



PROCEEDINGS OF THE GIBRALTAR PARLIAMENT

AFTERNOON SESSION: 3.01 p.m. – 6.02 p.m.

Gibraltar, Wednesday, 26th March 2025

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The Gibraltar Parliament

The Parliament met at 3.01 p.m.

[MADAM SPEAKER: Hon. Judge K Ramagge GMH *in the Chair*]

[CLERK TO THE PARLIAMENT: P A Borge McCarthy Esq *in attendance*]

Questions for Oral Answer

HEALTH, CARE AND BUSINESS

Q340/2025

**GHA Prescription Fees –
Bruces Farm**

Clerk: Meeting of Parliament, Wednesday 26th of March 2025. Answers to oral Questions continued. Questions to the Hon. the Minister for Health, Care and Business.

5 Question 340, the Hon. A Sanchez.

Hon. A Sanchez: Is the Government considering excepting GHA medical prescription fees for individuals who enter the 12-week residential programme at Bruce's Farm?

10 **Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, no ma'am, there are no such plans.

15 **Hon. A Sanchez:** Madam Speaker, grateful for that answer. We are receiving some concerns from relatives and individuals who either have taken part in this 12-week residential programme or are currently on the 12-week residential programme that face some difficulties when they are on the programme with regards to having to take unpaid leave or leave from their jobs and they have difficulties facing the, GHA prescription medical fees. Would the Hon. Minister care to look into
20 this and perhaps a way of setting up something to assist these individuals during this 12-week rehabilitation and recovery programme?

Hon. G Arias-Vasquez: Madam Speaker, apologies, I will answer the question immediately. Before I started, I meant to give the apologies of the remaining members of Government. They are
25 currently attending a funeral, but as soon as they are available they will make their way over immediately. So apologies for that, but they will be here imminently.

 In answer to the hon. Lady's questions, I can confirm that we are looking at an overhaul of the entire GPMS system. We are looking at what the rules are in their entirety.

30 As part of that process, we will be looking at instances such as this, but we have no plans specifically on Bruce's Farm. What we have done in relation to Bruce's Farm is that we are looking at instances where we can give them a reprieve from their bills, so their utility bills, in order to

give them a reprieve in some way. But I can confirm that we haven't specifically looked at that point, but we are looking at the GPMS scheme more generally.

35 **Hon. A Sanchez:** Grateful, Madam Speaker. I understand that the Hon. Minister is looking at the point more generally, but in relation to this point specifically, and in relation to the 12-week residential programme at Bruce's Farm, and given that we are receiving concerns from some individuals that have been on the 12-week programme or are on the 12-week programme and their relatives in relation to this, would the Hon. Minister perhaps look into this specifically and
40 look into ways where perhaps this, in a similar way that utility bills are exempted or there is a system for that, perhaps a system can be set up in relation to prescriptions exclusively for the 12-week Bruce's Farm programme.

Hon. G Arias-Vasquez: Madam Speaker, as I have confirmed, we are looking at the entire GPMS and this will be taken into account as part of that overall review.
45

Madam Speaker: All right, the next question. I understand ought to be Questions 341 and 342. I know the hon Member is calling my attention, but I can not work out what she is trying to say.

50 **Hon. J Ladislaus:** My apologies, Madam Speaker. It is just a further supplementary on that question. I was not sure whether my colleague had any further questions.

Madam Speaker: A further supplementary, all right. Yes, I will allow another one.

55 **Hon. J Ladislaus:** Madam Speaker, could the Hon. Minister confirm what those other GPMS changes are and what that means for the GHA system?

Hon. G Arias-Vasquez: Madam Speaker, we are looking at entitlement generally and what it means in 2025. So we are looking at the system currently and we are looking at what changes are
60 required in today's society.

Hon. J Ladislaus: Could the Hon. Minister perhaps give some examples of those changes that are being looked at?

65 **Hon. G Arias-Vasquez:** Madam Speaker, I do not want to commit on any of the changes that are being looked at, but what we are looking at is making sure that entitled people are entitled to receive care at the GHA, so the Gibraltar residents are entitled to receive treatment at the GHA when they are entitled or otherwise. So what we are looking at is what exactly does entitled mean? I am not willing to go any further down that route, but we are looking at that at the
70 moment.

Madam Speaker: All right. The next question I understand ought to be Question 341 and 342, but I understand that there has been a request to postpone those questions until Minister Santos arrives. There is some overlap on Ministerial areas in terms of any possible supplementary.

75 So we'll just shelve those for the moment and continue with Question 343.

80

Q343 379-381/2025

GHA Mobile Health Unit –

Available to the Public; Locations; Service users since launch; Age Groups

Clerk: Question 343, the Hon. A Sanchez.

Hon. A Sanchez: With reference to the Government Press Release 309-2023, which stated that this service will initially be provided for service users age 70 and above, but it is envisaged that eventually it will be opened up to all age groups. Could the Government provide the following details regarding the mobile health unit? The exact dates on which the Mobile Health Unit has been available to the public since the 16th of May 2023, including locations and the purposes of the services provided, specific ways in which the Mobile Health Unit has been used to provide services for the elderly, including dates and key locations where these services have been offered?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I'll answer this question together with Questions 379, 380 and 381.

Clerk: Question 379, the Hon. J Ladislaus.

Hon. J Ladislaus: How is the information as to where and when the Mobile Health Unit is operating disseminated to the public and how often?

Clerk: Question 380, the Hon. J Ladislaus.

Hon. J Ladislaus: How many service users have been seen at the GHA's Mobile Health Unit since it was launched in May 2023, broken down by month?

Clerk: Question 381, the Hon. J Ladislaus.

Hon. J Ladislaus: What services does the GHA's Mobile Health Unit currently provide and to what age group or groups? Will further services be rolled out in future?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, before I move on to the substance of this question, can I, with your leave, Madam Speaker, inform the House that I alerted the Hon. Mrs Ladislaus that the Government would be issuing a statement on the Mobile Health Unit ahead of answering questions in the House. As you know, Madam Speaker, I am fully cognisant of the Parliamentary Convention pertaining to this matter and for this reason it was my intention not to issue any Press Release until after Parliament questions were finalised. However, what I did not expect at the time was that I'd be answering questions today after the launch of the Mobile Health Unit yesterday.

It was, therefore, necessary and in the public interest, to issue the statement before today so that the public could be made aware of the Mobile Health Unit deployment. Madam Speaker, I wrote to you formally on Monday 24 March informing you of this and of my prior conversation with Mrs Ladislaus also. In answer to Question 343, I now hand over the schedule with the information requested.

In answer to Question 379, the dates and locations will be widely publicised on the GHA's social media pages as well as the local media. Madam Speaker, no formal records are kept in

relation to Question 380. No formal records are kept of how many service users have used the Mobile Health Unit.

130 In answer to Question 381, since May 2023, the Mobile Health Unit has supported local charity organisations on Global Health Days and campaigns to raise awareness and understanding of health issues. The Mobile Health Unit has also been used to administer the influenza vaccine during the winter of 2023. To date, the Mobile Health Unit has engaged with all age groups.

135 As of yesterday, Madam Speaker, the Mobile Health Unit is offering well-person clinics to members of the public aged 16 and over. Individual and family medical histories will be reviewed together with smoking and alcohol status to determine if further management by a GP is required.

Hon. J Ladislaus: Madam Speaker, I am not aware whether my hon. Colleague has any questions on the first question asked, which was Question 343. Mine pertained to the ones I asked, as from 140 379 onwards. So I don't know whether...

Madam Speaker: You may continue. I'll come back to the hon. Member after you.

Hon. J Ladislaus: Madam Speaker, Question 379, as to how the information is going to be 145 disseminated to the public. We have heard that it is going to be on the GHA's social media pages. Nevertheless, given that this was an initiative that was initially targeted at the over-70s, now we hear it's obviously across the board, but how is it that some in the older demographic are going to be able to access these services when perhaps they don't have access to social media or they don't access social media on a regular basis?

150 Is it something that the GHA is considering perhaps rolling out and advertising in a different manner?

Hon. G Arias-Vasquez: Madam Speaker, yes, we also made reference to advertising in place in the local media, advertising where the Mobile Health Unit will be. 155

Hon. J Ladislaus: How far in advance will that be advertised?

Hon. G Arias-Vasquez: Madam Speaker, I do not have the exact information, but as and when required. 160

Hon. J Ladislaus: Moving on, Madam Speaker, to Question 380, as to how many service users have been seen. We have heard that there is no data having been collected. And again, the importance of data can not be understated.

165 Nevertheless, we can see from the answer to Question 343 how many times it has been deployed. Can I ask, given that this was initially launched or rather announced in May 2023, why has it taken this long for this service to be formally launched?

Hon. G Arias-Vasquez: Madam Speaker, the service was being set up with the staff required.

170 **Hon. J Ladislaus:** Could the Hon. Minister perhaps comment as to why it has taken two years to set up the staff required? Is it GHA staff or have we have new staff being brought on board?

Hon. G Arias-Vasquez: Madam Speaker, this was an initiative which I was very keen to reintroduce. I see the benefit of the Mobile Health Unit going round Gibraltar, so the GHA is 175 actually brought out to the public. Given that we have also relaunched the PCC taskforce successfully, and there are now more available appointments daily at the PCC, what we are actually trying to do is to try and keep people out of the PCC as much as possible.

So the whole idea of it was to set the unit up properly. As I made public yesterday, the lady leading this is indeed Susanne Romero, who was a GHA staff nurse. Susanne Romero is in

180 charge of the Mobile Health Unit. Susanne Romero has indeed been used to deliver the service.
What we wanted to make sure was that we had a service which tied in with the services in the
GHA, and it was seamless so that if someone was found to have an issue in the Mobile Health Unit,
there was a seamless transfer for them to be able to see a GP if required.

185 So it is just taken time in order to make the service work properly, and I am very, pleased
that it was actually launched yesterday, and that it will now be going round the entire community
to different estates, to different places, to ensure that people that just want their basic checks to
be done can actually have their basic checks done near their home, whilst they are having a cup
of tea, whilst they are having a cup of coffee in Casements, and actually make sure that their basics
are seen to regularly.

190 **Hon. J Ladislaus:** Madam Speaker, could the Hon. Minister, I do not know if she has this
information in front of her, but could the Hon. Minister comment as to how many staff are
required to man the Mobile Health Unit, or how many staff are attached to the Mobile Health
Unit?

195 **Hon. G Arias-Vasquez:** Madam Speaker, yesterday there was a nurse leading it, and there were
two nurses that were used with the lead nurse. So the service is currently being deployed with
that complement, alongside a driver, obviously, as required.

200 **Hon. J Ladislaus:** In terms of the nurses, are those nurses fully employed on a full-time basis by
the GHA, and is this, so to speak, an extra responsibility that has been added to their existing
responsibilities?

205 **Hon. G Arias-Vasquez:** Madam Speaker, I do not have the information available. If the hon. Lady
wants to put that question to me next time, I am happy to answer it.

Hon. J Ladislaus: In terms of the driver, is that driver an ambulance driver, or is somebody else
volunteering, so to speak, or employed in order to do the driving of the Health Units?

210 **Hon. G Arias-Vasquez:** Madam Speaker, again, I do not have details in terms of the complement.
Whilst I imagine I know what the answer is, I would rather have the information available in front
of me. So if the hon. Lady wants to put a question to me as to a complement, I am very happy to
answer it in the next session.

215 **Madam Speaker:** The hon. Member had a question.

Hon. A Sanchez: Madam Speaker, the initial Government Press Release 2003, it not only
mentioned that the new model of care would be most beneficial for our elderly, but it said that it
would enable the GHA team to provide a care closer to where patients live. From the schedule
220 that has been provided in answer to Question 381, I can see that the Unit has been used for
campaigns and to assist charities, but I can not see that it has been used in estates or identified
locations that are close to where our elderly live. Is this something that is going to form part of
the model of care going forward in relation to the Mobile Health Unit? And may I ask why this has
not been done since it was announced as something that was going to form part of the Mobile
225 Health Unit all the way back in 2003?

Hon. G Arias-Vasquez: Madam Speaker, as the schedule points out, the Mobile Health Unit has
been deployed at Casements, No 6 and the Piazza - different locations. The aim going forward is
that it is deployed to estates as well as all of these locations. Now I am very familiar with the
230 patterns that my mother has in Main Street, and I am very familiar that my mother frequently
goes to Casements for a cup of coffee, so she would have been able to avail herself of the service.

Now, when we speak about where the Mobile Health Unit is going to be going forward, I can confirm that the Mobile Health Unit will be in Casements, in different estates in Gibraltar and will move around to the housing estates as well as Casements, Piazza, etc, going forward.

Hon. A Sanchez: And does the Hon. Minister have a timeframe of when the community can expect this to be rolled out and when they can expect to have information as to when the Mobile Health Unit can be seen around the estates?

Hon. G Arias-Vasquez: Madam Speaker, I am very happy to say that the Mobile Health Unit yesterday was in Casements. It was indeed the front page of the Chronicle today. The Mobile Health Unit will be deployed on a weekly basis to different estates, and we will inform the public of where exactly the Mobile Health Unit will be on a weekly basis so the public knows where it is meant to be.

Madam Speaker: The Hon. C Sacarello had a question.

Hon. C Sacarello: Yes, Madam Speaker, thank you very much and good afternoon to all. Two quick questions for the Hon. Minister. I will pose one at a time, if I may.

The first being, related to Question number 380. The Hon. Minister mentioned that there were no formal records, in her response. So my question would be, why are there no formal records and is it the Government's intention, rather, to address this?

Hon. G Arias-Vasquez: Madam Speaker, I am unaware of why there have been no formal records. What I can confirm is that what we are doing now is we're looking to maintain records on site so a connection has been set up between the GHA and the van going round so that there are formal records kept going forward.

Hon. C Sacarello: Thank you very much for that. My second question is a rather more generic one regarding the Mobile Health Unit generally. We see from the list in answer to Question 343, I think it is, there's an extensive list of reasons why the Mobile Health Unit has been out and about.

Very few actually include delivering well-person checks. I would suggest that this is probably the most popular use of it. It is very difficult to get an appointment, certainly one quickly, at a convenient time in people's busy lives for an MOT, as it were. And I would suggest that this would be a way of both making it easier for people to access but actually relieving a little bit of stress from the GHA clinics in this respect. So my question is, will well-person checks be available at each and every outing of this van, the Mobile Health Unit, and will there be targets set for this and will there be enough notice for people to know where they are if they do not have access to social media?

Hon. G Arias-Vasquez: As I have already answered to the gentleman's hon. Colleague, the Mobile Health Unit will be advertised not only on social media but also in the local media. The very headline to our press release in relation to the Mobile Health Unit this week was that the Mobile Health Unit will offer well-person clinics across Gibraltar.

So, yes, I am very, happy to say that the Mobile Health Clinic will be offering Mobile Health Clinics at each and every one of the outings that it has. So everywhere that it goes in Gibraltar, I did not think that it was necessary in the press release to say that it will be doing it everywhere. Of course it will be doing it everywhere.

The Mobile Health Unit will be offering well-person clinics all across Gibraltar at each and every outing that the Mobile Health Clinic does.

ANSWER TO QUESTION 381

ANSWER TO QUESTION 343

Since 16 May 2023, the Mobile Health Unit has been deployed on the following dates and locations:

22nd June 2023 – delivering well person checks.
Location: Outside No 6 Convent Place

29th June 2023 – delivering well person checks.
Location: Bassadone Motors.

12th July 2023 – delivering well person checks.
Location: HM Prison

20th September 2023 – All charity events program.
Location: John Mackintosh Square.

29th September 2023- CPR/AED Demonstrations in partnership with the Cardiac Association.
Location - John Mackintosh Square.

10th October 2023 – Restart a Heart Day- charity 694/2023. Raising awareness of what to do in the situation of a sudden cardiac arrest in the community.
Location – Casemates Square.

11th November 2023- Influenza vaccination campaign, administering vaccines. Location - Casemates Square.

18th November 2023- Influenza vaccination campaign, administering vaccines. Location- Casemates Square.

25th November 2023- Influenza vaccination campaign, administering vaccines. Location- Casemates Square.

02nd December 2023- Influenza vaccination campaign, administering vaccines. Location- Casemates Square.

31st May 2024 – World No Smoking Day
Location: Casemates Square

26th September 2024 – World Heart Day – raising awareness.
Location: Casemates Square.

16th November 2024- Diabetes awareness day - offering advice in diet and lifestyle modification. Additionally providing point of care testing for blood glucose and blood pressure readings.
Location – Casemates Square.

19th November 2024- International Men's day - offering well person male checks.
Outside the Sunborn Hotel, Ocean Village.

In all of the above deployments the services offered have supported all age groups particularly those aged 65 years and above.

CONTINUED ANSWER TO QUESTION 381

ANSWER TO QUESTION 380

Madam Speaker, no formal records are kept on how many service users have used the Mobile Health Unit.

ANSWER TO QUESTION 381

Since May 2023, the Mobile Health Unit has supported local charity organisations on global health days and campaigns to raise awareness and understanding of health issues. The Mobile Health Unit has also been used to administer the Influenza Vaccination during the winter of 2023. To date the Mobile Health Unit has engaged with all age groups.

As of yesterday, Madam Speaker, the Mobile Health Unit is offering Well Person Clinics to members of the public aged 16 and over. Individual and family medical histories will be reviewed together with smoking and alcohol status to determine if further management by a GP is required.

285 **Madam Speaker:** Next question.

Q344-345/2025

**Courses offered by the GHA –
Type 1 Diabetes – Desmond Course**

Clerk: Question 344, the Hon. A Sanchez.

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Hon. A Sanchez: Could the Government outline the courses currently offered by the GHA for individuals diagnosed with type 1 diabetes?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this together with Question 345.

Clerk: Question 345, the Hon. A Sanchez.

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Hon. A Sanchez: Could the Government provide an update on the progress of obtaining a licence to deliver the Desmond course for individuals with type 2 diabetes?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 344, there are no specific courses offered by the GHA to individuals diagnosed with type 1 diabetes. However, support is provided to all adult type 1 diabetes patients through guidance and advice from General Practitioners. In addition, secondary care support is provided by the Endocrinologist and the established diabetes team.

310

In answer to Question 345, the GHA is currently in the process of obtaining licences for the delivery of the Desmond course. This is expected to take up to six months.

315 **Hon. A Sanchez:** I am grateful for that answer, Madam Speaker. Could the hon. Minister confirm whether it was the case that there was a course called doze Adjustment for normal eating in relation to type 1 diabetes that was previously offered by the GHA and is no longer offered by the GHA to individuals that were diagnosed with type 1 diabetes?

320 **Hon. G Arias-Vasquez:** Madam Speaker, the information I have in front of me is the information that I have provided, so I do not know what was offered in the past. If the hon. Lady wishes to pose that question, I am very happy to answer it next time.

325 **Hon. A Sanchez:** When the hon. Minister speaks of the specialist team, would the hon. Minister happen to have information as to whether the GHA currently has a dietician that specialises in diabetes?

330 **Hon. G Arias-Vasquez:** Madam Speaker, as I have spoken about previously in this House, we are in the process of recruiting diabetes specialist nurses. Unfortunately, because the question did not relate specifically to dieticians with specialist interest in diabetes, I do not have that information in front of me. Again, if the hon. Lady wishes to pose that question, I'm very happy to answer it in the next session.

335 **Hon. A Sanchez:** Specifically, in relation to courses for people diagnosed with type 1 diabetes, does the hon. Minister have more information in relation to support and guidance offered to individuals or training offered to individuals in relation to carb counting and dose adjustment? Is there any specific training or specific guidance given by the GHA and who specifically gives this to individuals?

340 **Hon. G Arias-Vasquez:** Madam Speaker, I hate to reiterate the same point. These are very specific questions that are being asked on carb counting for diabetes. If the hon. lady wishes me to answer specific questions, I am very, happy to provide all the information requested, but I do need notice of the question.

345 **Madam Speaker:** Next question.

Q346/2025
GHA vacancy –
Physiotherapist Senior 1 Paediatrics

350 **Clerk:** Question 346, the Hon. A Sanchez.

Hon. A Sanchez: Is the Government in a position to confirm whether a successful candidate has been found for the GHA vacancy for the position of Physiotherapist Senior 1 Paediatrics, which was advertised by the GHA?

355 **Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, no ma'am.

360 **Hon. A Sanchez:** I am grateful for that answer, Madam Speaker. Does the GHA currently employ a Physiotherapist Senior 1 specialised in Paediatrics and is that person currently in post?

Hon. G Arias-Vasquez: Madam Speaker, there is a post holder in the post at the moment and her contract will terminate on the 30th of April 2025.

365 **Hon. A Sanchez:** Madam Speaker, given that the hon. Minister has confirmed that there has been no successful candidates for the position of Senior 1 Paediatrics and this individual's contract ends, is there a contingency plan in the event that a successful candidate is not found to cover this post given that the information that we receive is that the workload of this team is quite significant? What contingency measures are in place to deal with this eventuality, would it be the case?

370 **Hon. G Arias-Vasquez:** Madam Speaker, as the hon. Lady is aware, we have taken a particular interest in the neurodevelopmental pathway and this post is one of the posts that forms part of the team that develops the neurodevelopmental pathway. So of course we will be on top of this post and of course we have taken measures to mitigate the fact that we have not yet found a candidate. The post was initially advertised by the GHA on the 22nd of January and the vacancy closed on the 12th of February with no suitable candidate being identified.

375 However, what we now have is that the GHA is now able to advertise on NHS jobs. So there is a whole new platform that we have available to us where we are able to advertise jobs. So, the post was re-advertised on the 5th of March 2025 on NHS jobs with a closing date of the 19th of March.

380 At the time that this question was prepared there were two expressions of interest that have been received.

385 **Hon. J Ladislaus:** Madam Speaker, for what reason were no future plans set in place? Surely this individual must have flagged the fact that they were retiring well in advance of doing so and not simply a couple of months ahead. So for what reason is there no forward planning here as we see often with posts within the GHA?

390 **Hon. G Arias-Vasquez:** Madam Speaker, the post has become vacant in May. The job was advertised in January. The GHA has a rolling programme of vacancies and this is one of the ones that was advertised. So by the time the individual is scheduled to leave we hope to have somebody in post.

Madam Speaker: Next question.

Q347/2025
GHA complement –
Geriatric Psychiatry and Psychology

400 **Clerk:** Question 347, the Hon. A Sanchez.

Hon. A Sanchez: Within the GHA's complement of psychiatrists and psychologists, could the Government state how many are specialised in geriatric psychiatry and psychology?

405 **Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, none. Within mental health there are multiple sub-specialities including child and adolescent psychiatry, forensic psychiatry, intellectual disability psychiatry, addiction psychiatry, neuropsychiatry and

liaison psychiatry, amongst others. In a small jurisdiction such as Gibraltar, it is not feasible to employ specialists in each of these fields.

Hon. A Sanchez: Grateful for that answer, Madam Speaker. Is the Hon. Minister, is she aware whether there is a visiting locum or anyone that consults in relation to this speciality or is it that it is a view that we, as a small jurisdiction, do not need to have any specialist input in relation to this area?

Hon. G Arias-Vasquez: Madam Speaker, within the mental health team there are two psychiatrists who have significant experience in elderly mental health. These work in the memory service and the other one works in general psychiatry. But they have extensive experience with older adults.

What we do is that, as and when required, we do have a locum that we bring to Gibraltar if they are required. This locum has been brought out, I understand, very infrequently because a local team manages the patients better. What we are advised is that having psychiatrists that focus on, for example, dementia is not ideal. It is better to have a geriatrician that focusses on MDTs with psychiatrists that have significant experience in elderly mental health.

Madam Speaker: Next Question.

Q348-349/2025

GHA's Complement/ Occupational Therapist – Elderly Residential Services

Clerk: Question 348, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government clarify whether there have been any changes to the complement of general practitioners, doctors, covering elderly residential services, detailing any changes that have been made, the rotation of services covered by these practitioners, including the sites they cover?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Question 349.

Clerk: Question 349, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government clarify which sites are covered by Occupational Therapist within the Elderly Residential Services?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 348, there have been no changes to the complement of doctors covering ERS. ERS doctors cover John Cochrane Ward, Mount Alvernia, Hillside, John Mackintosh Wing and Bella Vista, and there has been no change to the rotation of the services provided by them. In answer to Question 349, the occupational therapist covers all ERS sites except for Bella Vista, which falls under the community occupational therapist.

Hon. A Sanchez: I am grateful for that answer, Madam Speaker. We have been receiving numerous...

Madam Speaker: Can I ask the hon. Member what number she is asking the supplementary in respect of?

Hon. A Sanchez: In relation to Question 348; we have been receiving concerns from relatives and residents of ERS sites in relation to, what they claim are changes to GPs, if not the complement to changes that seem to have been made in relation to the team, GPs being moved. So could the Hon. Minister confirm if the complement has not changed, perhaps the makeup of the team has changed or there have been some changes that might be causing some confusion. Could she elaborate on whether there have been some changes?

Hon. G Arias-Vasquez: Madam Speaker, there have been changes in the distribution of work, which aligns with the increased clinical need at St Bernard's. Dr Elena Montero, who was contracted by the GHA and appointed full-time to ERS, has moved from Mount Alvernia to St Bernard's to deal with elderly patients in St Bernard's. So whilst there is been a change in the distribution of the work, there has not been any change to the complement or to the patients that she has seen, because she has seen the same patients at SBH rather than at Mount Alvernia.

Hon. A Sanchez: Grateful for to have that answer, Madam Speaker. So my understanding is correct. The GP that the Hon. Minister mentions has moved to a team down at St Bernard's Hospital.

Is it the case that now she will cover patients that come under the GHA beds and that she will no longer be seeing patients up at ERS facilities? Is this the case?

Hon. G Arias-Vasquez: Madam Speaker, the distribution of her workload will be decided by clinicians at the GHA. I do not get involved in the distribution of the workload. The distribution of the workload at ERS and the complement at ERS remains the same.

She is currently also seeing patients at SBH because of a clinical need at the moment. I am unclear on whether that will be ongoing or whether that is temporary, but the clinical need at the moment is that she's seeing ERS patients at St Bernard's.

Hon. A Sanchez: Madam Speaker, what I am trying to establish, which is the concern that has been brought to us by various people, is that previously it seems that there were three GPs covering ERS sites, residents at ERS facilities, and that one GP now seems to have been moved to St Bernard's to cover elderly patients at St Bernard's. My question is whether that GP that has been moved down to St Bernard's will continue to cover the residents of ERS facilities or is it that the residents of ERS facilities will only be covered by the remaining two GPs that remain at the ERS sites? Is it that the complement has not changed but that the ERS facilities will now be covered by those two GPs and the GP that has been moved down to St Bernard's will only be covering those in St Bernard's Hospital and not in the ERS facilities?

Can the Hon. Minister clarify this for me?

Hon. G Arias-Vasquez: Madam Speaker, that is entirely led by clinical need. Whatever the clinicians advise is best suited for the needs of the patients at ERS sites is the deployment of the GPs at ERS sites. So whatever is clinically required for the GPs at ERS is where we will deploy those GPs to maximise the ability of their services.

Hon. A Sanchez: Madam Speaker, and is the Hon. Minister aware of whether this is affecting any changes in the rotation of how often the GPs are able to visit the all ERS sites given that perhaps now instead of three GPs visiting there might be two GPs visiting? And is the Hon. Minister aware whether this is affecting any weekend visits that might have been happening before and may not be happening now?

Hon. G Arias-Vasquez: Madam Speaker, I am unaware of those specifics. What I do think is necessary to point out is that pre-COVID there were 20 sessions a week. 20 sessions is two doctors. And there are now 34 less beds than there was pre-COVID. So as long as the clinicians are happy with the service levels and as long as the clinicians tell us where it is that that need is most needed, that the GPs are most required, we will follow clinical advice on where they believe that those services are best deployed.

Hon. A Sanchez: But that is not the basis of my question, Madam Speaker. I am trying to get the hon. Minister to explain, to allay the concerns of those that are coming to bring us these concerns, to explain to or perhaps to clarify what the changes are. Because they are concerned that there is one GP less during the rounds in the ERS facilities, in the ERS sites, and that it is a case that they have gone down from three GPs to two GPs because one GP hasn't been moved to St Bernard's Hospital and is only seeing patients at St Bernard's Hospital and that this might be affecting the rotation and the number of times that GPs are able to go to these ERS sites and that this is having an effect on weekend visits too. So given that from the Minister's answer, I am not really getting clarification on whether this could be affecting the service. Perhaps she can elaborate on the compliment hasn't changed, but given that one seems to have moved down to St Bernard's and seems to be working out of there and only seeing patients there, the reality is that there seems to be one less GP available for the ERS sites. Is that not the case?

Hon. G Arias-Vasquez: Madam Speaker, let me be clear. We do not think its affecting service. We think service is improving because the clinicians are where the clinicians are most required.

So, when I say that this is clinician-led, what I mean is that the clinicians tell me where they feel the service is best deployed. Do we feel that the service is affected? No.

We feel that this is an improvement to the service. We feel that the GPs need to be where the GPs are most required. Are the GPs most required at ERS or are they most required at St Bernard's Hospital seeing ERS patients?

If the clinicians tell us, at present that the GPs are most required at St Bernard's seeing ERS patients, then we will follow their advice. That does not mean that service is affected. That means that service is improved.

We are consistently looking to enhance service. We are consistently looking to improve the service. So if a GP is removed from a nursing home and moved to where clinicians tell us that the GP services are most required, then I will be led by the clinicians, as I am frequently told by the Opposition that I should be, and listen to the clinicians to tell me whether GP services is best required.

So, again, just to be abundantly clear, we do not think that the service is being affected. We think that the service is being improved because we are using the resources that we have in a manner that is most efficient, and what we are trying to do is use the resources we have in the best way possible. If the clinicians tell us that the best way to use those clinicians is by deploying them in St Bernard's, then we will deploy that GP in St Bernard's for ERS patients.

We are consistently looking to improve the service, and what we are trying to do is to try to improve the service at St Bernard's. So whatever the clinicians tell us is required is what we will follow.

Madam Speaker: The Hon. J Ladislaus had a question

Hon. J Ladislaus: Madam Speaker, we have heard in the Hon. Minister's answer that Dr Montero, the third GP, was deployed down to St Bernard's Hospital due to clinical need. Could the Hon. Minister clarify what is meant by clinical need at the GHA? Is it that the GHA simply did not have enough doctors to see elderly patients?

Hon. G Arias-Vasquez: Madam Speaker, what is meant by clinical need is that the clinicians tell us that that resource is best deployed at St Bernard's Hospital. So I will repeat, the resources should always be used where they are most required. Again, what I am keen to state here is that we have reverted to pre-COVID levels.

So even if the service, which I'm not saying it will, even if that GP were permanently deployed to ERS, the service levels at ERS were two GPs for ERS. So what we have done is that we have now gone to services that were offered at pre-COVID levels. So we have removed the extra measures, but that GP hasn't been removed from complement.

That GP is now being used where that GP is felt to be best used. So if a clinician tells me, and it's not because the doctors aren't being seen at the hospital, there are geriatricians at the hospital, but if the clinicians at the GHA tell us that the GP is best used at the GHA, and again I repeat, and not at a nursing home, then the GP will be moved to where the clinicians tell us that that resource can be best used.

Madam Speaker: Yes, the Hon. the Leader of the Opposition.

Hon. Dr K Azopardi: Can I just ask the hon. Lady to clarify? She mentioned, not the last answer, but the one before that, but it might be related to this answer, that they have 34 beds less, that is how I understood it.

Did she actually mean that the bed occupancy is lower by 34, or is it that there are actually 34 beds less? And if so, if it is the latter, can she explain what the reason for that is?

Hon. G Arias-Vasquez: Madam Speaker, I don't want to venture into territory where I haven't got confirmation, so if that question is posed to me next time, I will be able to explain that, but I don't have the information in front of me.

Hon. Dr K Azopardi: Well, it is not a question of posing the question, with respect. She said, in answer to a supplementary, that there were 34 beds less, and I just wanted to understand, did she mean that it's less beds, actually there are less beds at ERS, I assume that she meant, or did she mean it as in that there is less bed occupancy? I just wanted to understand in what context she said it. It is not a question, I can pose a fresh question, but I am really trying to understand in what sense the hon. Lady meant her remark.

Hon. G Arias-Vasquez: Madam Speaker, my remark was meant simply in the context of an explanation as to what the doctors are being currently deployed. So again, if the Hon. the Leader of the Opposition wants to pose that question, I am very happy for that question to be posed in the next session, and I will have the information available.

Hon. Dr K Azopardi: Madam Speaker, I am simply trying to understand what the hon. Lady said. Of course we can pose a specific question, but if the hon. Lady explained it in terms of the reason for the redeployment is because we have 34 beds less, I just want to understand, is it that there is less occupants or less beds? That is all I'm trying to understand.

It is her own statement, it is not really, I hope I'm not asking a difficult question.

Hon. G Arias-Vasquez: Madam Speaker, I am very grateful for that. My explanation was in the context of having reverted to pre-COVID levels. So my explanation is to the fact that we are reverting to the complement in ERS that was used at pre-COVID levels. So it is in that context that I use that statement.

What I was saying was that the GPs, there were two GPs available in Mount Alvernia prior to COVID, and that statement was made in that context. What I am saying is that we have not removed the GP from the complement. We are keeping the level of the complement at the post-COVID level, but we are redeploying the asset to where we feel it is most usefully used. So the

statement that I made was in the context of the COVID remarks. It was not in the context of more or less beds. It was in the context of we have reverted to pre-COVID levels.

Madam Speaker: Any more supplementaries? Next question.

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**Q350-351/2025
Hillsides Staffing Levels –
Air Conditioning**

Clerk: Question 350, the Hon. A Sanchez.

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Hon. A Sanchez: Could the Government provide details on the staffing levels at Hillsides, specifically, one, the number of carers assigned to each floor, broken down by floor, and by day and night shifts? Two, the number of nurses assigned to each floor, broken down by floor, and by day and night shifts?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Question 351.

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Clerk: Question 351, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government confirm whether any air conditioning units or related equipment at hillsides are currently experiencing issues, and if so, provide details of these issues?

635

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in relation to Question 350, I now hand over schedule with the information requested, and in relation to Question 351, all air conditioning systems in both patient and staff areas are functioning and operating as expected.

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Madam Speaker: All right, any supplementaries on Question 351? If necessary, we can revert to Question 350 after the Hon. Member has looked at the schedule, although it is a brief schedule, so she may be in a position to ask supplementaries now. But in any event, anything on 351?

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Hon. A Sanchez: I am grateful for that answer, Madam Speaker. We have been receiving a few concerns in relation to air conditioning units and related equipment, particularly affecting one floor of Hillsides, and relatives who seem to have been reporting the issue via the appropriate channels. The issue seems to be ongoing and it does not seem to be getting resolved, and they seem to be very concerned given that this is an issue that was ongoing during the last summer months, that we may face another summer where the issues with air conditioning will continue to be one that affects the residents of Hillsides.

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Is the Minister aware of this? Has she been made aware of this? And if not, could she look into this matter to ensure that it is addressed?

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Hon. G Arias-Vasquez: Madam Speaker, there are some air handling units that are undergoing pre - fixed maintenance programmes, so that may be the issues that the hon. Lady is hearing about. What I would suggest is that all relevant enquiries are put to the adequate department, and they will be notified whether the works are planned maintenance works or otherwise. There are no issues at all in relation to any air handling units, since, as the hon. Lady is aware, there were works carried out to these last year.

Everything that's going on at the moment is purely a planned maintenance programme works.

Madam Speaker: The hon. Member in a position to pose any questions in relation to 350, would you like some more time?

Hon. A Sanchez: Madam Speaker, would the Hon. Minister be able to confirm whether there has been any changes to the complement of carers or nurses in recent months, or has this been, the ongoing complement at least for the last few months?

Hon. G Arias-Vasquez: Madam Speaker, as the hon. Lady will be aware, the complement will be set, so as far as I am aware, there have been no changes to the complement.

Hon. A Sanchez: Madam Speaker, again, we are hearing concerns from relatives regarding complement issues that are affecting the workforce in relation to leave, when carers need to take leave, or are away on sick leave, or on emergencies, and perhaps on some instances, cover not being sent. And this particularly affecting the night shift, and evidently not only having an effect on the workforce, but then perhaps potentially having an effect on the service being provided. Is the Hon. Minister, has she been made aware of these concerns, and if so, are they being addressed?

Hon. G Arias-Vasquez: No, Madam Speaker, I have not been made aware of any such concerns.

ANSWER TO QUESTION 351

ANSWER TO QUESTION 350

WARD	DAY SHIFT CARERS	DAY SHIFT RGN	NIGHT SHIFT CARERS	NIGHT SHIFT RGN
Trafalgar	2	1	2	1
Alameda	5	1	2	1
Queens	5	1	2	1
Castle	5	1	2	1
On rotation		1 charge nurse day shift		1 charge nurse night shift

Madam Speaker: Next question.

Q352/2025
Waiting list figures –
Mount Alvernia

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Clerk: Question 352, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government provide the most up-to-date figures for the current waiting list at Mount Alvernia?

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

Hon. G Arias-Vasquez: Madam Speaker, I remind the hon. Lady that, as I informed her last year in answer to a similar question, there is no specific waiting list for Mount Alvernia.

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Hon. A Sanchez: Madam Speaker, the Hon. Minister actually gave me the figures for the waiting list for all ERS sites last year when I asked this question. I posed a question last month with a wording in relation to the answer that she gave that time, but the Hon. Minister informed me that that was not the language, or was incorrect language, or that it wasn't the right way to ask it. So she then advised that I ask for the waiting list for Mount Alvernia in this session which I have.

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Does the Hon. Minister have the figures either for waiting list for Mount Alvernia, either the waiting list for all ERS sites, or does she have any information available that she might be able to share?

715

Hon. G Arias-Vasquez: Madam Speaker, the Elderly Residential Services assesses individuals for bed suitability across all of the ERS sites. As of 13 March, there is a total of 263 applicants for all ERS sites, 15 of which are high priority, 45 are over 90, and 172 are non-urgent.

Madam Speaker: Any supplementaries?

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Hon. Dr K Azopardi: May I just ask, before my hon. Colleague asks the supplementary, the hon. Lady said 45 urgent, 172 non-urgent, and then the middle one was what?

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Hon. G Arias-Vasquez: Madam Speaker, I said; 15 high priority, 45 over 90, 172 non-urgent, there are 29 in the GHA long stay, and two additional Ocean Views.

Madam Speaker: Any supplementaries?

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Hon. A Sanchez: Madam Speaker, given the number of people on the waiting list, there is evidently a demand for some sort of residential care or supported type of living. Does the Government have any plans in relation to, for example, what was announced in relation to the Rooke building, for example, it was said that it was going to be a type of care nursing home. Does it have any plans in relation to what's going to happen with that building by way of addressing this waiting list, for example, and if not that, any other plans that it might have in mind in relation to addressing this waiting list?

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Hon. G Arias-Vasquez: Madam Speaker, we are assessing all options currently.

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Hon. Dr K Azopardi: Can I ask, is this a rolling applicants list, presumably, and does the hon. Minister have a kind of breakdown out of the 263 people who are applicants, so how many of those would have been on that applicants list for, say, over 12 months? Does she have a figure like that, for example?

Hon. G Arias-Vasquez: Madam Speaker, I do not have that information on me. What I do know is that the applicants are assessed regularly and they are assessed regularly on a needs base. So this is one change that this Government brought about.

So we currently assess every single applicant on a needs base and it is not on a first-come, first-served basis. So whenever an applicant joins a waiting list, we assess whether or not that applicant has a greater need than someone that's been on the list for, let's say, two or three years. And it is an individualised, needs-based approach that the hospital takes to admissions.

Hon. Dr K Azopardi: I understand, and that makes sense. But I imagine that is like a rolling kind of assessment, so from time to time people will be assessed. But do the Government hold...

If we were to put a question as to when people arrived on the applicants list, would the Government be able to give us a breakdown of how long people have been on that list?

Madam Speaker: May be hypothetical.

Hon. Dr K Azopardi: Is it possible to provide us that information?

Hon. G Arias-Vasquez: No, the Government is unable to provide that information.

Hon. Dr K Azopardi: The Government is unable to, but somebody else could. Or it is not possible to provide this information?

Hon. G Arias-Vasquez: The Government is unable to provide that information because the Government does not hold that information. The Elderly Residential Service may be able to provide that information, but I don't know if that is information which the Elderly Residential Services hold.

Madam Speaker: Next question.

**Q353, 394-397/2025
Reached a decision –
Sunshine Ward Ocean Views**

Clerk: Question 353, the Hon. A Sanchez.

Hon. A Sanchez: Has the Government reached a decision regarding the Sunshine Ward Ocean Views, and can it clarify whether this decision will involve the elderly residential services?

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

Hon. G Arias-Vasquez: Madam Speaker, I will answer this question together with Questions 394 to 397.

Clerk: Question 394, the Hon. J Ladislaus.

Hon. J Ladislaus: Can Sunshine Ward be adapted to suit the needs of dementia patients?

Clerk: Question 395, the Hon. J Ladislaus.

Hon. J Ladislaus: How many beds does Sunshine Ward have, and how many of those beds have been occupied from September 2024 to date?

Clerk: Question 396, the Hon. J Ladislaus.

Hon. J Ladislaus: Have the work scheduled to be undertaken at Ocean Views as outlined at the October session of Parliament as follows. Replacement of the air conditioning system of Sky Ward and Rockside Flats to include installation of new systems and removing of old from roof level, installation of new external system and degassing, installation and removal of all BS boxes, 19 of them, and installation of new ones, installation of new refrigeration pipe work where required, charge refrigeration gas to system, build or works to any damaged areas, commissioning and testing by Dakin engineers been completed? If not, why and by when are those works estimated to be completed?

Clerk: Question 397, the Hon. J Ladislaus.

Hon. J Ladislaus: Have works to convert a room into a further seclusion room and repairs to damaged flooring in Horizon Ward been completed? If not, why and by when are those works estimated to be completed? Please provide a total of costs expended to date on these works.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in relation to Question 353, no decision has been taken on the future of Sunshine Ward. In relation to Question 394, yes, Madam Speaker. In relation to Question 395, Sunshine Ward was closed in July 2022 and had the capacity of 14 beds.

In answer to Question 396, Madam Speaker, all these works are now completed. In answer to Question 397, the completion of works to convert the Horizon Ward to a seclusion room is pending the installation of safety padding throughout the room. The delay with the padding installation is due to the difficulties encountered in identifying contractors who specialise in the installation of specific padding.

This is requested by the mental health clinical professionals. The issue has now been resolved through a specialised UK company. The Mental Health Sites and Services Department is currently liaising with the UK company with the aim of coordinating works and establishing commencement and completion dates.

The repairs to the Horizon Ward's damaged flooring are complete. The costs associated with the flooring and the seclusion room conversion are £40,428.44.

Madam Speaker: Let's start with Question 353.

Hon. A Sanchez: Madam Speaker, grateful for that answer. I believe the Hon. Minister has confirmed that the Government has not reached a decision, regarding Sunshine Ward. Could the Hon. Minister confirm how long Sunshine Ward has been... Well, actually, could she confirm what Sunshine Ward is currently being used for?

Hon. G Arias-Vasquez: Sunshine Ward is currently not being used, Madam Speaker.

Hon. A Sanchez: Could the Hon. Minister also confirm whether Europa Wing is also not being used?

Hon. G Arias-Vasquez: Madam Speaker, I am unaware whether Europa Wing is being used or otherwise. If the hon. Lady would like to pose a question on that, I am happy to answer next time.

Hon. A Sanchez: Madam Speaker, could the Hon. Minister confirm how long Sunshine Ward has not been used for?

845 **Hon. G Arias-Vasquez:** Madam Speaker, unfortunately I do not have that exact information in front of me. If the hon. Lady would wish to pose a question, I am very happy to answer the next time.

850 **Hon. A Sanchez:** Madam Speaker, well, I am unsure for how long Sunshine Ward has not been used for, but I am aware that the Mental Health Board did indeed, in 2023, in their report, highlight the fact that Sunshine Ward wasn't being used. I think it was an issue that had been raised prior to this. They did recommend that Sunshine Ward could be perhaps used for the managing of dementia patients who require more specialist care and support.

855 It's a recommendation that they made to the Government. I am aware that the Hon. Minister has stated that the Government hasn't reached a decision, but does she have a timeframe as to when the Government intends to make a decision about a ward that seems to have been unused for a significant period of time now?

Hon. G Arias-Vasquez: No, Madam Speaker.

860 **Madam Speaker:** Any supplementaries on 394?

Hon. J Ladislaus: Not on 394, Madam Speaker, but on the next questions.

865 **Madam Speaker:** Anyone on 395?

Hon. G Arias-Vasquez: Madam Speaker, I am unsure as to which ward the hon. Lady is referring to.

870 **Hon. J Ladislaus:** Sunshine Ward, Madam Speaker, which was the subject of question 395.

Hon. G Arias-Vasquez: Many thanks, Madam Speaker. Is there a Question?

875 **Hon. J Ladislaus:** Yes, just to confirm, because the Hon. Minister confirmed to Parliament that the ward has been closed since July 2022. Is that correct? Is my understanding of that correct - So the ward hasn't been used in almost two years. Am I understanding correctly?

Hon. G Arias-Vasquez: Madam Speaker, I am very grateful to the hon. Lady. If that is what the answer was provided, then yes, that is the correct information.

880 **Hon. J Ladislaus:** Madam Speaker, in terms of the works that were completed, I am on Question 396, the works that were completed in respect to the air conditioning system of Sky Ward, could the Hon. Minister confirm when those works were completed? Because we have been hearing recent issues arising out of the air conditioning system in Sky Ward. So if the Hon. Minister could confirm that that is definitely completed and when it was.

885 **Hon. G Arias-Vasquez:** Madam Speaker, the works were completed on 13 December 2024. Again, as I have confirmed to her hon. Colleague, the noise that the hon. Lady may be hearing is around planned maintenance works that are ongoing on some wards which do not render the wards unusable.

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895 **Hon. J Ladislaus:** Although they do not render the wards unusable, Madam Speaker, can the Hon. Minister confirm that they do not render the air conditioning system unusable? Because my understanding is that the windows cannot be opened in Sky Ward for safety reasons and therefore the air conditioning is of utmost importance in terms of ventilation, particularly since we are moving into a hotter season now. So can the Hon. Minister confirm that there is no impact on the air conditioning units, on maintenance?

900 **Hon. G Arias-Vasquez:** Madam Speaker, as I had previously confirmed, this is planned maintenance. If it is planned maintenance, it is not envisaged that there would be any issues.

905 **Hon. J Ladislaus:** Madam Speaker, in terms of Question 397, we've heard that the seclusion room is pending completion at Horizon Ward. Can the Hon. Minister perhaps confirm what the costs to date are in terms of the flooring splits with the seclusion room? Because there was a question in October where the Hon. Minister confirmed that the flooring to Horizon Ward would cost £716.60, that was the quote obtained. But now we have a figure of £40,428 and I just would like to see the breakdown between that and whether that includes the seclusion room works.

910 **Hon. G Arias-Vasquez:** Madam Speaker, the question posed relates to the total costs that are expended to the date this works. I am very happy to provide a breakdown, but would need notice of that question.

915 **Hon. J Ladislaus:** Can the Hon. Minister confirm when the flooring in Horizon Ward was completed, when works to the flooring were completed?

920 **Hon. G Arias-Vasquez:** Madam Speaker, again, the question relates to whether the works were completed. I confirm that the works to the flooring have been completed. I do not have a date as to when those were completed, but we can confirm that the works were completed.

Hon. J Ladislaus: Madam Speaker, in terms of the seclusion room at Horizon Ward, does it have toilet facilities within that room?

925 **Hon. G Arias-Vasquez:** Madam Speaker, I would need notice of such a question.

Madam Speaker: Next question.

Q354-361/2025 Carers Employed Lifecome

930 **Clerk:** Question 354, the Hon. A Sanchez.

935 **Hon. A Sanchez:** Could the Government clarify whether carers employed by Lifecome Care Gibraltar have access to a designated staff room, a rest area for breaks, including facilities to heat up food and shelter during bad weather?

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

940 **Hon. G Arias-Vasquez:** Madam Speaker, I will answer this question together with Questions 355 to 361.

Clerk: Question 355, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government state how many carers employed by Lifecome Care Gibraltar have completed the following training programmes? Conflict Resolution, Infection Control, Dementia Awareness, Basic Food Hygiene.

Clerk: Question 356, the Hon. A Sanchez.

Hon. A Sanchez: Can the Government confirm whether all carers employed by Lifecome Care Gibraltar have completed the mandatory training programme? Additionally, could the Government provide a specific outline of the following?

1. What does the mandatory training programme include?
2. How soon after a carer is employed do they receive and complete this mandatory training programme?

Clerk: Question 357, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government clarify whether Lifecome Care Gibraltar has a team of relief workers to cover absences due to annual leave, sickness or other emergencies?

Clerk: Question 358, the Hon. A Sanchez.

Hon. A Sanchez: Can the Government provide the total number of hours per month of care provided by Lifecome Care under its contract with the Government for home support and domiciliary care for the following months? October 2024, November 2024, December 2024, January 2025, February 2025.

Clerk: Question 359, the Hon. A Sanchez.

Hon. A Sanchez: Regarding home support and domiciliary care, could the Government confirm whether a logbook, also referred to as a communication book, is maintained in the residence of each service user? Furthermore, are these logbooks being updated in accordance with the standards set by the Care Agency?

Clerk: Question 360, the Hon. A Sanchez.

Hon. A Sanchez: Since September 2024, how many spot checks have been conducted in relation to domiciliary care and home support? Additionally, could the Government clarify who is responsible for conducting these spot checks, how frequently these spot checks are carried out?

Clerk: Question 361, the Hon. A Sanchez.

Hon. A Sanchez: In relation to home support and domiciliary care, could the Government confirm whether care plans, including manual handling plans and risk assessments, are available in the homes of all service users receiving this service?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, as I have repeatedly told the hon. Lady both inside and outside the House, these questions should be directed at Lifecome Care. The hon. Lady knows that at present we are not satisfied with the service being provided by Lifecome Care and the Government has engaged lawyers in this respect.

The Care Agency has a contract for domiciliary care and home support with Lifecome Care and the Government expects Lifecome Care to meet all of its contractual obligations.

Madam Speaker, Lifecome has a simple choice. Either they deliver as they legally agreed they would or their lifeline is cut and they're gone.

Hon. A Sanchez: Madam Speaker, I am grateful for that answer but as the Hon. Minister has stated before, the Government has a contract with Lifecome and Lifecome is, as she has stated, bound to meet their obligations. So the Hon. Minister must have information made available to the Care Agency which the Hon. Minister insists is monitoring the progress of the contract, has mechanisms in place to monitor, whether the standards are being met and I believe she must have the information available to her to be able to address these questions and nothing of what the Hon. Minister has said in her answer addresses any of the questions that have been put. So I would try to perhaps provide us with a little more information given that the matter seems to be one of huge public concern.

Hon. G Arias-Vasquez: Madam Speaker, the matter is one of huge public concern and that is why we are taking it seriously. That is why we have engaged lawyers and that is why we are currently in the process of engaging with Lifecome to see whether they address each and every one of the points that we have addressed in our letter. As I have said, the Care Agency do have a contract with Lifecome.

That contract does hold Lifecome to account and what we are currently in the process of doing is holding them to account on that contract. We should not and we cannot stand here in Parliament and talk about the intricacies of any of those provisions and the breaches thereof. Therefore, at this point of time, I think the Government has made its position significantly clear about the choices that Lifecome currently face.

Hon. A Sanchez: Madam Speaker, grateful for that answer, but with respect to the Hon. Minister, I have not submitted a question in relation to the breaches that Lifecome might have committed or not committed. I have not submitted a question in relation to the lawyers, in relation to the legal review. I have not submitted a question in relation to any of this.

I have submitted specific questions and she has provided no answers in relation to these questions. So I would urge the Hon. Minister to, given that it is a service of home support and domiciliary care, which is a service that is provided by the Government by way of subcontracting these services, I would urge the Hon. Minister, with responsibility for care, to address these questions and provide more information, especially given that it is an area of such a huge public concern and there are many constituents that come to see us with many concerns in relation to this.

Hon. G Arias-Vasquez: Madam Speaker, we are acutely aware of the concerns raised by constituents. As I have made the hon. Lady aware on numerous occasions, the Care Agency is seeking those concerns at present. The Care Agency is reaching out to make sure that the level of service is being delivered by Lifecome.

As I have previously said, we are not satisfied with the level of service provided by Lifecome. As I will also happily commit, the Government will issue a press release on Lifecome as soon as it is able to make a decision. And at the moment, as I have said, the matter is with lawyers and we are not able to answer these questions at present.

Hon. Dr K Azopardi: Madam Speaker, my hon. Colleague has not asked about breaches, although she is absolutely right in raising the issue of public interest because there are concerns about the impact of the service or the lack of it to people. The thrust of my hon. Colleague's questions are to ask about, because the hon. Lady has said in this House and outside it, that the Government

1045 have an ability, under the contract, to hold Lifecome to account. What we are trying to understand is what is the extent of the contractual obligations between the Government and Lifecome?

So, for example, there are questions here that ask about how many carers have been trained. So that must impact on whatever clause there is in the contract which may require certain people to be trained. So we are trying to understand that.

1050 We are trying to see how many people there are. There is a question on can the Government provide the total number of hours per month of care provided? Presumably there are hours of care provided under the contract or there is a mechanism under the contract that defines the extent of care that is provided by Lifecome.

1055 We are trying to understand, as a matter of fact, how many hours of care have been provided. That does not encroach into any legal advice that the hon. Lady may be receiving or indeed as to the stance of the Government in relation to this particular contract. So providing us, for example, how much care they have provided in October, November or December cannot possibly encroach on those aspects.

1060 Can she please therefore provide us the answer to the questions that simply ask for information that does not encroach on that situation?

Hon. G Arias-Vasquez: Madam Speaker, to be clear, there are a couple of questions that I will answer related to the number of hours. The majority of the questions that are posed do not relate to the contractual obligations between the Care Agency and Lifecome. They are questions that are specifically for Lifecome.

1065 Let me take you example by example: Could the Government clarify whether carers employed by Lifecome have a designated staff room? It is a question for Lifecome; Could the Government state how many carers employed by Lifecome have completed their training programme? It is a matter for Lifecome; Could the Government confirm whether all carers employed by Lifecome Care have completed the mandatory training? It is a matter for Lifecome; Could the Government confirm whether Lifecome Care has a term of relief cover workers to cover absences? It is a matter for Lifecome.

1075 The questions that we will answer are the total number of hours that are provided per month. In relation to Question 358, the total number of hours provided in October 2024 was 27,419 hours; in November 2024, it was 26,445 hours; in December 2024, it was 27,714 hours; In January 2025, it was 27,838 hours; and in February 2025, it was 25,718 hours.

The rest of the questions, I will submit, are a matter for Lifecome to answer, as we have made abundantly clear before in this House.

1080 **Hon. Dr K Azopardi:** Is the Minister saying that there are no provisions in the contract that govern the number of carers or the number of carers that need to be trained, that there is no detail in the contract governing that, that there is no detail in the contract that governs the facilities that Lifecome will enjoy or the carers will enjoy, that there is no provisions in the contract about care plans and that there is no provisions in the contract about whether there's communication books in the residence of the service users or care plans.

1085 There is no provision in the contract dealing with any of these issues. Is that what she is saying?

Hon. G Arias-Vasquez: No, Madam Speaker. What I am simply saying is that that is not what the question is asking.

1095 **Hon. Dr K Azopardi:** Madam Speaker, with all due respect, my hon. Colleague's questions, and I apologise because I'm interfering in her questions, I'm going to give way to her, but my hon. Colleague is asking about the bite of the contractual obligations on all these important issues that affect people. So we want to understand, to the extent that the Government said that they are

able, through the contractual mechanism, to hold Lifecome to account, what are the provisions against which it is holding Lifecome to account?

Hon. G Arias-Vasquez: Madam Speaker, we have the most detailed contract ever in respect to this service. The reality is that the questions, once again, do not seek the information that the hon. Gentleman is now seeking. The reality is that we are dealing with all of these issues which the hon. Gentleman is raising, and we are dealing with them, as I have said that we are dealing with them, by way of letter to Lifecome that we sent on 10 February.

We are dealing with each of these issues, and the questions and the way that the questions are raised are a matter for Lifecome. If the hon. Gentleman wishes to address questions in relation to the contract provisions, the questions should be asked in relation to the contract provisions.

Hon. A Sanchez: Madam Speaker, there is a question. I am just going to highlight one example. There is a question here in relation to training and whether the carers have completed mandatory training. I believe there is a schedule in the services agreement between the Government and Lifecome Care which outlines the mandatory training programme that the carers have to undertake, and it actually sets out the different mandatory training programmes that the carers have to undertake as part of the services agreement between the Government and Lifecome Care.

If it is indeed the case that the Government has mechanisms to ensure that Lifecome has to meet their contractual obligations, then this information should be readily available to the Minister as part of the mechanisms to ensure that Lifecome is meeting their contractual obligations. I think the question is pretty clear.

We are not going to ask for information that another company holds on the training of carers because the Government contract is with Lifecome Care in relation to home support and domiciliary care. It is not with another subcontracted entity. I really don't know what subcontracted entity name the hon. Minister wants me to put in that question.

It just seems that the hon. Minister, from the get-go, is very reluctant to provide this information across the floor of the House. And now it is very convenient. Well, look, it is under legal review.

It is very simple, basic information that we are asking here. And if it is the Government's stance that they have mechanisms to ensure that contractual obligations are met, then this information should be readily available for the Government.

And if the hon. Minister, if it is her position that she does not want to share it in a transparent and accountable manner, then that is her position to take. But I would urge her not to hide behind a legal review.

Hon. G Arias-Vasquez: Madam Speaker, I am not hiding behind absolutely anything. And it is in the hon. Lady's usual style that she raises these concerns. We are not hiding.

We are not doing absolutely anything which is other than transparent. I have stood in this House and I have said with conviction and with a certain amount of bravery that we are not satisfied with the service that Lifecome Care is providing. I think that is self-evident from my previous responses to this House.

We are not satisfied with the service that Lifecome Care is providing and we are looking to Lifecome to either provide us with the responses that we require or they will understand what the consequences of not providing us with that is. So the hon. lady can be as inflammatory as she wants. She can resort to her usual tactics, which are very *Sálvame* me, quite vile.

But actually the response that the hon. Lady will get to the applause of the gallery opposite is going to be exactly the same. The answer to questions on LifeCome are questions to LifeCome, not to this Government. This Government has been entirely transparent.

This Government has actually held the company to account and this Government has provided a contract and provided services over and above anything that Gibraltar has ever seen.

We have moved from 68 packages of care at the time that the hon. Lady's Government was in office to 512 packages of care that we currently provide. What we are looking to do is to make sure that each and every one of those packages of care receives the quality of care that they need.

Now, we have got a contract with LifeCome, which we are not satisfied is being met. We have said that quite transparently. I am not going to go through here each and every one of the things that we are not satisfied with.

We have said that and we have said that in a very transparent manner and we are looking for them to either remedy those breaches or we will look to the other consequences of what that entails. However, to accuse us of not being transparent when we have for the first time listed out all of the obligations that the Government looks to meet and looks to these companies to meet is actually quite misleading. We have, for the first time ever, set out in a contractual format exactly the obligations that we expect the company to meet.

We have looked to set out exactly what our aspirations to the company are and we have looked to provide the elderly with the service that we wish. Now, if that service is not being provided, we are looking to LifeCome for those answers and we are actually squaring up to LifeCome and asking LifeCome why they are not providing the service that we are actually paying for because we, the GSLP administration, are paying for services which are unheard of in Gibraltar. We are providing a service at home with packages of care that are over and above that which this community has ever seen, accepted throughout the community, because as I have told the hon. Lady previously. I have been at events where the elderly are actually telling me that they themselves are receiving care that their mothers never received 20 years ago.

So, it is a service that this Government is actually very proud of. The easiest thing for this Government and for myself to have done was nothing, to continue receiving the care that the people were receiving. However, I did not think that was good enough.

So we put this contract out to tender. We are now saying we are not satisfied with the level of service that our elderly are receiving and therefore, because we are contractually able to hold LifeCome to account, we are now saying we are not happy with the level of care that LifeCome are providing. I cannot say that any clearer.

We are not happy with the level of service that LifeCome are providing and therefore, we are looking to improve that service in numerous different ways. And we are holding them to account because for the first time ever, we have a contract which sets out their obligations. And all of these questions as to whether or not they have a staff room for their staff are questions for LifeCome.

It is questions which we are holding them to account but they are questions which should be put to the company directly.

Hon. A Sanchez: Madam Speaker, I point out that it is, as my hon. Colleagues have pointed out, it is the taxpayer that pays for these services. Not the GSLP. The taxpayer pays for these services which are currently, evidently, not functioning as they should be functioning.

We have a situation which is of huge public concern, huge public interest, a situation where we now have the Union saying one thing on one hand, LifeCome saying one thing on the other hand, and the hon. Minister refusing to answer questions about the issue when the Opposition is trying to get some clarification as to what is going on. So I stress again, Madam Speaker, and I urge her to perhaps provide clarity and provide some more information in relation to the questions that have been put to her, I would urge, for example, in relation to the matter of relief cover, which is a concern that we continue to hear, particularly in the sense that the services seem to continue to face disruption. Services that continue to be missed, carers that continue to miss sessions, apps that do not seem to be working.

Can the hon. Minister shed some light into what is being done to resolve this? Because it's all very well and good for the Minister to come here and say the huge amount of money that the taxpayer is spending on this, not the GSLP, the taxpayer, the people of Gibraltar and the

services are not functioning as they should. Can the hon. Minister elaborate as to what is being done to resolve this?

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Other than, well, we are warning LifeCome and that is as much as she can say.

Hon. G Arias-Vasquez: Madam Speaker, I think I have been quite clear in what we are doing. We have issued a letter on the 10th of February and we are following that letter up. In the next few weeks, the actions will become clearer and we are engaging, actively, with the Unions and with LifeCome as to what we are going to do in the coming weeks.

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We are actively engaging with everybody that is involved in order to secure a service. And yes, you are right, it is the taxpayer that is paying for the service, but it is the GSLP administration that determines that this is a fundamental service for our community. It is the GSLP administration that has determined that these funds are better spent in this way. It is the GSLP administration that has increased massively the spend in elderly residential services. It is the GSLP administration that has increased the spend in Social Care. It is the GSLP administration that has increased the spend in the GHA.

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So, whereas I take the hon. Lady's point and you are entirely correct in making it, that it is the taxpayer that is making it, it is the GSLP administration that is determining that it is its priority. And a priority for which I am proud to stand because it is a priority that I got into politics to defend. It is a priority which has always been at the forefront of my mind.

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I am here to defend the patient, to defend the service user. And what we are doing is looking to improve the service for the service user. So when the hon. Lady asks me, Madam Speaker, what we are doing for the user? I can tell the hon. Lady what we are doing for the user.

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We are trying to improve the service. We are not sitting back and allowing the service to be a mediocre service. We are writing to the organisation, we are writing to the company and asking the company to remedy any breaches which are currently enforced.

We are looking to the company to provide us with certainty that the contractual obligations are being met. And we are not satisfied that those obligations are currently being met. Because of the sensitivity of the issues at this precise moment in time, I do not think it is in anyone's interest to sit here, or to stand here rather, and to talk about each and every one of the provisions and whether they are or they are not being met.

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Because of the sensitivity of the issues at this precise moment in time, it is incumbent on the Government to try and manage the issue so that the end user, so that the service user, so that the elderly in our population do not feel any effect on the service. It is incumbent on Government to ensure that the service is as smooth as possible. We have accepted that we are not happy with the level of service that is being provided. And we are therefore doing something about it. The easiest thing for us to have done, again Madam Speaker, is to have done nothing and the point of doubt, that is not the path that we went down.

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Hon. A Sanchez: Madam Speaker, can the Hon. Minister elaborate? Does the Government have any contingency plans in the event that the outcome of this is that the contract with LifeCome Care has to be terminated?

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Hon. G Arias-Vasquez: Yes Madam Speaker, we do.

Hon. A Sanchez: And would the Hon. Minister be able to elaborate further on this?

Hon. G Arias-Vasquez: No Madam Speaker, unfortunately I cannot.

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Hon. Dr K Azopardi: And can I ask on that theme, the letter that she says was sent through lawyers, I imagine, I think she said, was on the 10th of February. Has there been a deadline given to the company to perform its obligations?

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Hon. G Arias-Vasquez: Yes Madam Speaker, of course there has.

Hon. Dr K Azopardi: And would she share what the deadline is?

1255 **Hon. G Arias-Vasquez:** Madam Speaker, I do not wish to share what the deadline is. I can confirm that we are meeting with the company in order to discuss the next steps.

Madam Speaker: Yes, the Hon. A Sanchez

1260 **Hon. A Sanchez:** Madam Speaker, given the recent news about the planned strike by the Union and the carers, would the Hon. Minister confirm whether the Government has any contingency plan to avoid any disruption to the service provided to the service users to limit any disruption in the service provided to them?

1265 **Hon. G Arias-Vasquez:** Madam Speaker, it would appear that the hon. Lady and indeed the entire Opposition thinks that I am just sitting here taking this matter quite easily. Of course we have met with the Unions. Of course we have engaged with them. Of course we have contingency plans in place. This is a matter which we are taking very seriously. This is a matter which the Government is not simply sitting back and doing nothing about. Of course we have met with the Unions. Of course we are looking at contingency plans. Of course we are looking at doing everything possible to avoid any implications to any of the users of our service.

1270 **Hon. A Sanchez:** Madam Speaker, I think the Hon. Minister is getting rather upset when I ask her these questions. I am just asking her whether the Government has contingency plans and if so, can she elaborate further as to what these contingency plans are? I am not suggesting that the Government or the Hon. Minister is not taking the matter seriously.

1275 **Hon. G Arias-Vasquez:** Madam Speaker, we confirmed yesterday in the press that we did have contingency plans in place. We confirmed yesterday in the press that we are looking to engage with Unite. So this information was already publicly available yesterday.

Hon. A Sanchez: Grateful, Madam Speaker, but can the Hon. Minister elaborate as to what these contingency plans are?

1285 **Hon. G Arias-Vasquez:** Madam Speaker, as with any contingency, we are looking at ways to make sure that the service continues. So we are looking at ways to provide the cover.

Madam Speaker: The Hon. R M Clinton had a question?

1290 **Hon. A Sanchez:** Madam Speaker, could the Hon. Minister perhaps elaborate on how they plan to provide this cover?

1295 **Hon. G Arias-Vasquez:** Madam Speaker, the Care Agency is looking at all options that are available to it. Could the Hon. Minister elaborate on what these options are? Madam Speaker, I would wish to take this opportunity to tell all users of the service that the service will not be interrupted if there is a strike.

1300 We are currently working with the Unions just to make sure that that option is not on the table. So we are engaging with the Unions to try and see what we can do with the Unions. But of course, in the same way as we would with any other strike action, we are looking to see what contingency plans can be made. So we are looking to see how we can provide the service in different ways.

1305 **Hon. A Sanchez:** Madam Speaker, the Hon. Minister is not really providing any details as to what these options are. She assures that cover is going to be provided and that they are exploring all options. I am asking her to perhaps elaborate on what these options are.

1310 **Hon. G Arias-Vasquez:** Madam Speaker, the reality is that when I have spoken in Parliament about things that are hypothetical, I have then been accused by the hon. Lady and others in the Opposition of misleading Parliament. We do not have exactly what we are going to do and as I have said quite clearly, we are exploring all options. So we don't have exactly what we are going to do so I do not wish to elaborate so that I am in the future not accused of misleading Parliament.

1315 I do not have further details of what exactly the options are but we are looking and the Care Agency is diligently looking, at all the options available. Once again, Madam Speaker, as I have done at every possible opportunity, I wish to thank the staff of the Care Agency because they have gone above and beyond throughout to contact each and every one of those packages of care, to contact the families of those receiving each and every one of those packages of care and to try and alleviate any issues that arise as a result of the provision of care. So, I would like to take this opportunity, once again, to publicly thank the Care Agency staff for all their resistance during this period.

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Madam Speaker: All right, the Hon. R M Clinton has allowed one more supplementary.

1325 **Hon. R M Clinton:** Thank you, Madam Speaker. Given this is a £3.8 million contract as was announced when the tender was awarded, I wonder if the Minister could advise the House in terms of the detailed contract that was entered into whether there are any financial penalties that can be levied against the company for non-performance of this contract or whether the company provided any form of bond or surety in the event that they cannot perform the contract.

1330 **Hon. G Arias-Vasquez:** Madam Speaker, at the risk of repeating myself, that question does not arise from any of the original questions. I am very, very happy, as I always say, I am very happy to provide that information to the hon. Gentleman, but I would be very grateful for notice of that question.

1335 **Madam Speaker:** Before we move on to the next question, perhaps we could revert to the outstanding ones, which were questions 341 and 342.

Q341-345/2025

Care Agency – Dry House

1340 **Clerk:** Question 341, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government clarify whether the Dry House which comes under the Care Agency's Drug and Alcohol Rehabilitation Service has changed location?

1345 **Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Question 342.

1350 **Clerk:** Question 342, the Hon. A Sanchez.

Hon. A Sanchez: Does the Government intend to open an additional Dry House within the community?

1355 **Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): In relation to Question 341, yes ma'am. In relation to Question 342, Madam Speaker, this is currently being reviewed.

1360 **Hon. A Sanchez:** Madam Speaker, I am grateful. Would the hon. Minister be able to confirm the date on which the Dry House changed location?

1365 **Hon. G Arias-Vasquez:** Madam Speaker, unfortunately I do not have that information available. It is not because I do not want to share it. I am very happy to share that information if I have notice of that question.

Hon. A Sanchez: Madam Speaker, would the Hon. Minister be able or would she happen to have the information of how much notice was given to the residents of the Dry House notifying them that they were to move from one location to the other?

1370 **Hon. G Arias-Vasquez:** Madam Speaker, I do not have information as to the notice. What I do have information on is that the new property offers a safer environment and it is a better quality of accommodation for the service user. The feedback that we have received from the service users has been very positive.

1375 **Hon. A Sanchez:** Madam Speaker, would the Hon. Minister be able to confirm that before the residents moved to the new Dry House that it was ready with all necessary furniture and amenities before they moved into the new Dry House?

1380 **Hon. G Arias-Vasquez:** Madam Speaker, whilst I do not have that information in front of me, I would expect that that was the case.

Hon. A Sanchez: And I believe that in answers to previous questions that I asked in relation to the Dry House, the Hon. Minister Santos confirmed that in the other location there was CCTV installed. Would the Hon. Minister be able to confirm that there is CCTV installed in the common areas of this Dry House?

1385 **Hon. G Arias-Vasquez:** Madam Speaker, unfortunately we do not have that information. Again, if the hon. Lady poses that question, I am very happy to provide her with the answer.

1390 **Madam Speaker:** Next question.

**Q362, 363-364/2025
GHA & ERS –
Direct employees salary**

1395 **Clerk:** Question 362, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government provide details on the total number of direct employees of the GHA and ERS who earned a basic salary exceeding £70,000 and received overtime payments

1400 amounting to more than 50% of their basic salary during the period from 1 January 2024 to 31 December 2024?

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

1405 **Hon. G Arias-Vasquez:** Madam Speaker, I'll answer this question together with Questions 363 and 364.

Clerk: Question 363, the Hon. A Sanchez.

1410 **Hon. A Sanchez:** Could the Government provide details on the total number of public or civil servants excluding direct employees of the GHA who were posted to or working within the GHA and ERS earned a basic salary exceeding £70,000 and received overtime payments amounting to more than 50% of their basic salary during the period from 1 January 2024 to 31 December 2024?

1415 **Clerk:** Question 364, the Hon. A Sanchez.

1420 **Hon. A Sanchez:** Could the Government provide details on the total number of employees of Government-Owned Companies including GDC employees who were posted to or working within the GHA and ERS earned a basic salary exceeding £70,000 and received overtime payments amounting to more than 50% of their basic salary during the period from 1 January 2024 to 31 December 2024?

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

1425 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in answer to Question 362, only one employee of the GHA and ERS with a basic salary exceeding £70,000 has received overtime payments amounting to more than 50% of their basic salary. With regards to Questions 363 and 364, the answer is none.

1430 **Hon. A Sanchez:** Madam Speaker, can the Hon. Minister confirm that in providing the answers that she has provided that the basic salary excludes any benefits in kind or allowances of any kind?

1435 **Hon. G Arias-Vasquez:** Madam Speaker, the basic salary means the basic salary so I would imagine that when asked a question about the basic salary then the answer provided relates to the basic salary without any allowances or benefits in kind.

Madam Speaker: Next question.

Q365/2025

GHA–

EpiPens provided to schools

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Clerk: Question 365, the Hon. J Ladislaus.

Hon. J Ladislaus: Does the GHA provide EpiPens to all Government of Gibraltar schools? If so, how many are provided to each school per month?

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

Hon. G Arias-Vasquez: Madam Speaker, the GHA does not provide schools with EpiPens. These are prescribed to individual patients who can then decide to keep these in school for their own personal needs.

Madam Speaker: Next question.

Q366/2025
GHA–
Ear irrigation

Clerk: Question 366, the Hon. J Ladislaus.

Hon. J Ladislaus: Is ear irrigation currently offered by the GHA to patients requiring the procedure? If not, why and when did the GHA cease the provision of this procedure?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, evidence-based practise does not substantiate this treatment and as such it has not been offered to the GHA since autumn 2024.

Hon. J Ladislaus: Madam Speaker, perhaps the Hon. Minister could provide information as to how it is that individuals who previously relied on ear irrigation, which my understanding is to remove ear wax, what treatment would they now seek? My understanding is that they are having to seek this treatment privately.

Hon. G Arias-Vasquez: Madam Speaker, as I have confirmed the evidence suggests that this treatment has been proven in certain instances to damage and perforate the eardrum which is why it is no longer offered. This is the NHS stance. The removal of ear wax has been provided by a local ENT consultant to a cohort of patients.

So, this is to any hearing aid wearer and patients with persistent vertigo.

Hon. J Ladislaus: Is it correct then that the GHA no longer offers the treatment or the removal of ear wax as treatment for issues pertaining to build up of ear wax? Is that correct? What is it that a patient is meant to do?

Hon. G Arias-Vasquez: Madam Speaker, the question relates to the irrigation of ear wax and the GHA has determined that the irrigation of ear wax and the NHS guidelines and the NICE guidelines seem to suggest that this procedure is actually harmful to patients and, therefore, that is why the GHA no longer provides this service.

Hon. J Ladislaus: Since when has that advice been out because my understanding or what we have heard from the Hon. Minister is that it has only just recently been removed as something that the GHA offered?

Hon. G Arias-Vasquez: Madam Speaker, I confirmed that this was since autumn 2024.

Hon. J Ladislaus: Did the NICE guidelines state that since autumn 2024 or was it prior to that? That's the question.

1495 **Hon. G Arias-Vasquez:** Madam Speaker, unfortunately I do not study the NICE guidelines. I am informed by clinicians that the practise was deemed unsafe and therefore the procedure was stopped. I do not know exactly when the procedure was deemed unsafe by the NICE guidelines.

What I am told is that the NICE guidelines do not recommend that the procedure is offered and it is not offered in the NHS. Therefore, the procedure is no longer offered by the GHA.

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Hon. J Ladislaus: Could the Hon. Minister confirm what procedures are offered by the GHA in place of ear irrigation because if this procedure is dangerous then what is the alternative?

Hon. G Arias-Vasquez: Madam Speaker, I have confirmed that the removal of ear wax has been provided by a local E&T consultant since to a cohort of patients.

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Hon. J Ladislaus: We heard that the cohort of patients included, for example, wearers of hearing aids. Is that then limited or will it be offered across the board because as I understand it people who do not wear hearing aids are also affected by impacted ear wax.

1510 **Hon. G Arias-Vasquez:** Madam Speaker, again the advice that we have received by clinicians is that this service should no longer be provided by the GHA for the reasons that I have given. It is not a reason of not having sufficient staff. It is not a reason of having sufficient resources.

The reason that has been given is simply that it is not advisable to provide this service. I am unsure of what other services are available other than the E&T consultant that provides services to a cohort of patients.

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Madam Speaker: Next question.

Q367/2025

GHA–

Dental services for children

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Clerk: Question 367, the Hon. J Ladislaus.

Hon. J Ladislaus: Are parents of children who are eligible to access dental services at the GHA called to invite them for a first appointment or do parents have to call to register their interest in the service?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, any children when they turn forward will be automatically registered and therefore be called in due course. As a consequence, parents do not need to actively call the GHA to register their interest in the service.

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Hon. J Ladislaus: Can the Hon. Minister clarify how long after the child turns four on average would that call be received by the parents or before?

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Hon. G Arias-Vasquez: Madam Speaker, I am not able to confirm how long after the child turns four. What I am able to confirm is that the service is currently in overhaul and we expect that the new service commencing April 2025 should be reaching out to all patients. We have been reaching out to all patients aged four but we are looking to make the service far more efficient as from this April.

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Hon. J Ladislaus: Can the Hon. Minister share details as to what the service overhaul has entailed?

Hon. G Arias-Vasquez: Madam Speaker, the overhaul entails a recall system which the GHA will be implementing.

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Hon. J Ladislaus: What is meant by a recall system, Madam Speaker?

Hon. G Arias-Vasquez: Madam Speaker, it means that patients will be called.

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Hon. J Ladislaus: Madam Speaker, the patients will be called. Are these patients who have been waiting on a lengthy waiting list for some months because, again, we heard a few months back that the waiting list still hadn't been cleared and that they were due to be cleared by March. Are these patients that are due to be called patients already existing on a waiting list or new patients or who is going to be called, Madam Speaker? I am sure the public has great interest in this area.

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Hon. G Arias-Vasquez: Madam Speaker, the explanation that I gave a couple of months ago is that the waiting list is a rolling waiting list. The waiting list cannot ever be cleared because there will always be new four-year-olds coming into Gibraltar. So the patients that are coming into the list now in 2025 will be recalled using a new system which will be more robust and more effective.

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However, patients have currently been called and the waiting lists are currently being cleared. The explanation I gave to the hon. Lady a couple of months ago was that it is impossible to clear this list because there will always be new children coming onto the list.

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Hon. J Ladislaus: Is the expectation that children will now be called and be seen by a GHA dentist before the average age of 6 which was the age quoted by the Hon. Minister at the session of Parliament, I believe it was January session?

Hon. G Arias-Vasquez: Yes, Madam Speaker.

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Madam Speaker: Next question.

**Q368, 369/2025
GHA–
Asthma pathway**

Clerk: Question 368, the Hon. J Ladislaus.

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Hon. J Ladislaus: Does the GHA have an asthma pathway for diagnosing, monitoring and managing asthma in (1) child and (2) adults?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Question 369.

Clerk: Question 369, the Hon. J Ladislaus.

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Hon. J Ladislaus: Does the GHA have the capabilities to diagnose asthma in children under 5 years of age?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 368, children presenting with respiratory symptoms are assessed and investigated with a diagnosis of asthma made when appropriate. We follow UK guidelines for the management of asthma in children. However, there is no specific dedicated pathway for asthma in children and these are managed within the general paediatric clinics.

Those children with complex asthma needs are discussed with a tertiary respiratory specialist and, if necessary, referred for specialist review in the UK. In respect of adults, NICE guidelines are followed within the primary care for diagnosis and treatment of asthma. Secondary care input is sought for more complex patients as and when required.

Patients follow a standardised procedure with the consultants if this is required. In answer to Question 369, the GHA possesses the capability to diagnose asthma in children under 5. However, due to the difficulty of performing objective tests at this age, the diagnosis is made clinically, based on a thorough history, examination and response to trial treatments.

Hon. J Ladislaus: As to Question 368, Madam Speaker, is it the case that the GHA offers a blood test in the first instance in order to assess asthma, in adults in particular?

Hon. G Arias-Vasquez: Madam Speaker, like the hon. Lady, I am a lawyer. I am unsure of what specific tests are offered by clinicians. As always, I am very happy to provide an answer to the hon. Lady. I just need the specific question because I am unsure of exactly what test is offered in the first instance.

Hon. J Ladislaus: Madam Speaker, with all due respect, the question posed did ask whether the GHA has the asthma pathway for diagnosing and I am simply asking this question based on the fact that I am referring to the NICE guidelines which the Hon. Minister quotes are in place at the GHA and the NICE guidelines state that the first port of call is a blood test which is why I asked the hon. Lady and I would have expected that she may have been provided with that information when I asked the question and it was sent for preparation. So, I ask again, does the Hon. Minister have any information as to what exactly the pathway within the GHA entails? Because we would like to see whether it is obviously in parallel to the NICE guidelines or not.

Hon. G Arias-Vasquez: Madam Speaker, I am very happy to say that I do not have that information. What tests are provided pursuant to the NICE guidelines are up to clinicians to determine. I am not sure that I should have the knowledge on what specific test is required by a clinician in order to determine whether or not an adult or a child has asthma.

I am not sure that that is within the remit of my portfolio to determine whether or not it is appropriate for a person to have a blood test or otherwise. As I have previously said, I am very happy to provide the information, asking the clinicians if that is indeed what they do, if the question is posed to me in a future session.

Hon. J Ladislaus: Madam Speaker, is the Hon. Minister's position therefore that the Hon. Minister has nothing to do with the services that the GHA offers? Because this is a point in question. The question is whether the GHA offers the first points within the pathway in the NICE guidelines.

If that pathway has been implemented in Gibraltar, then the Hon. Minister should have some awareness as to what services the GHA offers and where the gaps are. Am I correct in that or not?

Hon. G Arias-Vasquez: No, Madam Speaker, the hon. Lady is not correct. I am the Minister with responsibility for the GHA. I should not know what tests are being offered.

I need to be assured by the clinicians that the appropriate pathways are being followed. What tests are being done to patients is not within my remit. In fact, I do not know how diabetes is diagnosed. I do not know how different diagnoses are made by doctors. It is not within my remit

to understand the different steps of the diagnosis procedure. What it is within my remit to ensure is that there are proper clinicians and the proper complement who actually advise on what the steps are and that they carry out the steps. It is for the clinicians to determine whether it is a blood test or otherwise it needs to be made. Madam Speaker, I am not sure that this is the most appropriate use of our time. I am being stood here, questioned and quizzed on whether I know the appropriate pathway and the appropriate test to diagnose asthma.

I hate to say this, but it is not within the remit of a Minister to understand whether a blood test is appropriate for the diagnosis of asthma or otherwise. If I were involved in that level of detail, Madam Speaker, I hasten to say that the first ones that will say that there is not the necessary independence between the clinicians and the Ministry are the Members of the Opposition. It is not at all correct for the Minister to determine what the different milestones are to determine whether someone has asthma or otherwise.

It is for me to ensure that the appropriate pathways are in place and it is for me to ensure that the complement is in place for them to be able to diagnose or otherwise. It is not in the slightest bit the remit of the Minister to determine whether a blood test should be used to diagnose cancer and it would be inappropriate for me to step into the clinician's shoes and determine whether a blood test should be used to determine whether someone has asthma or otherwise.

Hon. J Ladislaus: Madam Speaker, with respect, but I have not asked whether the Hon. Minister should determine whether a blood test or not is appropriate. I have asked based on the fact that the Hon. Minister said that the NICE guidelines and the pathway are followed in Gibraltar. I have asked whether we have blood tests in place because it is a service that the GHA offers supposedly under that pathway which has been transposed from the NICE guidelines.

Therefore, it is, Madam Speaker, I would argue within the remit of the Minister to determine whether a service is being offered or there is a gap in the service within the GHA. And so I ask the question now, is it something that the Hon. Minister could find out? And I will file specific questions if so.

Hon. G Arias-Vasquez: Madam Speaker, very grateful to the hon. Lady for saying that. If the appropriate question is asked, I will of course determine whether the clinicians determine it is best to diagnose by way of blood test or otherwise. At present, I do not have that information.

Madam Speaker: Next question.

**Q370, 371/2025
GHA—
Scabies Diagnosis**

Clerk: Question 370, the Hon. J Ladislaus.

Hon. J Ladislaus: Does the GHA have the equipment to diagnose scabies?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this together with Question 371.

Clerk: Question 371, the Hon. J Ladislaus.

Hon. J Ladislaus: How many individuals were diagnosed with and treated for scabies in the past 12 months, broken down by month?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 370, yes ma'am. In answer to Question 371, I now hand over a schedule with the information requested. It is necessary to clarify, Madam Speaker, that the numbers provided do not solely represent patients who have been diagnosed with scabies in the past 12 months. They also include their household close contacts who require treatment as a precautionary measure to prevent further spread of the condition.

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This approach ensures that all individuals at risk receive appropriate care, reducing the likelihood of reinfection and ongoing transmission. Due to the manner in which the diagnosis and treatment of scabies is electronically coded, it is not possible to differentiate from the figures provided the number of actual diagnosis.

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Hon. J Ladislaus: Madam Speaker, the context for this question comes from a member of the public who alarmingly came to us to say that she had been informed by a GP at the GHA that they didn't have the necessary equipment to diagnose scabies and she'd been misdiagnosed and had to seek a private diagnosis. So I ask, is the Hon. the Minister aware of what it is, which equipment it is in particular that is necessary? My understanding is that it's simply a magnifying glass.

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Has that been provided to the GPs now?

Hon. G Arias-Vasquez: Madam Speaker, once again, I do not know what is required in order to diagnose scabies. I am told that the GPs have the necessary equipment. If that equipment is a magnifying glass, I am sure they have a magnifying glass.

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However, the information that I have available to me is that the clinicians have whatever it is that they need in order to be able to properly diagnose scabies.

Madam Speaker: Does the hon. Member have any questions in relation to the schedule or would she like some time to look at it? You have one?

1720

Hon. J Ladislaus: Madam Speaker, I can see that in January 2025 the number rose to 57, which is the highest that has been seen in the past 12 months, 57 cases. Could the Hon. the Minister clarify whether that was considered to be, in terms of Gibraltar size, an outbreak of scabies?

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Hon. G Arias-Vasquez: Madam Speaker, an outbreak is considered when five or more patients become infected within the same ward in a healthcare setting or residential services. I am very happy to confirm that there was no outbreak in January 2025.

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Hon. J Ladislaus: Could the Hon. the Minister confirm what constitutes a public outbreak?

Hon. G Arias-Vasquez: Madam Speaker, the definition of outbreak is an outbreak in a ward. There is no definition of a public outbreak.

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Hon. J Ladislaus: I rephrase then, were there any outbreaks in schools? The information received was that there were outbreaks within certain schools.

Hon. G Arias-Vasquez: Madam Speaker, the Director of Public Health consistently monitors this. Again, to reiterate, the numbers provided are the number of the individuals infected and their close contacts. So, the Director of Public Health is on top of each and every case and then monitors their close contacts in order to control any contamination of scabies.

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Hon. J Ladislaus: Madam Speaker, perhaps the Hon. the Minister has information, but could the cases that were confirmed not be separated from close contacts? Is that something that the data does?

Hon. G Arias-Vasquez: Madam Speaker, as I confirmed in my answer, due to the manner in which the diagnosis and the treatment of scabies is electronically coded, it is not possible to differentiate from the figures provided the number of actual diagnoses.

Answer to Question 371

March 2024	48
April 2024	51
May 2024	33
June 2024	20
July 2024	20
August 2024	14
September 2024	30
October 2024	29
November 2024	40
December 2024	35
January 2025	57
February 2025	29

Madam Speaker: Next question.

Q372/2025

GHA–

Cerebral palsy specialised adult service

Clerk: Question 372, the Hon. J Ladislaus.

Hon. J Ladislaus: Does the GHA have a designated team which offers specialised services for adults with cerebral palsy?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the GHA does not have a designated team providing specialised services for adults with cerebral palsy. However, support is offered in accordance with NICE guidelines when clinically indicated. In cases where the GHA is unable to provide the necessary specialist services, patients are referred to tertiary providers.

Hon. J Ladislaus: Could the Hon. the Minister give examples of cases in which patients are referred to tertiary providers?

Hon. G Arias-Vasquez: Madam Speaker, whilst I do not have details of the breakdown, what I am assured is that there are a few such patients that are provided for in the UK. Most of the patients

1775 that have cerebral palsy are dealt with in the GHA by a multidisciplinary team and all of the care is provided for within the GHA in Gibraltar.

Madam Speaker: Next question.

1780

Q373/2025
GHA–
BACP Registered Counsellors

Clerk: Question 373, the Hon. J Ladislaus.

Hon. J Ladislaus: Are GHA counsellors registered with the British Association for Counselling and Psychotherapy? If not, what governing body are they registered with?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, all GHA counsellors are registered with the British Association for Counselling and Psychotherapy.

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Hon. J Ladislaus: Are regular assessments carried out to ensure quality control, Madam Speaker?

Hon. G Arias-Vasquez: Madam Speaker, the BACP registration must be renewed every 12 months, so yes.

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Hon. J Ladislaus: What do those assessments entail?

Hon. G Arias-Vasquez: Madam Speaker, unfortunately I am not a GHA counsellor either, so I am unsure of what exactly the assessments entail for GHA counsellors. Again, if the hon. Lady wishes to have a specific question, I am very happy, with notice, to provide her the answer as I always do.

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Hon. J Ladislaus: Madam Speaker, we have just heard that the BACP must be renewed every 12 months, then surely the Hon. the Minister must have been provided with information as to how that renewal takes place and therefore who and how those assessments are undertaken.

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Hon. G Arias-Vasquez: Madam Speaker, the information I have is that the registration is renewed every 12 months. Who does it? What do they do? The tests that the counsellors are required to undergo. Unfortunately, that level of information is not a level of information which I have, but again, as I have just stated, if the hon. Lady provides me with notice of the question, I am very happy to provide her with the answers that she seeks.

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Madam Speaker: Next question.

Q374/2025
GHA–
Physiotherapy services – Child to Adult transition

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Clerk: Question 374, the Hon. J Ladislaus.

Hon. J Ladislaus: At what age do service users transition from child to adult physiotherapy services? Is the transition process planned ahead of time to ensure a smooth transition?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, service users transition from child to adult physiotherapy services at 18 years old.

Hon. J Ladislaus: Madam Speaker, I am grateful, but is that transition process planned ahead of time is part of the question to ensure that the transition is smooth between both services?

Hon. G Arias-Vasquez: Madam Speaker, OT and physio submit therapy programmes and manual handling programmes, so the process, I am informed, is a smooth process.

Hon. J Ladislaus: Madam Speaker, the information that I am getting is that it is not indeed a smooth process and it appears to be across the board that the transition from child services to adult services within the GHA is not by any means smooth. The same thing we have heard recently with the diabetes services. So Madam Speaker, I ask the question, what information is being provided to young people, to an 18-year-old who is transitioning from a child service to an adult service, and how often is that reviewed?

Hon. G Arias-Vasquez: Madam Speaker, as I have confirmed, the OT and the physio submit their therapy programmes and manual handling programmes as part of the process to support any carers. The NICE guidelines from the UK are the guidelines that are followed here. If the hon. Lady is asking specifically of service users attending St Martin's School, these leave at 16 and undertake a two-year transition process into St Bernadette's, in which case they are supported throughout.

NICE guidelines are followed with two transition meetings the year before the child leaves St Martin's School for parents and professionals to ensure a smooth and planned transition.

Madam Speaker: Next question.

Q375/2025

GHA–

Mental health support– Child to Adult transition

Clerk: Question 375, the Hon. J Ladislaus.

Hon. J Ladislaus: Is there any mental health support available to support a young person in their transition from child to adult services within the GHA?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, yes ma'am.

Hon. J Ladislaus: What is it that is available to support a young person and is that for an indefinite amount of time?

Hon. G Arias-Vasquez: Madam Speaker, young patients receiving support from Gibraltar Young Minds undergo a structured transition period into two adult services, ensuring a seamless integration between the two. Inter-service collaboration takes place within a multidisciplinary

1865 team prior to adulthood, preventing any disruption in care. Additionally, the mental health liaison team provides support for both children and adults in crisis.

Hon. J Ladislaus: Since when has this service been available to service users?

1870 **Hon. G Arias - Vasquez:** Madam Speaker, I don't have the start date of the service.

Hon. J Ladislaus: Is the start date something that the Hon. Minister could provide?

1875 **Hon. G Arias-Vasquez:** Of course, Madam Speaker. If notice of the question is given, I am happy to provide that information.

Madam Speaker: Next question.

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Q376, 377/2025
GHA—
Vaccancies

Clerk: Question 376, the Hon. J Ladislaus.

1885 **Hon. J Ladislaus:** Have the following vacancies within the GHA which were not filled in 2024 been filled?

- 1890
1. Public Health Information Analyst
 2. Occupational Therapist Senior
 3. Consultant Cardiologist
 4. Registered Nurse Cardiac Catheter Laboratory
 5. Charged Nurse Victoria Ward
 6. Resuscitation Officer
- If not, and reflecting the information provided in answer to Question 234/2025, why haven't the vacancies been advertised again?

1895 **Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Question 377.

1900 **Clerk:** Question 377, the Hon. J Ladislaus.

Hon. J Ladislaus: For what reason or reasons is it GHA policy to advertise vacancies internally unless specialist knowledge is required?

1905 **Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

1910 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in answer to Question 376, the current status of these vacancies are as follows. Public Health Information Analyst remains vacant and will shortly be advertised. All Occupational Therapist Senior two posts have now been filled. The Consultant Cardiologist post has now been filled. All Registered Nurse Cardiac Catheter Laboratory posts have now been filled. The Charged Nurse Victoria Ward post has now been filled. And the Resuscitation Officer post has now been filled. In answer to question 377, non-specialist vacancies and vacancies that are considered promotions within a particular

grade are initially advertised internally by the GHA. If no suitable applicant is found, these may then be advertised externally. This allows for career progression within the service. Specialist vacancies are advertised internally within the GHA and also externally.

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Hon. J Ladislaus: As to Question 376, in respect to the Public Health Information Analyst, where has that vacancy been re-advertised? Is it within the GHA again or has it gone externally?

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Hon. G Arias-Vasquez: Madam Speaker, in reply to my answer, sorry, the answer to my question stated that the post remains vacant and will shortly be advertised.

Hon. J Ladislaus: Where is it the intention to advertise it? Internally or externally?

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Hon. G Arias-Vasquez: Madam Speaker, the usual policy will be followed.

Hon. J Ladislaus: For the avoidance of doubt, is the usual policy to advertise internally as the Minister has just indicated? And then if it's not filled, externally?

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Hon. G Arias-Vasquez: Madam Speaker, let me re-read the answer to Question 377. Non-specialist vacancies and vacancies that are considered promotions within a particular grade are initially advertised internally by the GHA. If no suitable applicant is found, these may then be advertised externally. This allows for career progression within the service. Specialist vacancies are advertised internally within the GHA and also externally.

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Hon. J Ladislaus: How long would it be before that vacancy is advertised externally?

Hon. G Arias-Vasquez: Madam Speaker, as long as it's deemed appropriate by Workforce.

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Hon. J Ladislaus: Is the Hon. the Minister satisfied that that is good planning for future because it seems to be that there have been various gaps within the service in terms of the professionals not being in place when somebody has retired of late and given that there are shortages worldwide of healthcare staff, is the Hon. the Minister satisfied with the policy currently in place?

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Hon. G Arias-Vasquez: Madam Speaker, whilst I appreciate that the hon. Members opposite have pre-prepared questions, it must indeed have been very, very disappointing to have realised that indeed from six posts that they were asking about, five were already filled. So actually, I am satisfied that Workforce is performing their function and I am satisfied that Workforce is filling the vacancies as and when they are required. So Madam Speaker, let me recap.

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The hon. Lady opposite asked me about six posts. From those six posts, five of them were filled. I understand the disappointment.

However, I am very, very satisfied that Workforce is filling the vacancies as and when they are required. In fact, the Public Health Information Analyst is a new post that was created last year because the GHA now recognises the importance of data. In fact, Public Health Information Analyst full stop were introduced by the GHA quite recently.

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We are looking to collate as much data as possible. Therefore, the Public Health Information Analyst posts are very important posts which the GHA has recently created and is going to advertise shortly. These posts are new posts or fairly new posts within the complement.

Therefore, I am very satisfied that Workforce is performing its function and filling the posts as and when required.

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Hon. J Ladislaus: Madam Speaker, we have heard recently how there are shortages worldwide for example in respect of nurses, in respect of psychiatrists and we still hear that the GHA policy yet is to advertise only internally. I understand career progression and I am 100% behind the career

1965 progression of our people within the GHA but surely it gives competition if that is also advertised externally particularly when there are such great shortages of healthcare workers.

Does the Hon. Minister agree with that statement? Because there are gaps in the service, Madam Speaker.

1970 **Hon. G Arias-Vasquez:** Madam Speaker, I am not sure that we need to read the answer to my second question a third time but as I have previously stated, specialist vacancies are advertised internally and also externally. As I have also explained within this very session of Parliament, the GHA now has access to NHS jobs. The access to NHS jobs ensures a far greater, cheaper, platform to the GHA in order to reach a wider audience so that the vacancies may be filled.

1975 So Madam Speaker, I entirely agree that the vacancies should be advertised externally. That is in fact Workforce policy to advertise the vacancies externally once they have been advertised internally and specialist vacancies are advertised internally and also externally. When we say externally, as I have explained within this same session of Parliament, we now have access to a platform which is called NHS jobs.

1980 The platform which is called NHS jobs allows us to access professionals from the NHS where we now put our adverts. So we now have a far wider pool from which to access professionals.

Hon. J Ladislaus: Madam Speaker, given that the post of Public Health Information Analyst appears to have remained open for over a year and is still unfilled I ask again, is the Hon. Minister happy with the policy as it currently is? Because clearly, if we have no set time frame within which that vacancy can remain simply internal, before it is put out externally then there are gaps in the service left.

1990 **Hon. G Arias-Vasquez:** Madam Speaker, the time frame within which vacancies are advertised internally and externally is set by Workforce and the time scales are such that they are set by Workforce. Now, when these posts come out, as I have confirmed, the vacancy will be shortly advertised. I am therefore satisfied that Workforce is currently fulfilling its job and once again, Madam Speaker, I am very sorry to disappoint the hon. Lady in that five out of the six vacancies
1995 that she was seeking to confirm have actually been filled.

Hon. J Ladislaus: Madam Speaker, just to clarify, I am delighted that five of the six have been filled but the question was specifically in relation to these because we saw a schedule in this respect recently. It applies across the board, I ask the question and the policy applies across the board and
2000 there are gaps across the board in respect of other sectors not just specialist areas, for example a nurse on a ward, there are gaps within those, so therefore I ask the question, what has been done in respect of forward planning because this doesn't seem to be very forward planning.

Hon. G Arias-Vasquez: Madam Speaker, as I have previously explained, the compliment is determined by the GHA by the Director of Nursing, the compliment is determined by the GHA by the Medical Director. The compliment is the compliment, as I have previously explained in previous sessions of Parliament and I am satisfied that Workforce brings out the vacancies as and when they are required.

2010 **Madam Speaker:** Next question.

Q378/2025
GHA–
Ambulance crews Portacabins

2015 **Clerk:** Question 378, the Hon. J Ladislaus.

Hon J Ladislaus: Since when have the GHA's ambulance crews been housed in the portacabins located around the back of St Bernard's Hospital?

2020 **Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): The GHA's ambulance crew have been housed in the portable cabins located at the rear of St Bernard's Hospital since March 2020.

2025 **Hon. J Ladislaus:** Madam Speaker, are there plans to move the ambulance crews any time soon out of those porta-cabins because my understanding is that the annual cost of those porta-cabins is over £36,000, so that's now amounted to over £150,000 over the course of five years. So does the Hon. Minister perhaps have an indication as to when those porta-cabins will be vacated?

2030 **Hon. G Arias-Vasquez:** Madam Speaker, we're looking at options.

Hon. J Ladislaus: What are the options that are being considered?

2035 **Hon. G Arias-Vasquez:** Madam Speaker, when we decide on a viable option we will explain it in Parliament.

Madam Speaker: Next question.

Q382, 383-385/2025
GHA–
Sleep Studies

2040 **Clerk:** Question 382, the Hon. J Ladislaus.

Hon. J Ladislaus: Are sleep studies currently being undertaken as normal and are new referrals being accepted?

2045 **Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Questions 383 to 385.

2050 **Clerk:** Question 383, the Hon. J Ladislaus.

Hon. J Ladislaus: Which clinic at the GHA carries out sleep studies and what specialists are involved in undertaking a sleep study and the interpretation of its results?

2055 **Clerk:** Question 384, the Hon. J Ladislaus.

2060 **Hon. J Ladislaus:** How many sleep studies were carried out by the GHA over the past 12 months, broken down by month? Please provide a breakdown between patients that were seen for follow-ups and those who were new patients on a waiting list for sleep studies to be undertaken and were being seen for the first time.

Clerk: Question 385, the Hon. J Ladislaus.

2065 **Hon. J Ladislaus:** How many masks for use with CPAP machines did the GHA provide to service users in the past 12 months, broken down by month and monthly cost?

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

2070 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in answer to Question 382, the sleep service is currently limited to providing a review appointments for existing patients. The position for a Respiratory Physiologist has been approved and advertised and the service will resume accepting new cases once a position has been filled.

2075 In answer to Question 383, all adult sleep studies are conducted locally by the Respiratory Clinic within the Respiratory Department. The specialists involved are an enrolled nurse, a Nurse Practitioner, a Consultant Physician and a Respiratory Physiologist. The sleep study tests are performed by a Nurse Practitioner and a Physiologist or by a Physician if need be, who formulates an appropriate treatment based on the findings. Referrals for the paediatric sleep studies are made by ENT specialists or the Paediatricians.

2080 Appointment scheduling is coordinated by the nursing staff in Rainbow Ward, who contacts parents to arrange suitable dates. The sleep studies are conducted overnight on the ward and the results are subsequently reviewed and discussed with the ENT team. In answer to Question 384, I now hand over a schedule with the information requested.

2085 In answer to Question 385, on average each user requires three masks per year. The GHA has spent a total of £12,254 over the past 12 months on procuring these masks. We were unable to provide a monthly breakdown of costs as these masks are held at the GHA as a stock item.

Madam Speaker: All right, we can come back to 384 in a little while. Any supplementaries on 382?

2090 **Hon. J Ladislaus:** Madam Speaker, here is a case in point from what we have just been discussing a few questions prior. Since when has the GHA had knowledge that the Respiratory Physiologist, I believe it was, was going to retire?

2095 **Hon. G Arias-Vasquez:** Madam Speaker, as I have explained to this house on previous occasions, at budget time the GHA puts to HMGOG the budget that it needs and the breakdown for the complement that it requires. The breakdown for the complement has not included a Respiratory Physiologist. The Respiratory Physiologist position has been subsequently approved.

2100 Now, when the position, when the budget is put together and the complement is put together, as I have explained in previous occasions, HMGOG provides the GHA with the budget for the complement it requests. In that complement there was no Respiratory Physiologist. The Government is satisfied that each and every clinical post that was requested by the GHA on the last occasion was provided to the GHA on the last occasion.

2105 **Hon. J Ladislaus:** Madam Speaker, we have just heard also that only review appointments will now be undertaken. Can the Hon. Minister clarify what it is that individuals who are still on that waiting list are meant to do in the interim and how long it is going to take for them to be seen?

Hon. G Arias-Vasquez: Madam Speaker, the procedure to recruit a Respiratory Physiologist is now underway so we do not expect it will take very long. In the interim, Madam Speaker, if there is an urgent need, the individual is sent outside Gibraltar to a tertiary centre.

Madam Speaker: Anything on 383?

Hon. J Ladislaus: I have none on 383, Madam Speaker, but I do have questions in respect of the schedule to 384.

Madam Speaker: Is the Hon Member in a position to deal with the schedule?

Hon. J Ladislaus: Madam Speaker, we have seen a significant drop, particularly since November 2024 to date, of the amount of new studies that are being conducted. What is the reason behind that?

My understanding is that there are over 200 people on that waiting list and it dips significantly from November where 17 studies were carried out to 3 in February and now we have the added pressure that the physiologist is now going to retire. So what is the reason for the significant drop in the amount of patients being seen in the past few months?

Hon. G Arias-Vasquez: Madam Speaker, the Respiratory Physiologist is not going to retire. The uptake of the service on other clinicians has increased and it is because there has been an increase in other services that have been provided that this service has seen a decline. So what is happening is that we are now recruiting a Respiratory Physiologist in order to focus solely on this service.

As I pointed out, it is sometimes the physician that reviews and reports the sleep study. So the physician's time has been otherwise taken up. The services provided by the Nurse Practitioner has now been taken up elsewhere, but it isn't that there has been a decrease in the complement or it isn't that the Respiratory Physiologist is retiring. It is that we are now recruiting a Respiratory Physiologist.

Hon. J Ladislaus: So Madam Speaker, if we are now recruiting, who is it that was undertaking these sleep studies then?

Hon. G Arias-Vasquez: Madam Speaker, as I have confirmed, the results were reviewed by the Physician if need be and the relevant nurse. So we are now recruiting a Respiratory Physiologist to undertake the service.

Hon. J Ladislaus: Madam Speaker, what is it that individuals who, for example, suffer from sleep apnea are meant to do again in the interim? For example, there might be people who rely on vehicle driving in order to carry out their jobs. What is it that they are meant to do?

And how long is this going to take? Because it is quite concerning to members of the public who have actually voiced concerns various times to me. Not just one, but various.

Hon. G Arias-Vasquez: Madam Speaker, as I have confirmed, if there is an urgent need for a sleep study, the individual will be sent to a tertiary institution. The recruitment is underway for a Respiratory Physiologist in order to fill this void.

Hon. J Ladislaus: Does the Hon. Minister have an update as to how many people there are left on that waiting list as of now?

Hon. G Arias-Vasquez: Madam Speaker, if specific information is needed, I would need notice of that question. I am very happy to answer that question once specific notice has been given.

2160 **Madam Speaker:** Anything on 385?

Hon. J Ladislaus: Yes. In respect of the CPAP machines, has the provider changed within the last few months by any chance?

2165 **Hon. G Arias-Vasquez:** Not as far as I am aware, Madam Speaker, but I would not wish to confirm that without notice of the question.

2170 **Hon. J Ladislaus:** Could the Hon. Minister perhaps undertake to look into this further? I am receiving reports that these CPAP masks that are being provided are of lesser quality than they used to be. Some service users are being forced to fund these out of their own pockets given that they are not doing what they are supposed to.

Hon. G Arias-Vasquez:
Madam Speaker, we should receive that information. We would be happy to look into it. I am very happy to look into that, but we have not received any such notice of that question.
I would expect that the consultant and or PALS and or the Complaints Department would receive such information.

ANSWER TO QUESTION 385

ANSWER TO QUESTION 384

Date	Follow Up Studies	New Studies
March 2024	4	19
April 2024	5	18
May 2024	2	17
June 2024	2	17
July 2024	7	17
August 2024	1	9
September 2024	7	3
October 2024	5	16
November 2024	2	17
December 2024	0	7
January 2025	4	3
February 2025	7	3

2180 **Madam Speaker:** Next question.

Q386, 387/2025
GHA–
CT Scanner

2185 **Clerk:** Question 386, the Hon. J Ladislaus.

Hon. J Ladislaus: What alternative is available to the GHA in the event that the GHA CT scanner is malfunctioning?

2190 **Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Question 387.

Clerk: Question 387, the Hon. J Ladislaus.

Hon. J Ladislaus: How many times in the past six months has a GHA CT scanner broken down? Please provide a monthly breakdown including the cost of repairs and how long the scanner was down for.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 386, there are a number of contingency plans in the event that the GHA's own CT scanner is unavailable, the selection of which is largely based on clinical indication. Patients that require their scans on the same day or as an emergency have been transferred to GibMed, *Quiron Palmones*, *Scanner Sur* in *Algeciras* and *Xanit Benalmadena*. The GHA can also access CT scanners in *Estepona* and *Malaga* and *Jerez*.

In addition to this, there is the option of patients being assessed via an alternative modality such as ultrasound scanning which is rapidly available within St Bernard's Hospital. In answer to Question 387, I now hand over a schedule with the information requested. In addition, please be informed that any repairs undertaken to the GHA's CT scanner is covered by the Managed Equipment Service, the MES contract. Thus, there is no additional cost incurred as a result of the breakdown.

Madam Speaker: Anything on 386?

Hon. J Ladislaus: In respect of the servicing of the machine, are spare parts or technicians readily available to fix the machine? How long on average would spare parts, for example, take to order? Or technicians take to be on scene in order to see to a machine?

Hon. G Arias-Vasquez: Madam Speaker, Philips have committed to have all the relevant parts which usually break down in a CT scanner, available on site. So they do not have to order the spare parts. We now have a system whereby all of these parts are available in Gibraltar on the same day. The technician to fix the CT scanner is normally given priority by Philips to come out of Gibraltar immediately. So we would expect the technician to come out as soon as possible from Philips.

Hon. J Ladislaus: Madam Speaker, in respect of the schedule, I see here that from January 2025 to 12 March 2025, the scanner broke down for a total of 19 days. Is the Hon. Minister satisfied with that service? It seems to me that the scanner has been broken for a significant period of time over the past couple of months.

Hon. G Arias-Vasquez: Madam Speaker, the Philips spare parts are now on site, as I have said. In order to be able to fix the scanner immediately, were there to be any issues? In addition, the Medical Devices Committee in the hospital is looking to advise on what action they would take in order to do that.

Given that we currently have entered an MES contract, the way that the MES contract works is that we have availability of funds to play with within the life of that contract. What we can do and what we are looking to do is to possibly bring forward the availability of a second scanner within the cost of that Philips MES contract. That is the beauty of having this MES contract in place.

2245 **Hon. J Ladislaus:** Madam Speaker, when would the decision be made as to whether the second scanner is going to be procured?

Hon. G Arias-Vasquez: Madam Speaker, when I am advised as such by the Medical Devices Committee in the hospital.

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Hon. J Ladislaus: Madam Speaker, since when has the GHA had spare parts available on site in respect of this machine? It did take 10 days to be fixed between 24 February and 5 March 2025. Since when has that been the case? 10 days seems an inordinate amount.

2255 **Hon. G Arias-Vasquez:** Madam Speaker, I am informed that this has been in place for numerous months. However, the part that broke down would be one that was not held on site. Philips has now increased the number of spare parts that are available on site in Gibraltar.

What I would stress is that there were contingency plans in place available for patients within this period. It was not that CT scans were not available during this period.

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Hon. J Ladislaus: Is the scanner still under warranty?

Hon. G Arias-Vasquez: Madam Speaker, the way the MES works is that it is not a warranty per se but it is a service contract within the life of the contract. The way that the MES works is that any equipment provided by Philips is serviced by Philips during the existence of that contract.

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Hon. J Ladislaus: Madam Speaker, given the volume of breakdowns recently, is the replacement of the machine something that has been considered at all?

2270 **Hon. G Arias-Vasquez:** Madam Speaker, as I confirmed moments ago, we would expect that to be considered by the Medical Devices Committee in the hospital. It is a clinically led decision as to whether or not they would require a second scanner. I am aware that there is discussion which is ongoing at the GHA.

2275 **Hon. J Ladislaus:** Just to clarify, the second scanner, my understanding initially when the Minister said a second scanner, was that we were going to have two scanners available at the GHA. Would the second scanner replace the first scanner or is it a second in addition to?

Hon. G Arias-Vasquez: Madam Speaker, my understanding is that. It would be a second scanner in addition to the scanner which is currently available at St Bernard's.

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ANSWER TO QUESTION 387

Date Reported	Date Fixed	Number of days
02.01.25	09.01.25	8
21.02.25	21.02.25	1
24.02.25	05.03.25	10
12.03.25	12.03.25	Resolved same day

Madam Speaker: Next question.

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Q388, 389-393/2025
GHA–
Public access defibrillators

Clerk: Question 388, the Hon. J Ladislaus.

2290 **Hon. J Ladislaus:** How many public access defibrillators are there in Gibraltar?

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

2295 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Question 389 to 393.

Clerk: Question 389, the Hon. J Ladislaus.

2300 **Hon. J Ladislaus:** Do all schools in Gibraltar have a public access defibrillator located in their vicinity?

Clerk: Question 390, the Hon. J Ladislaus.

2305 **Hon. J Ladislaus:** How are the locations within which to place public access defibrillators decided upon and by whom? What factors are taken into consideration?

Clerk: Question 391, the Hon. J Ladislaus.

2310 **Hon. J Ladislaus:** Are all the public access defibrillators across Gibraltar currently in good working condition? How are malfunctioning public access defibrillators identified?

Clerk: Question 392, the Hon. J Ladislaus.

2315 **Hon. J Ladislaus:** Are there formal maintenance arrangements in place in respect to the public access defibrillators? If so, please provide details as to who carries out the maintenance. How often this is undertaken and maintenance costs?

Clerk: Question 393, the Hon. J Ladislaus.

2320 **Hon. J Ladislaus:** Since the first public access defibrillators were made available across Gibraltar, how many defibrillators have had to be replaced and at what cost?

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

2325 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in answer to Question 388, there are 30 public access defibrillators currently located around Gibraltar that are maintained by the GHA. In answer to Question 389, all Government schools under the Department of Education's AED programme, in collaboration with the Cardiac Association, St John's Ambulance and the Gibraltar Health Authority, have an AED located nearby. Three schools, St Mary's, St Paul's and the College of Further Education, do not currently have an AED within their premises, but
2330 have access to one within 100 metres. These schools will receive their own AEDs as part of the programme's second phase.

In answer to Question 390, the location for public access defibrillators are determined collectively by stakeholders. Key factors considered include population density, for example, residential areas, public gathering spots such as beaches and sports centres, ambulance response times and ease of access, proximity to existing AEDs to ensure optimal coverage, history of cardiac
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incidents in the area, and environmental conditions to ensure AED longevity and accessibility. This strategic approach ensures AEDs are placed where they are most needed and can be accessed quickly in an emergency.

2340 In answer to Question 391, all public access defibrillators managed by the GHA are in good working condition. Any malfunctions trigger an automatic alert which is reported to the Gibraltar Ambulance Service.

2345 Additionally, GAS conducts monthly inspections of all of these defibrillators to ensure that they remain operational. In answer to question 392, there is a formal maintenance programme in place, led and managed by the Gibraltar Ambulance Service Station Officer. A visual inspection is conducted monthly. If an AED triggers an alarm, it is reported by the public or it has been used, it is immediately assessed and managed to ensure that it remains in operation. Given that the work is undertaken by GAS staff themselves, the cost of the maintenance of the AEDs is not broken down separately and is part of the overall budget for GAS.

2350 In answer to Question 393, in 2010, 10 automated external defibrillators were installed across Gibraltar under a GHA initiative. Since this date, all new AEDs have been donated by charities or purchased outside of the remit of the GHA, so we do not have a cost breakdown.

2355 **Hon. J Ladislaus:** We have just heard a second phase of the programme. Can the Hon. Minister clarify what is meant by that second phase of the programme? What is going to happen under that phase?

Hon. G Arias-Vasquez: I expect that the defibrillators will be extended to different sites.

2360 **Hon. J Ladislaus:** Does the Hon. Minister have more information as to how many will be extended?

Hon. G Arias-Vasquez: No, ma'am.

2365 **Hon. J Ladislaus:** In respect of the locations within which defibrillators are placed. Is the Hon. Minister aware whether those are placed within 10 minutes of reach, for example, nearby residential areas like estates? My understanding is that 10 minutes is the golden time within which a defibrillator should be used to increase the chances of somebody's survival after a heart attack.

2370 **Hon. G Arias-Vasquez:** Madam Speaker, I have explained the criteria on which the AEDs are located around Gibraltar.

2375 **Hon. J Ladislaus:** I will be corrected if I am wrong, but my understanding is that the nearest AED in respect of, for example, the area of St Joseph's, St John's Court, Knight's Court, in respect of that area, because I live in that area is about 10 minutes, and that is at a sprint, which is up to St Joseph's School. That has been verified by somebody who has undertaken that sprint before, to the school and back. It is very tight.

Is the Hon. Minister aware that that densely populated area may not have an AED available nearby? Like that area, there are other areas as well.

2380 **Hon. G Arias-Vasquez:** Madam Speaker, as I confirmed, there are 30 public access defibrillators around Gibraltar, and the location of these defibrillators is assessed by stakeholders and factors include population density, ambulance response times, etc. Could there be more? There could always be more, and there could always be more that are readily accessible.

2385 However, the advice that we receive from clinicians and the advice that we rely on is that these are the optimal locations to have these AEDs in place.

Hon. J Ladislaus: Are there plans to review where those AEDs have been placed, and if so, are those plans regularly reviewed?

Hon. G Arias-Vasquez: Madam Speaker, I am not sure whether those plans are regularly reviewed. There are stakeholders in place, and the Cardiac Association, the GHA, and St John's Ambulance usually monitor this. There are 30 public access defibrillators that are maintained by the GHA.

That does not mean that there are 30 public access defibrillators available in Gibraltar. There are many more public access defibrillators available in Gibraltar that are not maintained by the GHA and, for example, are on private property. The location of the public access defibrillators are determined by stakeholders outside HMGOG's control, and as I have previously confirmed, there is a second phase of such defibrillators where they are going to introduce more defibrillators across Gibraltar.

Hon. J Ladislaus: Madam Speaker, moving down to the Question 392, which is in respect of maintenance, we have heard that there is a formal maintenance programme in place. My understanding is that some time ago the question was asked as to who provided maintenance, and the answer was that it was the ambulance staff, but that a formal programme was being looked into. Can the Hon. Minister confirm what that formal programme is and when it was put in place?

Hon. G Arias-Vasquez: Madam Speaker, whilst I am sure we all appreciate the time spent in Parliament and we would wish to elongate this as much as humanly possible, I will once again repeat the answer that I gave to the hon. Lady's question. In answer to Question 392, there is a formal maintenance programme in place, led and managed by Gas Station Officers. A visual inspection is conducted monthly.

If an AED triggers an alarm, is reported by the public or has been used, it is immediately assessed and managed to ensure it remains operational. So in answer to the hon. Lady's question, these tests are carried out monthly.

Hon. J Ladislaus: Madam Speaker, in respect of whether a defibrillator is found to be malfunctioning, can parts be replaced? And if so, are those parts readily available or does the whole defibrillator have to be replaced?

Hon. G Arias-Vasquez: Madam Speaker, I feel it is necessary to stand here and explain the remit of my role to the hon. Lady. I am the Minister with responsibility for the Gibraltar Health Authority. I am unaware of the intricacies of maintaining public access to defibrillators, in much the same way as I don't know what the breakdown of our asthma pathway is.

I do not know what it takes to fix a public access defibrillator. And indeed, I do not believe that any member of the public would expect the Minister for Health to know how to fix a public access defibrillator. I can change a wheel on a car, but I cannot fix a public access defibrillator.

So, if specifics are required by the Lady, and if the hon. Lady would wish me to answer the question, I am very happy to provide the information to the hon. Lady. However, I do not know how to fix a public access defibrillator and I cannot provide that information in this session, Madam Speaker.

Hon. J Ladislaus: Madam Speaker, I have not asked the question as to whether the Hon. Minister is able to fix a public access defibrillator. I would be very impressed if that was the case. And it would certainly save the GHA money if the Hon. Minister was able to.

But, in terms of the question that was asked some time back as to whether there was a formalised maintenance programme, it seems to me that it hasn't changed from when the question was asked to now. So, what is it that the maintenance programme entails? I understand that there is also a map online.

Is that map part of that maintenance programme? Is that reviewed consistently? What is it that it entails? Surely the Hon. Minister should have information, given that these are life-saving devices.

2440 **Hon. G Arias-Vasquez:** Madam Speaker, these devices have auto alerts. They automatically alert GAS when they are malfunctioning. So, GAS go round on a monthly basis, checking them.

They do also make a sound, I am informed, once they are malfunctioning. So, if any member of the public knows of any defibrillator that is making a sound, I would urge that they contact the GHA and let them know that the public access defibrillator is making a sound. As to
2445 the 30 public access defibrillators that the GHA maintains, as I have informed the hon. Lady, these are inspected on a monthly basis to make sure that they are functioning. That is the extent of the information that I have available, Madam Speaker.

Madam Speaker: Alright, I think we can move on now. Is that the end of Oral Questions?
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Clerk: Answers to Written Questions. The Hon. the Deputy Chief Minister.

Deputy Chief Minister (Hon. Dr J J Garcia): Madam Speaker, I have the honour to table the answers to Written Questions. Number W49 to W60 of 2025 inclusive.
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Clerk: Suspension of Standing Orders. The Hon. the Deputy Chief Minister.

Hon. Dr J J Garcia: Yes, Madam Speaker, I beg to move under Standing Order 7(3) to suspend Standing Order 7(1) in order to proceed with the Government Statement.
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Members: Aye.

Madam Speaker: Those in favour? Those against? Carried.

2465 **Clerk:** The Hon. the Minister for Education, the Environment and Climate Change.

Minister for Education, the Environment and Climate Change (Hon. Prof. J E Cortes): Madam Speaker, the Hon. the Leader of the Opposition and I discussed this during the break and I have since shared this statement with both himself and with my shadow in education. There has been talk around the town about an incident in WestSide School this afternoon. They have been exaggerated to the extent that some have said that there were knives and potential terrorism.
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I want to dispel those rumours completely and I am going to read out a statement that will shortly be issued as a press note by the Government. Westside School was put on alert for a short period of time this afternoon as a precaution following reports of trespassers in the building.
2475 Established protocols were put into place and the trespassers left shortly after.

The RGP and the school's Senior Leadership team are confident that there are no concerns for the safety of pupils and staff as a result of this incident. All children were totally safe at all times and security arrangements worked effectively and properly. Thank you, Madam Speaker.

2480 **Madam Speaker:** Would any member of the Opposition like to ask any questions for the purposes of clarification?

Hon. Dr K Azopardi: Yes, Madam Speaker. First of all, can I welcome that statement and by the Minister, he did indeed share that statement with me. We discussed it outside. He then shared the statement.
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I welcome the fact that he shared the statement and I welcome the fact that he has made the statement today because in the same way as the chatter reached the Government and of course the Government would receive official information, the chatter reached members of the Opposition as we were on our way to the House this afternoon and I am certainly very glad to hear that there was nothing more untoward and that all children are safe and that was the prime concern that both sides of this House have and the Government have our support in making sure
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that that happens. I just ask the Minister perhaps to consider one issue which is because I do not think it is in the interest of anybody for us to discuss the security arrangements of our schools across the floor of this House in public and I am certainly not asking him to do that but, perhaps, the Minister would consider to review the security arrangements given that there were trespasses given the statement that he's just made in this House. We are certainly glad that the outcome was what it was but it may cause therefore a degree of enquiry as to the security arrangements going forward at that school and any other school because we live in a global society where things have happened in schools and I am glad this is not that kind of situation but I am sure Members on that side as indeed the Members on this side would be concerned that we learn lessons from things that have happened and we improve the situation if we can.

Hon. Prof. J E Cortes If I may, Madam Speaker, I welcome that positive and constructive comment from the Hon. Leader of the Opposition. Steps have already been taken to review the security arrangements and are going to be implemented immediately, as the Hon. Leader of the Opposition says, I do not think we should discuss this across the floor I am willing to share that with both himself and with my shadow for education and most certainly we take this very, very seriously and we will act as we have said.

Clerk: The Order of the Day.

Madam Speaker: I presume we are moving to an adjournment shortly but before we do that and before I propose the adjournment as hon. members are aware it's a requirement under section 69(1) of the Constitution that estimates of expenditure for the next financial year be circulated to hon. members on a confidential basis not later than the 30th of April. Since the House will shortly not be scheduled to meet until May, I am proposing that the provisions of the Constitution will be deemed to have met if the estimates are circulated to all Members before the end of April. So I propose we should follow that trend and is that agreed by all Members?

Members: Aye.

Hon. Dr J J Garcia: I have the honour to move that this House should now adjourn *Sine Die*.

Madam Speaker: I now propose the question which is that this House should now adjourn *Sine Die*. I now put the question which is that this House should now adjourn *Sine Die*. Those in favour? **(Members:** Aye.) Those against? Passed.

This House will now adjourn *Sine Die*.

The House adjourned at 6.02 p.m.