges being brought.

In answer to Question 659, Government should be in a position to make an announcement in respect of HM Prison staffing levels within the first quarter of next year.

Hon. E J Phillips: Mr Speaker, in relation to Question 628, I am sure that the Minister will agree that there are certain barriers to employment and barriers to opportunity and access to those opportunities by those who have been convicted of criminal offences and have served a period of imprisonment. What they did in the United Kingdom was to lower the periods that we have in our jurisdiction to encourage more employers to take on those that have been unfortunately dealt with in that way insofar as a custodial sentence is concerned, and those changes happened in 2012, because I think the experience in that jurisdiction was that it did create significant barriers to employment and opportunity.

Am I right in saying that the Minister does anticipate that there will be a review of this process with the Law Commission?

Hon. N F Costa: Mr Speaker, the hon. Gentleman refers me to the changes in 2012. The Hon. the former Minister for Justice, Mr Licudi, came to the House in 2014 in order to make the rehabilitation of offenders provisions mirror those in the UK – *(Interjection)* Yes, it happened in 2014. So our provisions currently reflect those in the UK. Maybe the hon. Gentleman is referring to additional amendments in the UK with which I am not familiar.

I agree with him that the reason why the Hon. the former Minister for Justice attempted to mirror the UK provisions is precisely for the reasons that he mentions: we need to make sure that the period of rehabilitation is sufficient for the person to become rehabilitated but also quick enough so that the person can reintegrate and resettle into society. And, as he rightly points out and I think properly alights to, the most important condition for any person to be able to reintegrate into society is being able to be gainfully employed.

Hon. E J Phillips: With respect, I think the Minister definitely has the position wrong, but I am quite happy to have a discussion with him about those rehabilitation periods. I understand that obviously the law changed in 2014, but they do not reflect the position that was at in the United Kingdom regarding the top end. I am quite happy to have a discussion separately, offline, with him as it were.

Hon. Ms M D Hassan Nahon: If I may, a supplementary on Question 659, Mr Speaker.

Can I just ask the Minister whether with this new batch, the number that he will confirm, as he said, on the first quarter of next year … will any number of this new complement be the same individuals who would eventually be a part of the new young offenders' facility centre, or would that be a different batch of individuals?

Hon. N F Costa: Mr Speaker, as I think I replied to the Hon. Mr Phillips in the last session, the issue of a secure accommodation for juveniles and the issue of a detention facility for juveniles – or it may have been the Hon. Mr Llamas, I am not certain; I think it was the Hon. Mr Phillips – is currently actively being looked at by different officials of the Care Agency, Her Majesty's Prison and other relevant agencies.

The options are being looked at as to whether it is possible to combine secure accommodation with detention facilities. I note that in the UK it has been possible to combine both, and therefore should there be a combined juvenile secure accommodation facility and a detention centre there would have to be an additional increase in resources, because currently the resources that exist do not cater for those facilities. And, as the hon. Lady and Gentleman will obviously realise, there will have to be a Bill, or certainly additional regulations, introduced –

but most likely primary legislation – to cater for secure accommodation, which would be entirely new, and a detention facility, which would also be entirely new.

325

Mr Speaker: Next question.

Q631-633, 640-647, 650, 653 and 655-656/2017
Sponsored patients –
Costs; policy re referrals; Tertiary Referrals Board; invoices; continued care

Clerk: Question 631. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, can the Government please explain the significant increase
330 in expenditure on treatment of patients in foreign hospitals/medical establishments from £3.6 million in 2012 to £15.4 million in 2016?

Clerk: Answer, the Hon. the Minister for Health, Care and Justice.

335 **Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, I will answer this question together with Questions 632, 633, 640-647, 650, 653, 655 and 656.

Clerk: Question 632. The Hon. D A Feetham.

340 **Hon. D A Feetham:** Can the Government please state what the expenditure on treatment of patients in foreign hospitals/medical establishments has been so far in 2017?

Clerk: Question 633. The Hon. D A Feetham.

345 **Hon. D A Feetham:** Can the Government please explain its policy for referrals to specialist clinics such as the Clínica Universidad de Navarra?

Clerk: Question 640. The Hon. R M Clinton.

350 **Hon. R M Clinton:** Mr Speaker, who are the members of the GHA Tertiary Referrals Board and what are their medical specialisms?

Clerk: Question 641. The Hon. R M Clinton.

355 **Hon. R M Clinton:** Mr Speaker, what are the terms of reference of the GHA Tertiary Referrals Board and on what date was it established?

Clerk: Question 642. The Hon. R M Clinton.

360 **Hon. R M Clinton:** Mr Speaker, who appoints members of the GHA Tertiary Referrals Board and what is the term of appointment?

Clerk: Question 643. The Hon. R M Clinton.

365 **Hon. R M Clinton:** Mr Speaker, in the period from 1st January 2017 to 30th September 2017 how many times has the GHA Tertiary Referrals Board met and on what dates?

Clerk: Question 644. The Hon. R M Clinton.

370 **Hon. R M Clinton:** Mr Speaker, how many cases have been considered by the GHA Tertiary Referrals Board in the period from 1st January 2017 to 30th September 2017, broken down by type of treatment or investigation; and, of those, how many have not been approved and why in each case?

375 **Clerk:** Question 645. The Hon. R M Clinton.

Hon. R M Clinton: Mr Speaker, how many complaints have been made to the Ombudsman in respect of the decisions of the GHA Tertiary Referrals Board in the period 1st January 2017 to 30th September 2017?

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Clerk: Question 646. The Hon. R M Clinton.

Hon. R M Clinton: Mr Speaker, what is the appeals process in respect of the decisions of the GHA Tertiary Referrals Board?

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Clerk: Question 647. The Hon. R M Clinton.

Hon. R M Clinton: Mr Speaker, What criteria is used by the GHA Tertiary Referrals Board in determining grounds for approval for treatment in another hospital?

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Clerk: Question 650. The Hon. L F Llamas.

Hon. L F Llamas: Mr Speaker, can the Government provide a schedule of payments made and invoices pending payment to each foreign health establishment in each financial year since 395 April 2012 to date in relation to sponsored patients?

Clerk: Question 653. The Hon. L F Llamas.

Hon. L F Llamas: Mr Speaker, can the Government explain how, since the implementation 400 of the GHA Tertiary Board, several sponsored patients are being refused their continued care with partnership trusts in the UK without prior consultation with the specialist consultant in the UK, and only just now the GHA has made initial contact with their consultant surgeon in the UK asking for their professional advice with a footnote of estimated costs to be forwarded for consideration?

405

Clerk: Question 655. The Hon. L F Llamas.

Hon. L F Llamas: Mr Speaker, can the Government confirm how many sponsored patients referrals have been approved by the GHA Tertiary Board since it commenced reviewing 410 cases earlier this year, including (a) the cost of each referral; (b) the health establishment referred to; (c) the medical condition of the patient; and (d) the date the case was considered?

Clerk: Question 656. The Hon. L F Llamas.

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Hon. L F Llamas: Mr Speaker, can the Government confirm how many sponsored patients referrals have been refused by the GHA Tertiary Board including (a) the estimated cost of each referral; (b) the health establishment referred to; and (c) the medical condition of the patient?

420 **Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

Minister for Health, Care and Justice (Hon. N F Costa): Mr Speaker, there has been a significant increase year on year, except for 2015, in the treatment and expenditure in establishments outside of Gibraltar. The reasons for this are multi-factorial and include: the 425 rapid advance of medical technology and availability of new treatments and procedures; the increase in the population entitled to healthcare – resident population plus frontier workers; the changing population demographic, with a larger proportion of elderly members of our society. There are also non-clinical reasons, such as the decrease in the value of the pound versus the euro, which has caused fluctuations.

430 I can assure the hon. Gentleman and the House that improving the efficiency of the sponsored patients programme has been a top priority for Government. Working closely with the Medical Director and Sponsored Patients department's senior officials, the GHA has introduced improvements on the existing databases, which have resulted in the constitution of the Tertiary Referrals Board (TRB).

435 Mr Speaker, I refer the hon. Gentleman to my answer provided to Question W128/2017. The expenditure during the current financial year up to the end of September is £4,426,462.25 and invoices pending of £1,017,482.40

Mr Speaker, the GHA provides care to a relatively small community and this represents a unique set of challenges. We are able to deal with most common conditions and our clinical 440 teams provide as much breadth of service as possible. There are many sub-specialities and complex treatments that cannot be provided locally and these treatments will need to be referred to specialist centres where the care of uncommon conditions is centralised. To ensure that standards are maintained, we will preferentially refer patients for care outside of Gibraltar to organisations with high clinical standards and robust clinical governance.

445 Patients are usually referred to the NHS in the UK. We have special contract arrangements, known as service level agreements (SLAs), with a number of UK NHS trusts where we preferentially send our patients. These SLAs allow us to monitor the quality of care delivered and, where necessary, work with that organisation to deliver the standards of care we expect. GHA patients also have access to non-SLA NHS centres for super-specialised treatments. These 450 referrals will usually only be exceptionally approved when specific treatments are required that are not available in one of our SLA partner institutions.

We also refer patients to healthcare institutions in Spain. These institutions are either Spanish state hospitals or private hospitals with which we have a service level agreement. As is the case in the UK, GHA patients also have access to non-SLA Spanish centres for super-455 specialised treatment, and Clínica Universitaria de Navarra is one such centre.

The Board is tasked with monitoring the GHA policy for tertiary referrals. The current policy is as follows.

All patients having treatment outside the GHA need to have a named GHA consultant in charge of their care. This named consultant should provide treatment and follow-up locally, if 460 possible. Where local expertise or necessary equipment is not available, the named consultant will refer the patient in the first instance to one of the visiting consultants if they have the necessary expertise. In cases where the necessary care cannot be provided by a visiting consultant, the named consultant will refer the patient to one of our contracted healthcare providers in the UK or in Spain. If the care required by the patient cannot be provided by one of 465 our contracted healthcare partners, this will be sought in a non-contracted institution with the relevant expertise as determined by the Board members in partnership with the named consultant. Wherever follow-up can be provided locally, there is no clinical need for patients to travel outside of Gibraltar.

Mr Speaker, the Tertiary Referrals Board (TRB) for short, is composed of seven senior 470 clinicians and clinical directors, whose specialities are varied. The names of the Board members are confidential to ensure objectivity and prevent any lobbying from interested parties.

Mr Speaker, in respect of Question 641, I refer the hon. Gentleman to the supplementary answers given to Questions 524-526/2017.

The terms of reference for the Tertiary Referrals Board are as follows.

475 The TRB ensures that all tertiary referrals are appropriate from the clinical perspective and in accordance with the applicable GHA tertiary referrals policy. The Board considers all tertiary referrals by way of a peer review process. All tertiary referrals, except for emergency referrals, are approved by the TRB before patients are referred to the tertiary centre. The Tertiary Referrals Board are convened and chaired by the Medical Director or his nominated delegate. 480 The Board members will be selected by the Medical Director, and these are senior clinicians. It is envisaged that the composition of the Board will change regularly and in accordance with clinical commitments of the Board members. Decisions are made by majority vote. In the case of a split vote, the chairperson has a casting vote. The outcome of the referrals is communicated to the referring consultant and secretary by email on the day, and patients are informed the next 485 working day.

Mr Speaker, the Board members are appointed by the Medical Director. The term of appointment is not fixed, as this is a new process for the GHA and a period of assessment, review and development is anticipated.

Mr Speaker, since the Board was set up on 4th May, the TRB has met 20 times, as follows: 490 4th May, 11th May, 18th May, 25th May, 1st June, 8th June, 15th June, 22nd June, 29th June, 6th July, 20th July, 27th July, 10th August, 17th August, 24th August, 31st August, 7th September, 14th September, 21st September and 28th September.

Mr Speaker, since 4th May the TRB has considered 550 cases, of which 466 were approved and 33 were not approved, as these did not meet the stipulated referrals criteria. Fifty one were 495 offered alternative care pathways, which resulted in either further local treatment or referral to another external centre.

I also refer the hon. Gentleman to the answer I provided to Question 633/2017, which refers to referral criteria.

Mr Speaker, I also refer the hon. Gentleman to my Budget speech, where I announced the 500 efforts of my top GHA management team in repatriating as many services as possible to Gibraltar so that patients can be treated at home. This has been possible not only by the continuous endeavours of the team but also at a reduced expenditure trend compared to the spend last year to date, without compromising in any way the quality of care provided. On the contrary, I am sure that the hon. Gentleman would agree that receiving the same level of quality 505 and professional treatment at home is in the best interests of our patients.

I again remind the hon. Gentleman of the unprecedented number of surgery interventions conducted at St Bernard's Hospital, with a staggering 161 major surgical procedures requiring in-patient stay, conducted during the first four months of the year, nearly double the number performed in the same period last year. To date, a total of 340 major surgical procedures 510 requiring in-patient stay have been conducted. I again reiterate that there have been no cancellations of surgical operations due to lack of beds since January of this year.

Mr Speaker, this achievement cannot be underestimated, not least given the answers that I used to receive in this House when I was the Opposition spokesperson for Health, where I was repeatedly told by the hon. Lady Mrs Yvette Del Agua:

> What will the Government do to ensure that operations never have to be cancelled due to bed shortages? Answer, nothing. There is nothing that the Government can do to ensure that no operation will ever have to be cancelled because of bed shortage. Not in the GHA, not in the UK, not in the NASA Space Centre and not in the Houston Medical Centre. Nowhere. When the hon. Member has a slightly better, broader and deeper understanding of the health service about which he waxes lyrical at the moment, he will understand that it is a nonsense to call for a guarantee that no operation will be cancelled due to bed shortage.

515 *(Banging on desks and interjection)* Yes. This is, Mr Speaker, the sort of answers we used to get in the House.

In respect of Questions 655 and 656, I refer the hon. Gentleman to the answer provided to Written Question W128/2017.

Mr Speaker, up until 30th September 2017, five complaints have been made to the 520 Ombudsman concerning the decisions taken by the Board.

Mr Speaker, if the referring consultant disagrees with the TRB's decision they may resubmit the referral with any additional information that the consultant feels is relevant and would assist the Board in its deliberation.

Mr Speaker, I refer the hon. Gentleman to answers provided in Questions 646 and 647 in 525 respect of answer to Question 653.

In relation to the footnote, this is a standard inclusion in any referral letter and relates to the guarantee that any medical costs associated with the referral will be met by the GHA. This is purely for accounting purposes and is in no way a consideration of the TRB. All referrals are processed irrespective of costs. The footnote that is in all the referral letters have been there 530 since time immemorial.

Hon. L F Llamas: Mr Speaker, with reference to Questions 655, 656 and 650, the Hon. Minister is referring me to Written Question W128; however, in Question W128/2017 the answer is that the GHA will not reveal the amounts paid to each establishment for reasons of 535 commercial confidentiality.

I would like to refer the Minister to Q365/2016, which was June last year, where the Ministry undertook an enormous task under the former Health Minister and actually brought up to date that answer to June. So, given that we have the figures and the entities, the hospitals and the amounts paid, would it not be appropriate, unless there has been a change of policy by the 540 Minister, to provide an answer to this question?

Hon. N F Costa: Mr Speaker, I have no difficulty whatever in providing the totality of the amounts of the taxpayer spend to different centres. We are currently in a very active process of negotiations with different tertiary centres where we think that we can get more bang for our 545 buck in terms of different surgical, medical and clinical procedures. If we were to identify each tertiary centre with the amount that is provided, that may provide them with some clue as to what it is that we are paying other centres, and therefore it would be to shoot ourselves in the foot if we were to provide detail of the tertiary centre and the amount being paid.

550 **Hon. L F Llamas:** Will the Minister make an announcement when that process is completed?

Hon. N F Costa: With absolute pleasure.

Hon. L F Llamas: One more supplementary, Mr Speaker.

555 I do hope that this is an isolated case, although I do have two or three. Obviously when the Tertiary Board has been convened and started, I think there might be a transitional period where people are not receiving the appropriate care. There is a particular case which I have written to the Hon. Minister about and he has replied, but there has been further development on that and basically what I have and what has been given to me is a letter from 19th September this year 560 from the UK consultant surgeon to St Bernard's Hospital. I will quote, Mr Speaker, and it says:

> I am writing regarding the above patient, whom I do not believe I have had any correspondence from you about. He is in the early stages of his follow-up and we are still managing his survivor's issues. He had an appointment with us last week at which he did not appear because his visit was not supported locally. This is all rather confusing. As I am sure you can appreciate, I would be grateful for some clarification from you so we can best support this patient during this ongoing treatment.

And then St Bernard's Hospital has written to the UK consultant – and this patient has a prostate carcinoma – and in this it actually asks the UK consultant:

We would be grateful if you could provide us with your expert opinion on this case.

So obviously this person is somewhat confused, stressed and obviously ill, and in the meantime is not receiving the care because he has still not been seen locally for his condition. At 565 the same time he knows that he will have to undergo a further operation next year, which is what the UK consultant surgeon was telling him … and is not being approved and he is not having the follow-up by the surgeon who operated on the first occasion and should be the one who could operate on the second one, having had, already gone and intervened.

570 **Hon. N F Costa:** Mr Speaker, I say this to the hon. Gentleman and he can take the advice if he likes, or not, but given that he knows that he can write to me at any time and that I always reply to him, if he is going to read from a statement or a letter, the least he could do – just out of courtesy, not for ethics – is to show me the letter before, so I can take it to my professionals.

Having said that, I can assure the hon. Gentleman that I am au fait with this particular case 575 and I am extremely loathe and concerned about talking about any particular case across the floor of the House, because given remarks made by a relative of this particular person, it is already in the public sphere, so anything that I say will necessarily cast a light on what we may think within the GHA are the actions of this particular couple. Therefore, I would rather take any electoral criticism that comes to me from the public than to start telling you what I think about 580 any particular case.

Let me tell him, however, that given that there have been 550 cases considered by the TRB and that 466 have been approved, and when not approved there have been 51 cases offered alternative treatment, I think the percentage is 80% approved and 20% not approved. There have been five complaints to the Ombudsman and I have met, if I recall correctly, two or three 585 of the persons who have complained. It is inevitable that when there is a change in process and you have such a big institution like the GHA, there will unavoidably be an adjustment period and it will grate with some patients.

I just told the hon. Lady in the last session I fully understand, entirely, when somebody who feels comfortable with any particular hospital – for example, the hospital that the Hon. Mr 590 Feetham refers to me, which is the Pamplona hospital, where Gibraltarians seem to have an incredible amount of faith in this particular institution – and that when we say to them 'we can provide you with exactly the same treatment at home and with our clinicians, and all the research indicates that persons who live with cancer should not travel and therefore we ask you that you please give us the opportunity to manage your care', I understand fully that some 595 people do not want to be treated here because they have been treated elsewhere. But I think that, as I told the hon. Lady on the last occasion, it is a process of give and take between the GHA and these patients. As a result, the TRB has invariably – in other words, in every single case – allowed for a period of adjustment in allowing the couple or the patient to go to two or three more consultations outside of Gibraltar, even though we can provide the treatment here, in 600 order to ensure two things: (1) there is a proper handover; and (2) not to provide any stress to the patient.

As I tell him and as I told the hon. Lady, I fully understand the concern and the anxiety that will be caused by saying that treatment will be stopped in the UK and Spain and we are going to be providing it here, but the reasons we are providing it here are for clinical and medical reasons 605 and because we are convinced that it is best to treat people at home if we can provide the treatment.

Hon. L F Llamas: Just one final supplementary on this, Mr Speaker.

Will the Minister agree to consider this case behind the Speaker's Chair, where he may be 610 able to go back to his advisers and review this case, given the evidence which obviously they are bringing to my attention?

Hon. N F Costa: Mr Speaker, the hon. Gentleman again knows that I am approachable and he knows that I reply, and if he wants to bring any particular case to my attention he is free to do so, but I think I need to make an important point. I am not a doctor and I am not a surgeon, and even though some people think that by becoming Minister for Health I have acquired the status of being a surgeon and I am asked about different procedures, if I have certain professionals telling me that a particular course of action is clinically indicated I cannot argue clinically.

However, let me give this assurance to the hon. Gentleman. If a clinical indication is that a person should be treated locally but there are wider considerations of compassion, of humanity, that require the person to be seen one or two more times by the tertiary centre, then the Tertiary Referral Board is very good to ask me, and of course it is a policy decision for us which we can take.

Hon. D A Feetham: Mr Speaker, a number of supplementaries from me.

Just in relation to the exchanges that occurred a few moments ago between my hon. Friend and the Minister in relation to the breakdown of costs for foreign establishments in June of last year, it was my question and I think the hon. Gentleman – it was not the hon. Gentleman, it was in fact his colleague Minister Cortes – provided the cost in quite a detailed schedule relating to Xanit Hospital in particular, and I was actually surprised when last month I asked a similar question and, as has been pointed out, the answer was that for commercial reasons the Government was not in a position to reveal how much was being paid to each hospital.

When will the exercise be complete so that those figures will be provided to this Parliament?

Hon. N F Costa: Mr Speaker, it is actively being pursued and the hon. Gentleman should, I think, know that the sooner I can get to the end of the process the better, because I think that we can, a I said to the Hon. Mr Llamas, obtain better value for money. So it is something that I am actively pursuing.

Only yesterday I had a further meeting with my financial advisers and we are quite close to being able to proceed, but it will not be with only one tertiary centre, it will be with various. It will not be, as they say in the Spanish vernacular, 'frying an egg'; it will take some time, so I cannot give him today a date by which it will conclude, just to say that it is actively being pursued and if he wants to ask me again in a couple of months' time I may be able to give him a more definitive date.

Hon. D A Feetham: Mr Speaker, in relation to the first question that I asked, which is the question about the explanation in relation to increasing costs, just to put it in percentage terms, from 2012 to 2016 excluding this year, the cost of treatment in foreign hospitals and medical establishments has gone up by more than 400%. Does the Government accept that what we are seeing – and I am not criticising it, I am just asking in as neutral terms as possible this question – does the Government accept that effectively during those four years none of the factors that the hon. Gentleman has outlined are sufficient to explain either individually or collectively an increase of over 400% in cost, and what we have seen over the last four years is perhaps an opening of the tap in relation to this area and the Government is now effectively trying to row back on some of that expenditure that we have seen increased by 400% over the last four years?

Hon. N F Costa: Mr Speaker, I think, in the first place, to say that it is important that Gibraltarians have the best and most varied access to tertiary centres both in the UK and in Spain. I came in as Health Minister, I suppose, with a fresh pair of eyes and perhaps looking at the cost of certain things from a more commercial perspective and asking the question of whether certain surgical, medical and clinical procedures ought to cost the Government as much as they did. Inevitably, the results came back that perhaps we were not obtaining the best value for money in respect of some of the procedures, which is why I told both hon. Gentlemen that there is an active review process in place.

665 I would ask them, please, for the sake of Gibraltar, not to press me anymore because these discussions are live and we do not want to prejudice what we hope will be obtaining a better commercial deal for Gibraltar that provides exactly the same number and variety of treatments, maybe even more, but at prices that we are being advised would be far more reflective of what other institutions pay to private institutions than what we currently pay.

670 I think it is important that I make the point that I think that the first priority for any health authority is to make sure that patients have the care that they need, and therefore that is what has been happening. I have come in later, once the system has been in place, and have been looking at it, I think, with the benefit now of the system having been established.

675 **Hon. R M Clinton:** Mr Speaker, I am grateful to the Minister for his answer.

I do not believe I caught an answer to Question 644, where I asked for the cases but broken down by type of treatment or investigation, in that kind of detail; he has just given me an overall figure. Is he able or willing to give me that breakdown?

680 **Hon. N F Costa:** Mr Speaker, the hon. Gentleman has been listening to the exchanges that I have just had across the floor of the House. For the same reasons, I am not willing at this point to provide any additional breakdowns.

Hon. R M Clinton: I am sorry, Mr Speaker, I think we may be at cross-purposes; I am referring 685 to Question 644, where I am talking about the cases referred to the Tertiary Referrals Board broken down by type of treatment referred and whether those have been approved, and why in each case.

Hon. N F Costa: Mr Speaker, I do not know what the hon. Gentleman thinks he is going to 690 glean from breaking the figures down.

There have been 550 cases referred by a clinician, by a consultant. Out of those 550, 466 were approved, 33 were not approved, and 51 were offered alternative pathways. The criteria, as I have explained in my answers today, in the last session of Parliament and also in my Budget speech, is that it is only not indicated when the procedure can be done in Gibraltar. So, the only 695 reason why a referral would not be made is either because it is not clinically indicated or because the procedure can be provided in Gibraltar. So, if it can be provided in Gib then the person will not be referred to the UK or to Spain.

Hon. R M Clinton: Mr Speaker, I am still none the wiser as to the type of treatment or 700 investigation for which there is a referral. Is he willing to give me that, or is it just a blanket no?

Hon. N F Costa: Mr Speaker, even if I were to tell him right now every single investigation and procedure it would not matter.

What I am telling the hon. Gentleman is that if a consultant refers a matter to the Tertiary 705 Referrals Board and that clinical, medical or surgical procedure can be done in Gibraltar, then the Tertiary Referrals Board will, unless there are reasons why the person should go to the UK or Spain … be dealt with either medically, surgically or clinically in Gibraltar. So the only reason why a referral would not happen is because the care can be provided locally.

710 **Hon. R M Clinton:** Mr Speaker, I perfectly understand what the Minister is saying, but again he is not answering my original question: broken down by type of treatment or investigation. Is he willing or is he not willing to provide the information?

Hon. N F Costa: I have already told him that it is irrelevant to the question that he is asking.

715 **Hon. R M Clinton:** Mr Speaker, on a point of order, surely it is up to me to determine what is relevant to my question.

Mr Speaker: I am not in a position to give a ruling on this matter. I think hon. Members must understand that if 15 or 20 questions are being taken together I find it extremely difficult to 720 keep tabs on what refers to what.

I can see that Question 644, from the overall answer that the Minister made, does not appear to have been answered specifically, in the sense that he has not given a breakdown. I do not see a breakdown here in respect of type of treatment. I do not think that it is irrelevant to ask that. Maybe the Minister is in no position to answer that type of question, or thinks that he should 725 not because there are certain reasons why – dangerous, I suppose, that some patients could be identified. I do not know, I am not sure. He may have good reason as to why he has not answered it, but I am not in a position to make any ruling on this.

Hon. N F Costa: Mr Speaker, the whole thrust of all of the questions I have received on the 730 TRB is why the TRB makes one decision and not another, and the thrust of everything I have told the hon. Gentlemen is that a referral will take place if the care is not provided locally.

There have been 550 cases. If I were to ask the TRB to start going through every single file and provide every single surgical, medical and clinical reason, that would take away from the seven clinicians, who are all senior clinicians and are either operating or attending to their 735 clinical duties, to provide the information. There may be some cases which will also be publicly known by the information that is being provided, but the reason why I have not provided that granularity of detail is only because to do so would take the clinicians away from the job.

If he really wants it, I will ask the team to do so in slow time and then it will take for as long as it takes, but what I am trying to tell the hon. Gentleman, without being obtuse or difficult, is 740 that irrespective of what the procedure is, the answer will not change.

Hon. R M Clinton: Mr Speaker – and, Minister, I am grateful for your answer – there is a fuller answer to my question I would have expected, and if I may, by way of explanation, say that the reason I asked for this was I wanted to get a feel for what are the types of cases that will be 745 referred – whether we are talking about cancer related, heart related, surgical … some kind of general feel for what the profile is of the referrals. That is really what the thrust of my question was about: is it that 90% of the referrals are cancer related, or is it that 90% of the cases are cardiac related? It was just to get a general idea as to where the workload is in terms of tertiary referral, and then that in itself would later on perhaps spin off other questions in terms of, okay, 750 we have 90% that are cancer – how are those being addressed in terms of selection of hospitals. That is where I am coming from.

I certainly understand what the Minister said in the first instance, but I would be grateful if at some point in the future … I am sure the Tertiary Referrals Board must keep a record of what cases are coming before them – I am sure they have an agenda – and it is just a question of 755 statistics keeping, which I am sure they must do at some level.

Hon. N F Costa: Yes, Mr Speaker, I think the hon. Gentleman alights on the point, but for a different reason that I will tell him.

Yes, of course they keep files on all of these cases and this is the point. If they were to go 760 through the 550 cases he would not just receive information that said cardiology, urology, oncology – they would actually have specified the kind of treatment, the kind of surgical intervention. In other words, it would have been a huge task. If what he wanted to ask me were the general lines of medical inquiry – oncology, urology, cardiology – then of course that would be easily provided to him, Mr Speaker.

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Hon. R M Clinton: Mr Speaker, I would be satisfied with that kind of data without having to go too granular. If he is able to provide that to the House I would be very grateful.

Mr Speaker, while I am still on my feet, coming back to the general thrust of the questions, the questions I have asked the Minister are not because I have any particular curiosity myself
770 but these are questions driven from meetings with constituents who are expressing concern about the non-referral rate. I would ask the Minister, when he mentioned a change of process and that this Tertiary Referral Board came into being on 4th May 2017 … The first question I have is why was there a change of process compared to what happened previously, what was it that happened previously, and does he think it is right that seven consultants, or hospital
775 appointees by the Medical Director, should second guess a consultant?

Mr Speaker, I will read here extracts from a letter sent to a patient where there is a responsible consultant named:

> The Tertiary Referrals Board met on [such a date]. Your consultant referred you to another hospital for further medical treatment and/or investigation. A letter of referral was presented to the board for consideration. The board has **not** approved this referral. This decision has been reached by a board of senior clinicians who have considered the information provided in the referral letter. After reviewing your case, the board has determined that this referral does not provide the optimum treatment for your condition and has asked your consultant to review your treatment plan in partnership with you. We have organised an appointment for you to see your consultant in clinic as soon as possible in order to explain to you what the new treatment investigation plan will be. You will be contacted with details of this appointment in the next few days. Your consultant may request that the board reconsiders the referral by updating the board on any further relevant clinical information. Finally, I wish to assure you that whereas this may not be the decision you wish to receive, the board has carefully considered this matter with your very best interests at heart.

Mr Speaker, my question to the Minister is a patient in receipt of this letter who may be suffering from a chronic medical condition is not asking for a Disney cruise, they are asking for
780 medical treatment – and it is not even them who are asking for medical treatment, it is their consultant – so are we saying that the GHA consultants do not know what they are doing and have to go through another group of consultants to then say, 'No, you've got this wrong, go back and try again'? In this process the patient is the one who seems to be none the wiser. Surely there must be a process whereby the consultant may at least have a peer-to-peer discussion
785 before making a referral letter. Or is it that the consultant does not know what he is doing? In which case, we need better consultants.

There is something there that does not quite work, in my mind. Certainly, yes, in the UK – *(Interjection)* I beg your pardon? Yes. In the UK, certainly in hospitals, yes, there is a referral panel, but that tends to be at the GP level before they get referred to consultants. But once it
790 gets to the consultant level, the consultant is the one who determines the treatment. What we have here, it would appear, is consultants determining the treatment and then being overruled by another set of consultants. Surely there has to be a way to overcome this kind of problem.

I come back to my question: why has the process changed? In terms of the interests of the patient, which ultimately is what we all care about, surely we can come up with a better process
795 whereby patients are not subjected to this level of stress.

Thank you, Mr Speaker.

Hon. N F Costa: Mr Speaker, I think that the hon. Gentleman has become the greatest political social climber since Cinderella. I know that he wants to be the new Leader of the
800 Opposition and he is therefore making political speeches.

Mr Speaker: I am trying to be liberal and allow hon. Members to have exchanges on matters which are of grave importance, particularly to people concerned, those who are ultimately sponsored patients. I have allowed the Leader of the Opposition to make a question lasting
805 nearly five minutes. You all know what the Rules say, don't you? And so we are debating, really; that is what is happening. So unless the Hon. Minister can answer also more succinctly, I suggest

that we carry on and that either the Government or the Opposition make it their business to table a motion, when you can have a proper debate on the issue.

810 **Hon. N F Costa:** Mr Speaker, the hon. Gentleman, in asking me his five-minute question, did present a whole series of inherent contradictions, which I will not address at the moment, but the point that he has to, I think, learn is this: if there were no quality controls within the GHA and if money was being spent willy-nilly, he would come to this House to accuse us of us spending money without controls.

815 It is not at all unusual for one set of professionals to quality assure the work of another. If you go to any law firm or any other professional firm you have a firm of accountants and auditors – they come in and they check the work that is being done and they quality assure. A consultant will refer the matter to the Tertiary Referrals Board. This is one consultant, and therefore the Board will consider whether the referral is indicated at any particular moment. The consultant 820 may well have, without having to question the intelligence of the consultant or whether he knows what he is doing or not and all the disrespect that that entails … is that he may have been unaware that, because of the pace at which we are repatriating services currently, that particular treatment is currently being provided by the GHA and that therefore the referral is unnecessary.

825 Mr Speaker, the TRB, in my estimation, has done an excellent job. There have been 550 cases only since May. Only 20% have been refused and, of that, alternative pathways have been referred. Therefore, if the Tertiary Referrals Board are there to ensure that the care of the patient is best provided and they are providing advice to the consultant of how best to achieve that, what is there to lose on the basis that 80% of all referrals are being approved and patients 830 are going to either Spain or the UK to receive their treatment? Quality assurance and quality controls are actually a very good thing.

Hon. D A Feetham: Mr Speaker, I agree with the hon. Gentleman that any system of public expenditure needs quality controls, otherwise you end up in a situation where the taxpayer … at 835 the end of the day, everybody, including those who are being treated in hospitals, ends up overpaying.

But the problem here is – and I return to the initial exchanges which the hon. Gentleman and I had, which have been placed in sharper focus, some of those exchanges, by the exchanges now with the Hon. the Leader of the Opposition – in 2012 we were spending £3.6 million; by 2016 it 840 goes up to £15.4 million, over 400%; this year, in October, up to now, it is £4 million with £1 million in the pipeline. I would expect on those kind of projections that it is probably going to come in at about £6 million or £7 million at the most. That is half of what it was in 2016. Therefore, are we seeing a reaction to over-expenditure in the past and the turning on of that tap … I hesitate, because he takes things very personally and I would not want to offend him, but 845 a reaction to that turning of the tap on to the 'on' position when the hon. Gentleman, *que es buena gente* but at the end of the day, when we are talking about public funds, had stewardship over his Ministry?

Hon. N F Costa: Mr Speaker, I wish that his estimates of expenditure were correct, but I think 850 I am afraid he is going to be off by around £7 million, so there is not going to be such a precipitous decline in expenditure from one year to the next. I wish he were right, but he is not right in that respect.

Mr Speaker, I did say this during the course of the Budget speech, accepting fully that it was a very long Budget speech, that we have been repatriating services to the GHA, as indeed my hon. 855 colleague did with oncology, and oncology is one of those services where we have had cases where people felt, I think understandably, very attached to their particular institution in either Spain or the UK.

So repatriation of services will mean that there are less costs for escorts, less costs for the patient, less costs in terms of transport and travel; and of course, very unfortunately, as a result of the unexpected collapse of Monarch Airlines, prices, as the House will know, have shot up, so what used to cost maybe £120 now may cost £1,000 return. So, unfortunately, his estimate is going to be even more way off because of that.

But no, Mr Speaker, what the hon. Gentleman is witnessing is simply a consideration of the contracts that we currently have with our private providers just to see that we get value for money. I have already said that we are actively engaged in that process and also that as we increase the number of services being provided in Gibraltar, even if we have to recruit two or three consultants to provide that service, it is going to be infinitely cheaper than the millions that we spend on transport and escort patients etc. That is why if hopefully we come down on sponsored patient costs it is only because we are providing more services locally.

Hon. D A Feetham: Mr Speaker, one final question. I do not know whether the hon. Gentleman has the information in front of him. I suspect that I know the answer, but are the ones that are being rejected referrals to the United Kingdom rather than Spain? I think that the logic of what the hon. Gentleman is basically saying, in terms of travel costs etc., is probably more applicable to the United Kingdom and elsewhere rather than Spain.

I ask this question because what we have seen … if the hon. Gentleman looks at the answer that he gave me to Question 126, which is a breakdown of all the medical establishments and hospitals where people are being treated, in fact the numbers are static from 2015 to 2016 except for Xanit Hospital, where there is an increase in 2015 from 90 to 140 in 2016.

I just wonder whether there is a conscious policy of basically channelling many of these patients towards Xanit Hospital, to cut the costs in terms of travel etc., rather than the United Kingdom. Maybe I have got it entirely wrong.

Hon. N F Costa: Mr Speaker, the short answer is that I do not have the information as to what centres the Tertiary Referrals Board has not approved, although I suspect that it would be both from Spain and the UK because it would not make any difference whatever on whether somebody was referred. All that matters is whether the referral is clinically indicated – in other words, the patient requires the medical, surgical or clinical treatment – and whether it can be provided in the UK, Spain or Gibraltar. If it can be provided in Gibraltar then it will be provided in Gibraltar.

Mr Speaker: Any other supplementary? Short?

Hon. E J Reyes: Short and to the point, Mr Speaker.

In the Hon. Minister's answers he had to refer to the quality control and so on. May I ask the Minister: is he aware, or can he take it on board to look into, that the quality of the communication between the local medical services and the patient who is affected are top quality? The main concern coming from all the patients is the delays in being communicated that you are not able to go.

If I can give you one very brief example, a patient goes away from Gibraltar, is seen to and a consultant says, 'I want to see you back in six months' time.' When there is only one month left for that patient to go and they turn up at Sponsored Patients only then are they told, in a very casual and public conversation over the counter at St Bernard's, 'Oh, no, you're not going – you've got to be referred to the Board.' It comes as a shock to the system. That patient has been back in Gibraltar for five months and there seems to have been no follow-up. There *seems*, I am not saying there has not – at least, the patient is not resting assured that the best quality treatment is being given to him.

Is the Minister aware of that, or can he undertake to look into it, please?

910 **Hon. N F Costa:** Mr Speaker, we have already had this exchange across the floor of the House. Obviously, the Hon. Mr Reyes did not hear us.

I have explained now at least three or four times that some UK hospitals, instead of writing to the GHA, write directly to the patient, so it is not that the GHA decide in an unseemly public, inarticulate way to tell them when they arrive, it is just that we do not know, and as great as the 915 GHA staff are, they are not mind readers, and therefore, unless the patient who receives the letter from the UK or Spanish tertiary centre tells us the moment they receive it, we do not know. That is why. I have already had this discussion with other Members of the Opposition before.

Believe you me, Mr Speaker, if things were done differently, which is what the Tertiary 920 Referrals Board, funnily enough, is achieving, and he has alighted on it but again through a different way … is that there is a communication between the GHA and the referral centre, and therefore all communications are between us, as opposed to what used to happen before, only with some centres, that once the referral was made by the GHA they would write directly to the patient, thereby completely bypassing the GHA. Therefore, Mr Speaker, I want to assure the 925 hon. Gentleman and anyone who has been listening to this debate now for the fourth and the fifth time, that if they receive a letter directly from any centre from outside of Gibraltar they need to please tell us immediately so we can get cracking.

Hon. R M Clinton: Mr Speaker, thank you. I will be very, very brief.

930 I would be grateful if the Minister could indicate to the House whether the creation of the Tertiary Referrals Board was an idea that came from the Medical Director or was it his own.

Hon. N F Costa: Neither, Mr Speaker.

935 **Mr Speaker:** Next question.

Q634-639, 651 and 657/2017
Artificial limbs –
Patients; GHA staff; sourcing; fitters and physiotherapists; maintenance; amputees' clinic

Clerk: Question 634. The Hon. R M Clinton.

Hon. R M Clinton: Mr Speaker, how many service users are in receipt of artificial limbs at 31st August 2017 are control scheme and for which limb?

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Clerk: Answer, the Hon. the Minister for Health, Care and Justice.

Chief Minister (Hon. F R Picardo): It's costing an arm and a leg.

945 **Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, I will answer this question together with Questions 635 to 639, 651 and 657.

Clerk: Question 635. The Hon. R M Clinton.

950 **Hon. R M Clinton:** Mr Speaker, I am sure the members of the public will be delighted to hear the Chief Minister's joke.

Who in the GHA is in charge of and qualified *(Interjection)* to attend to patients with artificial limbs?

Hon. Chief Minister: It's costing an arm and a leg.

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Clerk: Question 636. The Hon. R M Clinton.

Hon. R M Clinton: Mr Speaker, from where does the Government or GHA source artificial limbs?

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Clerk: Question 637. The Hon. R M Clinton.

Hon. R M Clinton: Mr Speaker, with which medical authority specialised in artificial limbs does the Government or GHA work in respect of orthopaedic fitters, prosthetic fitters and
965 specialised physiotherapists?

Clerk: Question 638. The Hon. R M Clinton.

Hon. R M Clinton: Mr Speaker, can the Government advise how many service users are being
970 provided with artificial limbs as at 31st August 2017; and, of those, how many are in respect of congenital deficiency and how many are amputees and for which limbs?

Clerk: Question 639. The Hon. R M Clinton.

975 **Hon. R M Clinton:** Mr Speaker, what is the Government's and GHA's policy in respect of the provision of artificial limbs and their maintenance?

Clerk: Question 651. The Hon. L F Llamas.

980 **Hon. L F Llamas:** Mr Speaker, can the Government explain why the amputees' clinic has been discontinued locally and what is the procedure for service users to access this service moving forward?

Clerk: Question 657. The Hon. L F Llamas.

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Hon. L F Llamas: Mr Speaker, how much did the running of the amputees' clinic cost the taxpayer per financial year since April 2012 to date, and how many service users accessed the service per financial year?

990 **Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

Minister for Health, Care and Justice (Hon. N F Costa): Mr Speaker, I am afraid that I am unaware of what is meant by the term 'control scheme'.

Mr Speaker, the clinical management of patients with artificial limbs is conducted via a
995 qualified multi-disciplinary team and co-ordinated by the GHA physiotherapy department.

The GHA currently accesses specialist orthotic services from two providers, namely Opcare Ltd in the UK and Clínica Ortopedia Poyatos in Malaga. Artificial limbs are sourced from the latter.

Mr Speaker, as at 31st August, 16 patients have been provided with prosthetics, all of which
1000 were in respect of lower limbs. There are no patients currently accessing GHA prosthetic services as a result of congenital limb malformations.

Mr Speaker, following amputation and on recommendation from the relevant multi-disciplinary team assessment, all patients requiring a prosthetic limb are provided with a suitable prosthesis by a qualified orthotics team. All prostheses are regularly reviewed and
1005 maintained.

Mr Speaker, the regular amputee clinic was discontinued locally, due to the professional qualifications of the prosthetic services offered by prosthetic technicians in Spain not being compatible with the qualifications recognised by the Medical Registration Board at the GHA, namely Health Care and Professionals Council registration.

1010 Opcare UK currently provide two clinical sessions per year in Gibraltar.

I am pleased to report to the House that currently there are no patients waiting for a prosthetic limb.

Mr Speaker, the annual costs in relation to the running of the amputees' clinic is in the schedule I now hand over to the hon. Gentleman. These costs include all orthotic services, 1015 including the provision of prosthetic limbs. This information is commercially sensitive and should be kept confidential.

Hon. L F Llamas: Mr Speaker, one supplementary with regard to the amputees' clinic. I understand the reason now for discontinuing the clinic; however, I am told that in servicing the 1020 artificial limbs, amputees have to travel to Malaga at the moment to undergo reviews and obviously this presents challenges to them, other than obviously having to lose a day out of their ordinary working day. Is this something that the Government is thinking of repatriating back to Gibraltar?

1025 **Hon. N F Costa:** Yes, Mr Speaker, absolutely. In the first place, as I said, Opcare UK currently provide two clinical sessions per year in Gibraltar, but we are most certainly looking at repatriating the services.

Mr Speaker: Are there any other supplementaries arising from numerous questions. No? In 1030 that case I am happy we can move on to the next one.

Q648-649/2017
Cardiac rehabilitation –
Referral of new cardiac patients; waiting list

Clerk: Question 648. The Hon. L F Llamas.

Hon. L F Llamas: Mr Speaker, does the Government, by way of policy, refer all new cardiac patients to the Cardiac Rehabilitation Unit?

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Clerk: Answer, the Hon. the Minister for Health, Care and Justice.

Minister for Health, Care and Justice (Hon. N F Costa): Mr Speaker, the term 'cardiac patient' is very broad. Not all patients with cardiac – *(Interjection)* Oh, sorry, yes. I will answer this 1040 question together with Question 649. My apologies.

Clerk: Question 649. The Hon. L F Llamas.

Hon. L F Llamas: Mr Speaker, can the Government provide details of how many persons are 1045 on the cardiac rehabilitation waiting list; and, if so, since when they have been on the waiting list?

Clerk: Answer, the Hon. the Minister for Health, Care and Justice.

1050 **Hon. N F Costa:** Mr Speaker, the term 'cardiac patient' is broad. Not all patients with cardiac disease have indications or are appropriate for cardiac rehabilitation. Therefore, and in answer to the question, it is not the policy of the GHA to refer all cardiac patients. The practice is to refer those patients who both have indication for and are assessed as appropriate to receive cardiac rehabilitation. This can happen either way at the point of discharge from hospital, by a
1055 consultant cardiologist at clinic review or by the patient's GP.

Patients' enrolment in the cardiac rehabilitation programme is prioritised clinically. There is, therefore, no defined waiting time for entry into the cardiac rehabilitation programme.

Hon. R M Clinton: Mr Speaker, if I may just ask one supplementary on cardiac care. Again, I
1060 ask a simple question, the Minister may or may not have the information to hand.

What is the head count of the cardiac rehabilitation unit? Or rather, how many staff does it employ?

Hon. N F Costa: Mr Speaker, I am afraid I do not have that information with me. You will have
1065 to ask me again.

Hon. L F Llamas: Just one supplementary, Mr Speaker.

Then I take it, and I would like to confirm with the Minister, that there are no people waiting to join the rehabilitation programme?

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Hon. N F Costa: Mr Speaker, there are eight patients on the waiting list.

Mr Speaker: Any other supplementaries? Next question, 652.

Q652/2017
Alzheimer and dementia residents – Level of care and access to amenities

Clerk: Question 652. The Hon. L F Llamas.

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Hon. L F Llamas: Mr Speaker, is the Government confident all Alzheimer and dementia residents in the Elderly Care Agency receive the same level of care and have access to the same amenities?

1080 **Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

Minister for Health, Care and Justice (Hon. N F Costa): Mr Speaker, the Elderly Residential Service consists of different long-term care units, which are currently Mount Alvernia, John Mackintosh Home, Calpe and Cochrane Wards in St Bernard's Hospital and Hillsides, which
1085 caters exclusively for dementia patients.

Dementia, regrettably, is prevalent in our elderly residential population and therefore all these units have patients with varying degrees of dementia.

Each ERS unit has its own set of facilities and amenities and is run by qualified staff nurses with specialist knowledge of dementia. All units provide the same ratio of staff per resident. All
1090 the units have regular input from specialist doctors and consultant supervision from an elderly care specialist.

All units have access to activity programmes and equipment for dementia patients. However, depending on the particular unit, there are different levels of dementia support available and

the activities will vary. Outdoor facilities – garden, terrace, and patio – are available in all the
1095 units and the use of which is only limited depending on patient safety.

If the Elderly Residential Service Multidisciplinary Team considers that a patient's needs are best catered for in a different unit, there are mechanisms for transferring patients in between units.

1100 **Hon. L F Llamas:** Does the Minister deem appropriate, perhaps, or even consider that moving forward it might be wise to consolidate these residents and provide a second specialised unit within Calpe? If you get all the residents who are scattered around the Elderly Care Agency and bring them all together, and ensure that there is the same sort of level of amenities and things as offered in Hillsides, which is obviously the top of the range at the moment, is that something
1105 that the Government would consider moving forward?

Hon. N F Costa: Mr Speaker, Gibraltar is blessed with many, many things. Land is unfortunately not one of them, so I do not think we will be able to find a plot of land or a building big enough to be able to centralise all the different John Mackintosh Home, Mount
1110 Alvernia, Hillsides, and the different wards which are situated in St Bernard's Hospital into one place.

If I may, I think that what the hon. Gentleman is trying to get at is whether I am satisfied that the amenities in the different places are to the standard of Hillsides. Now, Hillsides is, as he correctly says, a top-notch home, because it has just been rolled out. It has just been built, and
1115 therefore it will have a very new feel to it.

But in that respect, we do have funds available and we are replacing furniture as furniture breaks in different parts of our elderly residential units. We are replacing them with furniture that is always dementia friendly, so even if the elderly person who goes to that elderly residential unit does not live with dementia, he or she will nonetheless have that state-of-the-art
1120 furniture, because unfortunately as we live longer, sometimes persons who initially do not have dementia or who have low levels of dementia, may develop moderate to acute dementia.

So it makes sense to us that as the disease progresses, our elderly person is in a unit that has all of the most recent amenities.

Interestingly, he says to me that Hillsides is top of the range. I would agree with him, that it
1125 certainly is state of the art in terms of what a dementia home should be, but there have been cases in my experience where people do not want to go to Hillsides and want to go to Mount Alvernia or want to go to other wards. So it does depend as well on the views of the patient, sometimes initially but also family members.

Q654/2017
Children's primary care clinic –
Government commitment

Clerk: Question 654. The Hon. L F Llamas.

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Hon. L F Llamas: Mr Speaker, is the Government still committed to a primary care clinic, with dedicated GP resources, exclusively for children, with a dedicated waiting area for children and their parents only?

1135 **Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

Minister for Health, Care and Justice (Hon. N F Costa): Mr Speaker, yes. The Government is entirely committed to a primary care clinic with dedicated GPs for children, and we are planning in that respect, Mr Speaker, to revolutionise the care that we provide to children in Gibraltar.

1140 The Government, for the past 11 months has been working closely with the Medical Director and Senior Paediatric Clinicians in all departments to produce an integrated care of primary and secondary services to children in a family-friendly environment.

Q658/2017
Health and care wards –
Staff changes

Clerk: Question 658. The Hon. L F Llamas.

1145 **Hon. L F Llamas:** Mr Speaker, since December 2011, can the Government provide details of wards within the health and care system which has seen a change in staff complement including (a) date complement changed; (b) former grades complement; (c) post change grades complement; (d) ward?

1150 **Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

Minister for Health, Care and Justice (Hon. N F Costa): Mr Speaker, in answer to this question, it is important to note that the schedule that I now hand over to the hon. Gentleman was comprised using a snapshot of staffing levels on one particular day, as statistics vary on a
1155 day to day basis, depending on annual leave, sickness, any other absenteeism or redeployment of staff for operational reasons.

Answer to Question 658/2017

Ward	Former staffing levels	Date	Amended staffing levels	Date changed
Dudley Toomey (Acute Surgical)	1 CN/ 7 RGN/5 NA	Dec 11	1 CN/6 RGN/7 NA	Dec 12
	1 CN/6 RGN/7 NA	Dec 12	1 CN/9 RGN/5NA	Dec 13
	1 CN/9 RGN/5NA	Dec 13	1 CN/6 RGN/2EN/4NA	Dec 14
	1 CN/6 RGNI2EN/4NA	Dec 14	1 CN/7 RGN/1 EN/4 NA	Dec 15
	1 CN/7 RGN/1 EN/4 NA	Dec 15	1 CN/8 RGN/1 EN/3 NA	Dec 16
	1 CN/8 RGN/1 EN/3 NA	Dec 16	1 CN/6 RGN/2 EN/6 NA	Oct 17
John Ward (Acute Medical)	1 CN/8 RGN/3 EN/3 NA	Dec 11	1 CN/7 RGN/2 EN/4 NA	Dec 12
	1 CN/7 RGN/2 EN/4 NA	Dec 12	1 CN/6 RGN/2 EN/4 NA	Dec 13
	1 CN/6 RGN/2 EN/4 NA	Dec 13	1 CN/8 RGN/2 EN/4 NA	Dec 14

	1 CN/8 RGN/2 EN/4 NA	Dec 14	1 CN/7 RGN/5 NA	Dec 15
	1 CN/7 RGN/5 NA	Dec 15	1 CN/7 RGN/6 NA	Dec 16
	1 CN/7 RGN/6 NA	Dec 16	1 CN/6 RGN/2 EN/6 NA	Oct 17
Captain Murchison (Elderly Ward)	1 CN/4 RGN/1 EN/7 NA	Dec 11	1 CN/4 RGN/ 2 EN/7 NA	Dec 12
	1 CN/4 RGN/2 EN/7 NA	Dec 12	1 CN/4 RGN/1 EN/6 NA	Dec 13
	1 CN/4 RGN/1 EN/6 NA	Dec 13	1 CN/3 RGN/2 EN/8 NA	Dec 14
	1 CN/3 RGN/2 EN/8 NA	Dec 14	1 CN/4 RGN/1 EN/8 NA	Dec 15
	1 CN/4 RGN/1 EN/8 NA	Dec 15	1 CN/2 RGN/ 2 EN/8 NA	Dec 16
	1 CN/2 RGN/2 EN/8 NA	Dec 16	1 CN/6 RGN/2 EN/7 NA	Oct 17
In September 2017, the ward was converted into a Rehab/Stroke care ward				
Rainbow Ward (Paediatrics)	1 CN/4 RGN/2 EN	Dec 11	1 CN/4 RGN/2 EN	Dec 12
	1 CN/4 RGN/2 EN	Dec 12	1 CN/5 RGN/2 EN	Dec 13
	1 CN/5 RGN/2 EN	Dec 13	1 CN/7 RGN	Dec 14
	1 CN/7 RGN	Dec 14	1 CN/7 RGN/2 EN	Dec 15

Ward	Former staffing levels	Date	Amended staffing levels	Date changed
Rainbow Ward	1 CN/7 RGN/2 EN	Dec 15	1 CN/6 RGN/5 EN	Dec 16
	1 CN/6 RGN/5 EN	Dec 16	1 CN/7 RGN/3 EN	Oct 17
Maternity Ward	1 CN/9 RM/2 NA	Dec 11	1 CN/6 RM/2 NA	Dec 12
	1 CN/6 RM/2 NA	Dec 12	1 CN/9 RM/3 NA	Dec 13
	1 CN/9 RM/3 NA	Dec 13	1 CN/9 RM/2 NA	Dec 14
	1 CN/9 RM/2 NA	Dec 14	1 CN/7 RM/1 NA	Dec 15
	1 CN/7 RM/1 NA	Dec 15	1 CN/7 RM/3 NA	Dec 16
	1 CN/7 RM/3 NA	Dec 16	1 CN/6 RM/2 NA	Oct 17
A&E	1 CN/5 RGN/4 EN	Dec 11	1 CN/8 RGN/2 EN	Dec 12
	1 CN/8 RGN/2 EN	Dec 12	1 CN/6 RGN/4 EN	Dec 13
	1 CN/6 RGN/4 EN	Dec 13	1 CN/9 RGN/1 EN	Dec 14

	1 CN/9 RGN/1 EN	Dec 14	1 CN/7 RGN/3 EN	Dec 15
	1 CN/7 RGN/3 EN	Dec 15	1 CN/9 RGN/2 EN	Dec 16
	1 CN/9 RGN/2 EN	Dec 16	1 CN/9 RGN/2 EN	Oct 17
CCU	1 CN/12 RGN	Dec 11	1 CN/11 RGN/1 NA	Dec 12
	1 CN/11 RGN/1 NA	Dec 12	1 CN/11 RGN	Dec 13
	1 CN/11 RGN	Dec 13	1 CN/10 RGN	Dec 14
	1 CN/10 RGN	Dec 14	1 CN/12 RGN	Dec 15
	1 CN/12 RGN	Dec 15	1 CN/11 RGN	Dec 16
	1 CN/11 RGN	Dec 16	1 CN/11 RGN/1 NA	Oct 17
Victoria Ward (Elderly Ward)	1 CN/7 RGN/3 EN/4 NA	Dec 11	1 CN/6 RGN/2 EN/5 NA	Dec 12
	1 CN/6 RGN/2 EN/5 NA	Dec 12	1 CN/5 RGN/3 EN/6 NA	Dec 13
Victoria Ward cont..	1 CN/5 RGN/3 EN/6 NA	Dec 13	1 CN/7 RGN/3 EN/5 NA	Dec 14
	1 CN/7 RGN/3 EN/5 NA	Dec 14	1 CN/6 RGN/6 NA	Dec 15
	1 CN/6 RGN/6 NA	Dec 15	1 CN/6 RGN/4 EN/3 NA	Dec 16
	1 CN/6 RGN/4 EN/3 NA	Dec 16	1 CN/6 RGN/2 EN/7 NA	Oct 17
KGV Acute	1 CN/3 RMN/3 EN/3 NA	Dec 11	1 CN/5 RMN/2 EN/2 NA	Dec 12
	1 CN/5 RMN/2 EN/2 NA	Dec 12	1 CN/4 RMN/2 EN/3 NA	Dec 13
	1 CN/4 RMN/2 EN/3 NA	Dec 13	1 CN/5 RMN/2 EN/2 NA	Dec 14
KGV Long Stay	1 CN/3 RMN/2 EN/5 NA	Dec 11	1 CN/5 RMN/1 EN/5 NA	Dec 12
	1 CN/5 RMN/1 EN/5 NA	Dec 12	1 CN/5 RMN/2 EN/4 NA	Dec 13
	1 CN/5 RMN/2 EN/4 NA	Dec 13	1 CN/4 RMN/3 EN/3 NA	Dec14
In 2015, the new mental health facility (Ocean Views) became operational due to the configuration of the building.				
PICU unit	1 CN/4 RMN/3 EN/3 NA	Dec14	1 CN/1 RMN/2 EN/2 NA	Dec 15
	1 CN/1 RMN/2 EN/2 NA	Dec 15	1 CN/1 RMN/2 EN/2 NA	Dec 16
	1 CN/1 RMN/2 EN/2 NA	Dec 16	1 CN/1 RMN/2 EN/2 NA	Oct 17
Horizon Ward	1 CN/1 RMN/2 EN/2 NA	Dec 15	1 CN/1 RMN/2 EN/3 NA	Dec 16
	1 CN/1 RMN/2 EN/3 NA	Dec 16	1 CN/1 RMN/2 NA	Oct 17

Dawn Ward	1 CN/1 RMN/2 EN/3 NA	Dec 15	1 CN/1 RMN/2 EN/3 NA	Dec 16
	1 CN/1 RMN/2 EN/3 NA	Dec 16	1 CN/1 RMN/2 EN/2 NA	Oct 17
Sunshine Ward	1 CN/1 RMN/2 EN/3 NA	Dec 15	1 CN/1 RMN/2 EN/3 NA	Dec 16
	1 CN/1 RMN/2 EN/3 NA	Dec 16	1 CN/1 RMN/2 EN/1 NA	Oct 17

Ward	Former staffing levels	Date	Amended staffing levels	Date changed
John Cochrane	1 Team Leader /7 RGN	Aug 15	1 Team Leader/6 RGN/1 EN	Aug 15
	1 Team Leader/6 RGN/1 EN	Jul 17	1 Team Leader/5 RGN/2 EN	Jul 17
Calpe Ward	1 Team Leader/6 RGN	Sept 16	1 Team Leader/5 RGN/ 1 EN	Sept 16
Jewish Home	1 Team Leader/ 5 RGN	Sept 16	1 Team Leader/4 RGN/ 1EN	Sept 16
1st Floor Mount Alvernia	1 Team Leader/6 RGN	Sept 16	1 Team Leader/5 RGN/1 EN	Sept 16
	1 Team Leader/5 RGN/ 1 EN	Jul 17	1 Team Leader/4 RGN/2 EN	Jul 17
2nd Floor Mount Alvernia	1 Team Leader/5 RGN/1 EN	Jul 17	1 Team Leader/4 RGN/2 EN	Jul 17
3rd Floor Mount Alvernia	1 Team Leader/8 RGN	Sept 16	1 Team Leader/7 RGN/1 EN	Sept 16
	1 Team Leader/7 RGN/1 EN	Jul 17	1 Team Leader/6 RGN/2 EN	Jul 17
4th Floor Mount Alvernia	1 Team Leader/8 RGNI1.5EN	Sept 16	1 Team Leader/7 RGN/2.5EN	Sept 16
	1 Team Leader/7 RGN/2.5 EN	Jul 17	1 Team Leader/6 RGN/3.5 EN	Jul 17

Q660-662 and 644/2017
A&E staff, gynaecologists, ultrasounds, Hospice – Staffing and waiting lists

Clerk: Question 660. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: Does Government accept A&E staff assertions that low manning levels in the department are leading to poor quality of care and staff feeling burnt out?

Clerk: Answer, the Hon. the Minister for Health, Care and Justice.

Minister for Health, Care and Justice (Hon. N F Costa): Mr Speaker, I will answer this question together with questions 661, 662 and 664.

Clerk: Question 661. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: Can the Minister for Health state whether St Bernard's Hospital currently has an in-house gynaecologist or in-house gynaecologists to cater for the standard gynaecological appointments?

Clerk: Question 662. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: Is Government satisfied with the waiting times for ultrasounds at St Bernard's Hospital?

Clerk: Question 664. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: Will the Government be opening the Hospice they committed to be working on delivering with Cancer Relief as per its 2015 Manifesto?

Clerk: Answer, the Hon. the Minister for Health, Care and Justice.

Minister for Health, Care and Justice (Hon. N F Costa): Mr Speaker, I do not accept the premise of the hon. Lady's question regarding alleged staff assertions, of which I, for one, have not been made aware.

I can confirm that the A&E department is fully staffed, over and above the minimum recommended requirement. In fact, additional staff have recently been assigned to the department on 2nd April of this year, which has seen an increase of Sister/Charge nurses from one to three.

Further, Mr Speaker, an experienced Senior Consultant has been recruited and is due to commence employment as from 13th November in the department, tasked with the overall management of A&E.

As the hon. Lady may be aware from Press Release 533/2017, the A&E department has recently undergone a major expansion. The new area, fitted with the latest infection control furniture, includes five beds, a new nursing station with computer access and additional rooms and storage area. *(Banging on desks)* The department currently treats an average of 100 patients a day, which is a prominent increase in comparison to the number of patients treated when the new St Bernard's Hospital opened in 2005, where an average of 50 to 60 patients a day were treated at A&E.

Mr Speaker, the GHA currently has a team of gynaecologists for all general gynaecological requirements in the community.

Mr Speaker, the Government is constantly striving to improve access to GHA services and minimise waiting times for all patients. Urgent ultrasounds for inpatients continue to be performed within 24 hours. Urgent ultrasounds for outpatients are usually performed within three weeks.

Since March of this year, waiting times for ultrasound services were recently reduced from 19 weeks to an average of 12 weeks, a reduction of over a third in terms of waiting times. A Radiographer has recently been tasked with conducting these services to assist in maintaining these reduced waiting times.

Mr Speaker, the Government is at an advanced stage of discussion with Cancer Relief Trustees regarding the development of Hospice Services. I hope to soon be in a position to formally announce the next stage in the delivery of hospice care in Gibraltar in the new year.

Hon. Ms M D Hassan Nahon: If I can take the supplementaries one by one, on Question 660, Mr Speaker, regarding the A&E staff assertions about low manning levels, I have heard these complaints from some members of staff themselves. Would the Minister continue to deny that these expressions are valid, because what we do not want in a department like A&E is to have serious incidents arising out of these low manning levels?

I appreciate the extensions, as he has just shown, but I am being told that at times there is only one A&E doctor on duty and it is something that I believe is relatively low and even dangerous. Can he expand on this?

1225 **Hon. N F Costa:** Mr Speaker, I do not want to enter with the hon. Lady into the usual discussion that we have about Standing Orders and as to whether we can comment on things that we hear from other people. I am not going to enter into it.

The hon. Lady is keen and fond of hearing things and then coming to me to tell me about them, and I have already referred her to the various Standing Order provisions which she 1230 breaches. I have already explained to her that if we were in this House to answer to every rumour, allegation and assertion made by people in the street, we would not leave this House.

Therefore it is important, I think, that the hon. Lady opposite, if she can, not come to this House with what she hears, as opposed to trying to verify what it is that she has said, or at least ask me in a different kind of way.

1235 I have read to her the answer, which is that since this year there have been two additional staff nurses engaged. That has gone from one to three. I have told her as well that we have engaged a senior consultant from the UK, who has links to Gibraltar, to lead the A&E department to be able to perform a review.

So, two additional staff nurses, which as the hon. Lady knows, is the top tier nurse. A 1240 consultant at A&E which I am told by the Medical Director has not existed before, and therefore there has been an increase in the complement of A&E.

Now is it possible that on any particular day, one doctor at A&E has because of sickness not been in and there has been a shortage of one doctor? That is entirely possible and plausible. But that does not mean that there is under-staffing or that the complement is down. The 1245 complement is up and therefore we are very gratified with that. I think that having a consultant from the UK who has led an A&E department in a place which I think would see quite good crime in the UK leading a Gibraltar A&E department, which thankfully sees accidents and emergencies that are not of the type that you can see in acute settings in the UK would be a very good thing indeed.

1250

Hon. Ms M D Hassan Nahon: So Mr Speaker, would the Minister want to reassure the doctors that the way they feel is not valid or justified; or will he just leave it as is?

Hon. N F Costa: Mr Speaker, I thought that she was talking of staff members; now she tells 1255 me that they are doctors – alright. I am in fluid discussion with the current head of A&E, Albrecht Kussner, who I have to say, Mr Speaker, is absolutely magnificent. He has no problem in telling me what he thinks at any time, so I can assure the hon. Lady that if there were to be an issue, he would tell me. But as I say, with the best will in the world, and even after we have the consultant A&E managing the department, and even if he were to increase the staff nurses from one to 1260 five, there will inevitably be a day or two where there will be a huge rush of patients at A&E, and on that particular day, unfortunately one doctor is on sick leave and has not turned up, and there is very little we can do to remedy that, other than being told and calling somebody to come in. As I understand it, every time there is such absence at A&E, or CCU or other wards in St Bernard's Hospital, they do call people to come in.

1265 Mr Speaker, the Hon. the Chief Minister is referring me to the 2011 Manifesto, where we said that we were committed to staffing in key areas and that there is a need for an A&E consultant which is a manifesto commitment that has now been completed.

Hon. Ms M D Hassan Nahon: Mr Speaker, regarding the question on the situation with the 1270 gynaecologists, I have received various complaints. I am actually a little bit confused as to what I am or what I am not allowed to bring to this House, because I think that people's testimonies are –

Mr Speaker: What the Rules require is that every Member should make himself or herself
1275 responsible for statements made in the House. So you make yourself responsible for what you say, or for what you are told.

Hon. Ms M D Hassan Nahon: I do make myself responsible for what I am told so therefore I do not think there is any harm in bringing these testimonies to the House – otherwise I do not
1280 know where we can get information, because actually when I have tried to get information from Government I have even gone as far as receiving an email recently from the Chief Secretary saying that Government workers are not even allowed to speak to me, so I don't know where I am supposed to get –

1285 **Mr Speaker:** What elected Members are not supposed to do is to contact heads of Departments, senior civil servants directly. If you want information, you either get it from the Minister or you may, in certain circumstances write to the Chief Secretary to ask for information. But what you cannot do is to phone a civil servant or a top Government employee, a manager and ask for information behind the back of the Minister. That is not allowed and has never been.
1290

Hon. Ms M D Hassan Nahon: Mr Speaker, that is fair enough, but I am brining testimonies from constituents or members of staff, and I am also being told that again it is either 'rumourology' or I am not allowed to bring them here, so I am a little bit confused as to what I am entitled to talk about.
1295

Hon. Chief Minister: Mr Speaker, if I can try and be of assistance to the hon. Lady, I think Mr Speaker has made very clear what it is that the hon. Lady can do with public servants. Public servants are not there to answer the hon. Lady's political questions.

But if she hears something on the street and she wants to bring it here, what the Rules say is
1300 that she must be responsible for that. So if you bring something here which you hear on the street and that is not a reliable place to hear things and to base political action on, Mr Speaker, what we are saying is that you are making yourself responsible for that. The person in the street says what they want – in other words, they say what might be third-hand hearsay. They say what may be one half of a story, because people in the street tend to tell politicians only that
1305 half of the story which suits them.

Usually what I would have thought would have been more appropriate and is the way that things have been handled hitherto – and I commend it not just to her but to all hon. Members – is that if you hear something, pick up the phone and call a Minister. The Minister may not be able to be on the phone immediately, but we will try and get back to hon. Members opposite as
1310 soon as possible, alright? Say, 'Look, I have heard this – is this true; is this not true?' The hon. Lady will then get a reply, which will either justify what she has been told by telling her the other half of a story, or will give her the full picture and she might take the view that there is another issue to raise in this House; or indeed confirm a position. She is then able to come to this House with that full picture and say, 'Look, I heard this, and the Minister has told me it is true, and she
1315 told me this for this reason, and I think that is wrong for this reason.' There may be a disagreement and a good reason for asking a question.

There is nothing to stop the hon. Lady to come to this House and put to us what is put to her on the street. But very often that is just not going to lead to a debate – or a question and answer, because we mustn't debate – that is going to be edifying in any respect. It is just going
1320 to get her closer to reality and we can get to reality much more quickly, and then she can come here and make a political point about that reality, rather than simply hear us say, 'Well, look, that is what you may have been told in the street; but there was never a consultant before at A&E, it was our policy that there should be a consultant at A&E – how can that now be not

enough consultants at A&E?' and get closer to the nub of the issue and then ask a political
1325 question based on the nub of the issue.

Hon. Ms M D Hassan Nahon: I am grateful for that explanation, Mr Speaker. I just find it a little bit odd how it is always assumed that I am bringing issues from the street and it is assumed that I am not making myself responsible. I make myself responsible for everything I say and to
1330 the credit of the Hon. Minister for Health, I do consult him a lot, and I do write to him with issues from constituents, and he is always very helpful. So I am saying that openly, but that when I come with issues I make myself responsible. I just want that to be known – not to assume that they are from the street or third-hand. *(Interjections)*

No, I didn't!

1335

Hon. N F Costa: Mr Speaker, on a point of order. (**Mr Speaker:** Yes.)

Let's just break this down. The hon. Lady asked me, 'Does Government accept A&E staff assertions?', right? Standing Order 17(1)(xiv) says:

a question shall not be asked as to whether statements […] of private individuals […] are accurate …

Therefore in my humble estimation, Mr Speaker, the question in fact is out of order, but the
1340 question has been permitted – entirely of course up to the Speaker's discretion – and I have answered it, Mr Speaker.

But the hon. Lady I think should be fair on us, because not only do I reply to her emails immediately, I always try to resolve her issues immediately, but also I am told that it has never been the case before that officials have briefed Members of the Opposition, and *I* have arranged
1345 for the hon. Lady to be briefed, because that is the sort of Government that we are – we are open, she has questions, and if we are not persuading her, for whatever reason, I have actually arranged for her to meet with my officials.

So I think it is fair to say that the hon. Lady can ask me whatever she likes about anything at any time, and I will answer. But for the purposes of questions in this House, it is not appropriate
1350 to do so, Mr Speaker.

Hon. Ms M D Hassan Nahon: Thank you for that. If I can just pick up on the issue of the gynaecologists, I was told just now that there does not seem to be an issue with gynaecologists but I am making myself responsible for having been advised that there is a huge backlog and
1355 that there have been some rather pressing issues with people who have not been seen and have had to go away from the hospital because of the lack of gynaecological medical doctors.

So I would like to know if there is a plan in place to add any number of gynaecologists and if this happens, will extra clinics be held in order to get rid of backlogs? Because I also understand that there is quite a significant backlog and many women are waiting to be seen.

1360

Mr Speaker: May I suggest that in that instance, what the hon. Lady should do is to ask a question. You ask the Minister, 'Is there a backlog in respect of appointments to see a gynaecologist?' instead of making a statement here in Parliament, for which you then have to … you ask a question. You put the burden on the Minister to reply. Another question that you can
1365 ask: 'What is the waiting time for patients to see a gynaecologist?'

That is your job. Your job is to ask questions during Question Time. Other than that, you bring a motion and we have a debate. But what we cannot have is a debate during Question Time based on what the hon. Lady is being told by somebody, which she then repeats here and makes herself responsible for that.

1370 Ask a question: you will get an answer from the Minister.

Hon. Ms M D Hassan Nahon: Mr Speaker, I appreciate that, but from my information, the backlog is due to patients being told that there are no gynaecologists. This is why I bring up the question, 'Are there gynaecologists for standard appointments?'

1375

Mr Speaker: I have here in front of me the answer to Question 661 – I imagine that this is what the Minister said – 'The GHA currently has a team of gynaecologists for all general gynaecological requirements in the community.' That is what the Minister has said. I imagine it is true.

1380

Hon. N F Costa: Mr Speaker, for the hon. Lady's reassurance, there are 3.5 full-time equivalents – in other words, full-time persons and a part-time gynaecologist – and by 2018, in the first quarter, there will be four full-time equivalent gynaecologists.

There have always been three gynaecologists in the GHA since 2011.

1385

Hon. D A Feetham: Mr Speaker, may I? (**Mr Speaker:** Yes.)

Mr Speaker, just on that, may I draw the hon. Gentleman's attention to a question that I asked last month – it is Question 124/2017 – where I asked for waiting times for referrals from the primary care centre to the hospital and there the hon. Gentleman gave me an answer: the
1390 average waiting times for gynaecology is 16 to 20 weeks, which is in fact more than all the others.

All the others are, for example, general physicians, 6 to 8 weeks; orthopaedic, 8 to 20 weeks; ear and nose, 5 to 10 weeks; paediatrician, 8 to 12 weeks. But for gynaecology it is 16 to 20 weeks. So it does appear that at least in relation to this particular issue, perhaps some of the
1395 things that the hon. Lady may be hearing with problems getting appointments may be reflected in fact in the figures.

How can he explain, in the light of the answer about the resources, in this particular Department as to why the waiting times for gynaecology are more than all the others?

1400 **Hon. N F Costa:** Mr Speaker, I think that in the same answer, I told him that all urgent referrals continue to be within two weeks, and therefore if there is a diagnosis that requires urgency and emergency, the referral is done within two weeks. We are talking about routine referrals.

I have also told the hon. Gentleman that whereas since 2011, there were three
1405 gynaecologists; now there are 3.5 full-time equivalents. I have also told the House that as a result of the fact that I am not happy with the amount of time stipulated there, because as he rightly points out, there has been a continuing reduction trend in all specialisms, we are recruiting another gynaecological consultant to provide resilience to that list.

1410 **Mr Speaker:** Yes.

Hon. E J Reyes: Mr Speaker, may I, please be patient with me if I get something wrong, because there were many questions collated there.

Am I right, did I hear correctly, the Minister said that in respect to the A&E department, there
1415 were provisions for three sisters? And if that is correct, can the Minister confirm that the three posts can be filled in or are any of them vacant?

Hon. N F Costa: Mr Speaker, it would be extremely mischievous and misleading of me to say that there are three staff nurses at A&E but in fact they are vacant! Of course they are there and
1420 working.

Hon. E J Reyes: The words I used was 'three sisters', Mr Speaker.

Hon. N F Costa: Alright, if he does not like the old terminology: three charge nurses.

1425

Hon. Ms M D Hassan Nahon: Mr Speaker, I have an email here from a patient who even had to discharge herself from hospital, because there was no gynaecologist on top of her and she had two major cysts, 13 cm on each side, and ended up in Spain for treatment.

So I do not know how the Minister can tell me that there is no issue in terms of the

1430 complement of gynaecologists, and I am happy to pass on this email, because the patient wants him to have it anyway.

Hon. N F Costa: Mr Speaker, only the other day, the hon. Lady sends me an email; she writes to me to say, 'This is happening'; I see the email, I talk to my principal secretary – problem

1435 solved.

If there is an issue with this patient, she can tell me and I will look into it – but I cannot possibly comment on individual cases across the floor of the House! *(Interjection by Hon. Ms M D Hassan Nahon)*

1440 **Hon. Chief Minister:** He is not the gynaecologist!

Hon. Ms M D Hassan Nahon: It is retrospective – I did not know at the time. I have just received it after this happened, otherwise I would have sorted it out.

This is a complaint that supports the point I am trying to make. I am not taking the advantage

1445 of somebody who I could have asked the Minister for help at the time. I did not know at the time. This has come to me after I put the question.

Hon. N F Costa: Then why ask me now, across the floor of the House? Mr Speaker, it is just grossly unfair. I assist the hon. Lady with everything she gives me – *everything* – and she tries to

1450 embarrass me across the floor of the House by saying, 'But look at this!'

Mr Speaker: We are going to –

Hon. N F Costa: If she only received it after the question, the hon. Lady should not have, on

1455 the floor of the House, in public, tried to embarrass me!

Mr Speaker: We are going to move on. That it. Next question.

Hon. Chief Minister: Mr Speaker, can I just… in an effort to ensure that we do not this sort of

1460 spectacle again, if somebody is already *in hospital* – the hon. Lady has referred to somebody who is an in-patient in the hospital – with an existing medical problem – I assume it is not today, because the person is obviously on Wi-Fi and able to send her material –

Hon. Ms M D Hassan Nahon: No, I have had this email for a couple of days.

1465

Hon. Chief Minister: Well, in that case –

Mr Speaker: Hon. Members are going to sit down.

I am getting a bit fed up and tired at the manner and way in which the Rules are being

1470 transgressed now. I have said that that is the end of that. We are moving on to the next question. *(Interjection by Hon. Chief Minister)* And let hon. Members take on board the reason why I am doing so. I do not want to have a repeat of this kind of spectacle again. It is not right that we should do so. Does the Hon. the Chief Minister not agree? Does he think he needs to add more to what I am saying?

1475

Hon. Chief Minister: Mr Speaker, I would be grateful if you indicated which of the Rules, I am transgressing, given that you have asked me to sit down. Which Rules did I transgress?

Mr Speaker: But is there any need for you to say anything else then?

1480

Hon. Chief Minister: Mr Speaker, I am trying to assist the House to ensure that this sort of thing does not happen again, so that the hon. Lady understands that if she has a live complaint from a patient, there are ways of dealing with that, which is not to put to the Hon. Minister that the things that he has said cannot be true, because there is one case where somebody has a
1485 gynaecological problem that has not been dealt with. We would want, for the purposes of this community, to ensure that if there has been such an issue, we understand why it arose, because if we have more gynaecologists than we have ever had before, and we think that we are able to refer people who need urgent emergency treatment more quickly than before – which is what the hon. Member has told the Hon. Mr Feetham is the case, in respect of urgent referrals which
1490 are being done within two weeks – how can there be an instance, if that is true that the hon. Lady has referred us to in the course of that email?

Now, this is what I said to her earlier: very often, we only get half of the truth from a constituent – the truth as that constituent sees it. It may be that there is another half to the truth, or it may be that the constituent is absolutely and completely right, because medicine is
1495 not an exact science, and sometimes we find that we are not able to provide the care that we might like to see dealt with.

But it is not something that we are able to resolve across the floor of this House, because this House at Question Time is not the Tertiary Referrals Board; it is not the board that is looking at the care of the individual in question. But we must be able to deal with it.

1500

Mr Speaker: The Chief Minister is perfectly right, and that is why I am saying let's move on to the next question.

Q663/2017
Hillsides Residential Centre – Plans for zebra crossing

Clerk: Question 663. The Hon. Ms M D Hassan Nahon.

1505 **Hon. Ms M D Hassan Nahon:** Has Government got plans to – like it did with the Bella Vista Day Care Centre – implement a zebra crossing by the Hillsides Residential Centre as well?

Clerk: Answer, the Hon. the Minister for Health, Care and Justice.

1510 **Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, the Government does have plans to implement a pedestrian crossing at Hillsides, as it did at the Bella Vista Day Centre.

Senior officials from the relevant departments have been liaising these past months and proposals are being presented to the Traffic Commission for consideration.

ADJOURNMENT

1515

Hon. Chief Minister: Mr Speaker, I move that the House should now adjourn to Monday, 6th November at 2.30 in the afternoon.

Mr Speaker: The House will now adjourn to Monday, 6th November at 2.30 in the afternoon.

The House adjourned at 5.07 p.m.