



**OFFICIAL REPORT**

**OF THE**

**STATES OF DELIBERATION**

**OF THE**

**ISLAND OF GUERNSEY**

**HANSARD**

**Royal Court House, Guernsey, Wednesday, 12th December 2018**

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**Law Officers**

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**People's Deputies**

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B. L. Brehaut, R. H. Tooley

**St Peter Port North**

Deputies J. A. B. Gollop, C. N. K. Parkinson, L. C. Queripel,  
M. K. Le Clerc, M. P. Leadbeater, J. I. Mooney

**St Sampson**

Deputies L. S. Trott, P. R. Le Pelley, J. S. Merrett, G. A. St Pier,  
T. J. Stephens, C. P. Meerveld

**The Vale**

Deputies N. R. Inder, M. M. Lowe, L. B. Queripel,  
J. C. S. F. Smithies, S. T. Hansmann Rouxel

**The Castel**

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Deputies H. J. R. Soulsby, H. L. de Sausmarez, P. J. Roffey,  
R. G. Prow, V. S. Oliver

**Representatives of the Island of Alderney**

Alderney Representatives L. E. Jean and S. D. G. McKinley, O. B. E.

**The Clerk to the States of Deliberation**

J. Torode, Esq. (H.M. Greffier)

**Absent at the Evocation**

Miss M. M. E. Pullum, Q.C. (H.M. Procureur); Deputy M. J. Fallaize, (relevé à 9h 37)

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# States of Deliberation

*The States met at 9.30 a.m. in the presence of  
His Excellency Vice-Admiral Sir Ian Corder, K.B.E., C.B.  
Lieutenant-Governor and Commander-in-Chief of the Bailiwick of Guernsey*

[THE BAILIFF *in the Chair*]

## PRAYERS

*The Greffier*

## EVOCAATION

## CONVOCAATION

**The Greffier:** Billet d'État XXVII. To the Members of the States of the Island of Guernsey, I hereby give notice that a meeting of the States of Deliberation will be held in the Royal Courthouse on Wednesday, 12th December 2018 at 9.30 a.m. to consider the items listed in this Billet d'État which have been submitted for debate.

## IN MEMORIAM

### **Tribute to former Deputy Donald Mahy**

5       **The Bailiff:** Members of the States of Deliberation, good morning to you all. I wish to begin this meeting by paying tribute to former St Peter Port Deputy Donald Gregory Mahy, who passed away on 1st December.

10       Mr Mahy was born in St Peter Port on 30th July 1927. On leaving Elizabeth College in 1945, he went to work for the Midland Bank for a short period before he became, like many others at that time, a grower. In 1953 he joined the Fruit Export Company, where he worked for about 25 years, followed by eight years at Guernsey Mutual Insurance Society, until his retirement when he was elected to the States.

15       Don was a Member of the States for one term, from 1988 to 1991. He served on a number of committees at a time when of course there were over 50 committees. On his election to the States in 1988, he joined the Board of Administration and the Children Board. He was also elected as the chairman of the Ladies' College Board of Governors and in 1989 he was elected to the Island Traffic Committee and the Board of Health. He left the board of governors and all the committees, bar the Board of Health, when he lost his seat in the States in the general election in March 1991. However, he stayed on as a non-States' member of the Board of Health for a further year.

20       Those who served with Don Mahy remember him as a true Guernseyman. He was a calm, quiet man. Serious but pleasant to work with. He prided himself on his fiscal conservatism and this was the main theme of the speeches he made in the Assembly. We extend our sincere condolences to Don's widow Mary and daughter Helen. Please now rise in tribute to former Deputy Don Mahy.

*Members stood in silence.*

25 **The Bailiff:** Thank you very much.

**Congratulations to Deputy Fallaize  
on birth of daughter**

**The Bailiff:** Members, on a similar but much happier theme, on behalf of you all, I would like to offer the Assembly's congratulations to Deputy Fallaize and his wife on the birth yesterday of a daughter. Congratulations! (*Applause*)

Do you wish to be relevéd, Deputy Fallaize?

30

**Deputy Fallaize:** Yes, please. Well, actually I am not sure I do! (*Laughter*)

**STATEMENTS**

**General Update –  
Statement by the President of Environment & Infrastructure**

**The Bailiff:** We move on to Statements and the first Statement will be a general update statement from the President of the Committee *for the* Environment & Infrastructure, Deputy Brehaut.

35

**Deputy Brehaut:** Thank you, sir.

In this general update I would like to inform Members of progress in three main areas: firstly, the Committee's contribution to the priorities within the Policy & Resource Plan and, secondly, a more general update on the Committee's activities; finally, concluding on a commentary on recent climate change reports.

40

So turning to the P&R Plan, I am pleased that my Committee has been able to bring a policy letter on driving licences and vehicles post Brexit. Much credit must go to the staff at Traffic & Highways, Policy & Resources and St James' for progressing this work in the tightest of timescales. I will assume we look forward to debating this policy letter later in this meeting.

45

I am pleased to report significant progress with taking forward the Energy Policy. At the start of the autumn my Committee held workshops over two days with key stakeholders in the energy market. We ran these as closed select committee hearings with strict time lines which encouraged focused discussion. We are planning to come back to the Assembly with a new energy policy in the first half of 2019 and this will allow us to move forward rapidly with the hydrocarbons project and give direction to our aspirations for renewable energy.

50

Also we are beginning to make progress with the development of the Housing Strategy now that resources have been identified and allocated to the project. We are currently awaiting confirmation from P&R as to the start date for a dedicated policy officer but we have already formulated a clear outline of the work that is required within this programme.

55

The Committee continues to support and play an active part in the development of the Seafront Enhancement Area proposals both through the political level steering group and staff level working group. You will have noticed that significant public engagement has begun for the SEA, focussing initially on the six States-owned sites identified as having potential for development. Whilst not classed as projects requiring consultation under the SEA, designs for the proposed resurfacing of the North Plantation are progressing well and are due to commence, hopefully, in 2019.

60

65 The Committee has identified, as a priority in its Committee Policy Plan, the importance of developing a strategic approach across the States – and the wider Bailiwick where appropriate – which supports and embraces international requirements through a Maritime Strategy which complies with relevant international rules and regulations. Guernsey may be audited by the International Maritime Organisation no later than 2020 with a mock audit by the Maritime and Coastguard Agency in 2019.

70 Work is progressing well on the Maritime Strategy. A Common Port, Flag and Coastal Gap Analysis was submitted to the Maritime and Coastguard Agency in September this year and the Committee provides regular updates to the MCA who are monitoring the progress of each Red Ensign Group Administration on behalf of the UK Secretary of State. Work is continuing on the development of the Maritime Strategy document and the first draft of high level was submitted to the MCA in September for comment.

75 There has been considerable interest in the development of the Island Long Term Infrastructure Investment Plan which has in fact been the subject of eight Rule 14 questions. Although the States prioritised this project through the P&R Plan, the request for funding was not met in the Budget. We have written to P&R asking for assistance in this regard. However, I would also like to take this opportunity to state the Island Long Term Infrastructure Investment Plan is a holistic infrastructure policy rather than a plan focussing on specific elements such as roads in isolation.

80 Finally, with regard to the P&R Plan, my Committee would like to congratulate members of the Health & Social Care Committee for the formal launch of the Health Improvement Commission as part of the Health and Wellbeing Policy. The Commission will bring together many initiatives and my Committee is supporting the Commission through the provision of an annual grant of £50,000 to deliver the active travel arrangements of an Integrated Travel Strategy. We will be submitting a policy letter on the Integrated Transport Strategy early next year.

85 If I now turn to the second main area of this Statement, a general update on activities. In my statement in May I informed Members that we were currently trialling a new technology with taxi drivers which was designed to reduce emissions and improve fuel efficiency. That trial is now complete and the results were encouraging. The vehicles within the trial saw emissions reduce by between 45% and 89% and fuel efficiency increase by between 7%-14%. We would hope that taxi drivers will be seeking to invest in this equipment. Officers are also working with Procurement within P&R to see how the States might also benefit from this technology and reduce the States general revenue expenditure whilst also reducing emissions.

95 The speed limit SIs, the 25 mph limits will be presented to this Assembly or laid before this Assembly in February.

100 In October we had 212 electric vehicles on our roads and as of Monday this week, we had 272 now registered on the Island – a 28% increase in two months. That excludes hybrids, which I think is a further 350. We are also encouraged by the increasing numbers using the Island's bus service. From January to October we have seen annual growth rates of over 6% since 2013. This is a fantastic achievement which should be celebrated. We are anticipating breaking 1.8 million passenger journeys in a year for the first time, representing over 650,000 more than in 2013.

105 Traffic and Highways has been very busy in recent months improving our roads. A number of significant road improvements have been made at La Vrangue. These much-needed enhancements include widening the busy road, adding two zebra crossings, lighting for the crossings, and extending a pavement to help pedestrians in the area. I am pleased that these have been well received by local residents.

110 To improve safety for people walking and riding bikes, a toucan crossing has been installed at the northern end of the cycle path at the seafront. After more than a decade with gaps, St Julian's Avenue has been restored to its former tree-lined glory, or at least will over time. Pier Steps were rejuvenated ahead of the Christmas season after becoming very worn and slippery over decades of use. Work has also been carried out to restore grip to the worst areas in St James Street. We have also been actively improving our roads for pedestrians by extending pavements such as the

115 ones at L'Eree Hotel and at the Vallette and making numerous crossing points accessible for all.  
This work will continue throughout 2019.

Work to implement the Biodiversity Strategy is progressing well and there have been a number  
of notable achievements this year. These include developing partnerships with both local  
conservation organisations and the other Channel Islands to help deliver programmes of work at  
120 low cost.

For example, controlling and preventing invasive non-native species which harm our wildlife,  
delivering an education programme which uses the living environment as an outdoor classroom,  
engaging with the community to help manage important sites such as the Ramsar site of Herm,  
helping start the award-winning Pollinator Project to support species under threat and working  
125 with Seasearch, a charity-based citizen science project, to help get to know more about our  
precious marine habitats. A habitat survey of Guernsey has also been completed which will be a  
valuable tool for policy and decision-makers. We also have a strategy to control Asian hornets  
which are a real threat to our bees and our biodiversity.

A small investment in our Island's living environment has yielded a large dividend. One such  
dividend is the establishment of a formal partnership with Imperial College which has seen post-  
graduate students coming over to Guernsey at no cost to the taxpayer.

Finally, climate change. Members will be aware of recent published reports such as UN's Inter-  
governmental Panel on Climate Change and the US Government's Report on Climate Change.  
Indeed, Deputy de Lisle asked questions of me about the IPCC report at a recent meeting and I  
135 acknowledged that whilst there are policies in place to mitigate climate change, so far as one of  
the most affluent jurisdictions in the world our track record is poor. The irony is not lost that as an  
island state we are at risk of climate change and we should be at the forefront of those seeking to  
prevent and mitigate against climate change.

Although the States has committed through various policy plans and strategies over the years  
140 to address the risks of climate change, the IPCC report makes it absolutely clear we have a very  
short window of opportunity – about 10 to 12 years – to deliver on this commitment.

The Committee will now deliver its key policy priorities as set out in the P&R Plan and the  
Committee's plans such as an energy policy, decarbonisation of supply and renewables;  
sustainable and integrated transport, supporting a shift from the internal combustion engine  
145 towards active travel; waste management and minimisation; sea defences and flood mitigation.  
What is noticeable, however, is that the P&R Plan is silent on climate change and makes no  
reference to the biggest challenge facing the modern world. This is clearly not acceptable and I  
would hope that we will be able to address this short-coming in the next review of the P&R Plan.

And in terms of aspiration and intent, I note with interest that in Gibraltar their environment  
150 department is called the Department of the Environment and Climate Change. They clearly take  
their global and moral responsibilities seriously and I do wonder whether we need to follow suit in  
order to place a suitable emphasis on this most pressing threat to our economy and our way of  
life.

Thank you.

155

**The Bailiff:** Members, we may now have a period, not exceeding 20 minutes, for questions to  
be asked on any matter within the mandate of the Committee.

Deputy Gollop.

160 **Deputy Gollop:** Thank you. First off the block.

I very much welcomed the review of energy that Deputy Brehaut outlined but noted that it was  
in a way a closed session. It was not generally open to all Deputies. It was not open to the public  
or the media. Would it not be a good idea to have a more open forum on energy, bearing in mind  
key points that maybe there could be a significant increase in electricity prices any time soon to  
165 compensate for changes in usage and issues relating to sustainable energy production?

**The Bailiff:** Deputy Brehaut.

170 **Deputy Brehaut:** If Deputy Gollop is referring to the workshops that were held for those who  
supply hydrocarbons, what was needed and necessary to facilitate debate were people talking  
openly and candidly about the challenges they were facing. I think it was only right and  
appropriate that they spoke in a closed forum to those involved in the policy writing; if you like,  
unhindered by what might be called any external influence, or at times hampered by pressures  
outside of their own concerns. So I think it was appropriate that we had those select committee-  
175 type hearings in camera, for want of a better word.

**The Bailiff:** Deputy Graham.

180 **Deputy Graham:** Thank you, Mr Bailiff.  
I think I must have been previously inattentive because I had not picked up on the fact that the  
States were in the business of forming a maritime strategy, certainly not that the MCA have been  
commissioned to do a survey to contribute to it. I would be very grateful if, could the President,  
please, briefly give me an indication of what is in the scope in this strategy?

185 **The Bailiff:** Deputy Brehaut.

**Deputy Brehaut:** The Red Ensign Group visited some months ago and in fact Guernsey had a  
very good audit and the then harbourmaster gave consent to the Red Ensign Group to present  
the piece of work presented as best practice. With regard to the MCA, Guernsey has international  
190 obligations and with regard to maritime considerations, the policy framework is being written by a  
member of the Planning team and this is it at relatively high level at the moment. With regard to  
exactly what falls in and out of scope, or what would be presented, ultimately, to this Assembly, I  
think it is probably too early to hazard a guess at that just at the moment.

195 **The Bailiff:** Deputy Inder.

**Deputy Inder:** Thank you for the update, Deputy Brehaut, through you, sir, and  
congratulations on all you have done on La Vranguie and most of the work that we are seeing  
around the maintenance of our sea walls. However, as a signatory to the NICE Requête, which we  
200 will be discussing later, which if successful will mean significant impact on the Exchequer, would  
he agree with me that it is time to pull away from the L'Ancrese tank wall works, whose current  
costs are £90,000; £80,000 on the consultancy alone, to Royal Haskoning and is budgeted to  
£1 million? Would he agree with me that spending on the people is better than spending it on  
consultants and effectively engineering experiments?

205 **The Bailiff:** Deputy Brehaut.

**Deputy Brehaut:** I thank Deputy Inder for his soundbite and question contained within. This  
States has resolved to do the work at L'Ancrese, not E&I. A policy letter was presented to this  
210 States; this States have approved the work to go ahead. Deputy Inder is also confusing revenue  
expenditure with capital expenditure. This Island would need to spend a small fortune in the years  
ahead if we are to secure our sea defences Island-wide, bearing in mind references I have made  
with regard to climate change and rising sea levels. We would have to spend a great deal more  
money than we presently do.

215 Thank you, sir.

**The Bailiff:** Deputy Green.

**Deputy Green:** Sir, thank you very much.

220 Deputy Brehaut mentioned the fact that in February the statutory instruments (SIs) in relation to the speed limit changes are going to be laid before the States. Is Deputy Brehaut at liberty to share with the States exactly what sort of debate is envisaged in relation to those changes to the speed limits by statutory instrument?

225 Is that going to be simply a debate in terms of whether to annul the statutory instruments or will it actually be a more general debate about the merits of reducing speed limits more broadly? Can he put a bit more meat on the bone in terms of what that debate is actually going to look like in February?

**The Bailiff:** Deputy Brehaut.

230

**Deputy Brehaut:** I thank Deputy Green for the question, but SIs laid before this Assembly are usually a formality. So it would be my anticipation hopefully that there would be no motion to annul and therefore no debate. What E&I intend to do and, in fact, the regulations or the SIs are on the States' website, is present in the groups. For example, it is quite right to reduce the speed. I agree with all the 25 zones, incidentally.

235

For those people who live in the Ville Amphrey in St Martin's, in the Ruelle Raby in St Martin's and in Le Hurel, St Martin's, who want the speed limit reduced, I do not think, for example, the Vale Douzaine opposing universally the 25mph limits should have the say as to speed limits in other areas. So what we will be doing is presenting them as groups, parish-based or roads in close proximity to one another, so the States can approve or reject. I would anticipate we take Glatigny Esplanade in isolation if that is what States' Members want and of course to take Braye Road in isolation.

240

E&I are only reflecting community concerns and responding to the community in reducing the speed in some of these roads that are currently 35 mph.

245

**The Bailiff:** Deputy Fallaize.

**Deputy Fallaize:** Thank you, sir.

I think the Assembly needs a bit more clarification following Deputy Brehaut's answer to Deputy Green's question. Deputy Brehaut said that statutory instruments would be laid before the States and then said the Assembly would be asked whether or not it wished to approve groups of changes to speed limits.

250

As I understand it, the position is that statutory instruments will be laid before the States and will not be debated by the States and no vote will be taken, unless another Member lays a motion to annul the statutory instrument, in which case there will be a debate on the motion to annul. Is that correct or is it that the Committee is actually going to put Propositions before the States, asking the States to approve each of the speed limit changes?

255

**The Bailiff:** Deputy Brehaut.

260

**Deputy Brehaut:** I thank Deputy Fallaize for that. I did not want to unintentionally mislead the States. We intend to lay the SIs before this Assembly. I am assuming that some people may wish to annul certain statutory instruments. What we are doing therefore is placing a number of SIs, as opposed to one inclusive SI with all of the speed limits contained within.

265

**The Bailiff:** Deputy de Lisle.

**Deputy de Lisle:** Thank you, sir.

270 I note the 6% growth in bus passengers but there is some concern that certain bus routes are poorly used and duplicate others. Does the President, Deputy Brehaut, agree that some rationalisation in routing could resolve this issue and save money to the taxpayer?

**The Bailiff:** Deputy Brehaut.

275 **Deputy Brehaut:** Yes, I do agree entirely with Deputy de Lisle and at the last Committee meeting of E&I we agreed that there will be changes within next year's timetable and it will mean on a certain route reduction, because of the most poorly used service on one of the routes with the least uptake. Incidentally, that is not the P2, by the way, because the numbers are sitting around eight and could well go into the 10 and 12s. If we remove that now, from such a very low  
280 base, with a steady increase, that would be a mistake. But we are reviewing routes and the new route network will look very different.

**The Bailiff:** Deputy Oliver.

285 **Deputy Oliver:** Thank you, sir.

I would just like an update from the President, if possible, about the rebuilding of Fermain Wall?

**Deputy Brehaut:** Fermain Wall, I know I have given an explanation on more than one  
290 occasion. It is a combination of both degradation from the seaward side and the cliff behind falling, slipping and then pushing the wall over. Initial estimates and provisional costings put the work at about £600,000 to reinstate what is already there.

Again, coincidentally/incidentally at our last Committee meeting, we considered an options paper because the wall that was built in the early 1990's is not in itself particularly stable in the  
295 long term. What we may have to consider doing is repairing the wall at the extremity of Fermain and in doing that, also repair or add to, to give the real structural integrity to the 1993 or 1995 repair, as well as the damage. So I would imagine, although the provisional estimate was £600,000, it could be above that. Of course if it is not within P&R's delegated authority then it would be a decision of this States as to what path we should take.

300

**The Bailiff:** Deputy Le Pelley.

**Deputy Le Pelley:** Sir, I am standing as the voice of my colleague who cannot speak! Can I ask on behalf of Deputy Merrett, who is voiceless, what has the community involvement been in the  
305 toucan/pelican crossing at Bulwer Avenue and when is it likely to come into operation?

**The Bailiff:** Deputy Brehaut.

**Deputy Brehaut:** We had support and people lobbying and canvassing for a crossing to be  
310 put in place because the cycle path ends very abruptly. People did not like getting off at the end of the cycle lane so they continued along Bulwer Avenue and were heading to the Bridge rather than going down Grand Maison Road, so the community support what we are doing.

It is imminent, I believe, the opening of the crossing, because the electricians have been in to deal with the traffic lights and wiring, so any time soon. But I do not have an absolute date. But it  
315 is imminent.

**The Bailiff:** Yes, Deputy Lester Queripel.

**Deputy Lester Queripel:** Sir, E&I have recently installed what I think are still known as cats' eyes on some of our local roads and I congratulate the department for this excellent road safety  
320

initiative. I am wondering if they are going to be able to place more of these cats' eyes on more of our local roads in future?

**The Bailiff:** Deputy Brehaut.

325

**Deputy Brehaut:** Yes, although colloquially they are cats' eyes they are quite new technology. They are LED, light-emitting diodes, powered by solar panels that sit on top of them. So they last for many years but the light intensity is much greater than the conventional cats' eyes that we are all familiar with. We are looking at the potential to perhaps use cats' eyes on Morley Corner because Morley Corner remains a problem. People do approach at some speed and there are numerous accidents.

330

They have proved to be very effective actually and they work better than cats' eyes. They are more expensive than conventional reflective material so we need to be careful with regard to absolute total expenditure but we do intend to put them in many places over the months and years ahead.

335

**The Bailiff:** Yes, Deputy Tindall.

**Deputy Tindall:** Thank you, sir.

340

I would like to follow up on the answer that Deputy Brehaut just gave in respect of Morley Corner. Obviously I have been involved with the residents there, who are very concerned about the speeds of cars that go around that corner, especially at over 60 mph, and the accidents that occur. Can the President give any indications, he said months and years? Morley Corner is a particular concern. Can he give any reassurance that project, particularly Morley Corner, is being expedited?

345

**The Bailiff:** Deputy Brehaut.

**Deputy Brehaut:** Yes, I can. The Environment Committee sit as the Environment Committee and there is a sub-group for the implementation of the integrated transport strategy. A paper was considered earlier this week. So it is a work in progress and the sooner we can do it the better.

350

**The Bailiff:** Deputy Gollop.

**Deputy Gollop:** Given the insights the President of Environment & Infrastructure – the clue is in the title – has given about the failure of Policy & Resources and the States as a whole to prioritise the Infrastructure Plan, given the support last month during the Annual Monitoring Report debate for the infrastructure issues to be brought to the fore, will the Committee again be pressing Policy & Resources for the funding to carry out this vital, long overdue – nine years – workstream?

355

360

**The Bailiff:** Deputy Brehaut.

**Deputy Brehaut:** Yes, I will do but I think there is a confusion over what we all mean by infrastructure. For some people that is ports and airports; for other people that is roads. I know holistically we all understand what we mean by infrastructure but we will be lobbying P&R to ensure that we can deliver on an Infrastructure Plan. But I think we need to moderate and temper expectations.

365

For example, a pressing consideration to the community would be the degradation of what is referred to as Admiral Park North. The piling was done in 1963. It is degrading. It will need significant investment if we want to secure the cables and fibre-optics that run beneath. I think we

370

all know individually what we mean by infrastructure but I think as individual capital projects come to the States, we are going to need to approve a number of them in years ahead.

375 **The Bailiff:** Deputy Smithies.

**Deputy Smithies:** Thank you, sir.

I welcome the news about the increase in the number of electric vehicles, that is very good news. I wonder if the President has any comment to make about the number of public charging points available.

380

**The Bailiff:** Deputy Brehaut.

**Deputy Brehaut:** Yes, I do and I congratulate Deputy Smithies on the purchase of his recent electric vehicle. It may have been more than one! That is a good question, as they all have been. We currently have a charging point at the North Beach car park. We are looking to scope some project work to put them in Salerie car park and also in the Odeon. The important thing to remember just at the moment is in excess of 90% of people who have EVs charge at home and the Guernsey range for EVs is very favourable, because it is about 50 miles for some of the smaller cars.

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This is not something that the Government needs to do in isolation. I would suggest that supermarkets put EV charging points in and hotels and other places, perhaps at Beau Séjour and education sites, we could approach them to putting charging points in other public car parks. The most pressing problem will come when EVs really do take-off and people with on-street parking require to charge them, so we need many more charging points where vehicles park in high volume.

395

Thank you.

**The Bailiff:** I see no one else ... Deputy Le Pelley, just in time!

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**Deputy Le Pelley:** A question on my own behalf, if I may.

Could the President of E&I please give some words of comfort for elderly residents living in the Victoria Avenue area? We have been in communication by email. I would just like to have it on record please. Perhaps they can hear it themselves.

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**The Bailiff:** Deputy Brehaut.

**Deputy Brehaut:** Yes, I thank Deputy Le Pelley for the question.

Residents of Victoria Avenue have been asking for a bus service for some time. We approached CT Plus. If it would have had a scheduled bus service that would have been 12 buses in and out. It is a difficult road to turn into because I think the States have resolved to demolish the end property and we have never done that. So access is particularly difficult.

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What we are looking to do, because CT Plus have more than one minibus perhaps, at given times during the week, when the residents are aware, a minibus will go down and collect them. But it cannot be part of a scheduled bus service because the timetables are very tight. We would not want any undue delay on scheduled bus routes and we are not too sure what the numbers will be, but I think we will find that out initially when we run a, perhaps, trial minibus service.

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**The Bailiff:** I see no one else.

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**General Update –  
Statement by the President of Health & Social Care**

**The Bailiff:** We will move onto the next Statement, which is also a general update Statement to be delivered by the President of the Committee for Health & Social Care, Deputy Soulsby.

**Deputy Soulsby:** Sir, the States gave its unanimous support to our Partnership of Purpose policy letter almost a year ago today and we have been making great progress. This set out the future of health and care services for the Bailiwick and, as we reach its first anniversary, I want to take this opportunity to focus on what has been achieved and to look ahead to the next 12 months.

However, I should like to begin with the issue of orthopaedic waiting times. HSC has been very open about the ongoing issues experienced in orthopaedics and I should like to sincerely apologise to those who have been affected. Earlier this year, as part of phase one of our plan, and as I advised in my last statement, a number of measures were taken to successfully bring waiting times for orthopaedic outpatients to within an eight-week waiting time. As expected, and also as previously advised, this has increased inpatient waiting times, but now we have outpatients under control we are commencing phase two of our plan.

It should be noted that orthopaedic waiting times have been a problem for many years, with 49% of patients waiting for their inpatient treatment outside the contractual waiting time of eight weeks at the beginning of 2016 which had increased to 53% by March this year. Increased pressures have arisen since 2017 and changes to service provision have also become necessary as a consequence of Royal College reviews. In addition, an unprecedented number of emergency and trauma patients earlier in the year led to a higher than normal number of postponements in elective surgery. These pressures have been compounded by the limitations of the current hospital infrastructure.

Demand is increasing at such a pace that we are struggling to keep up with orthopaedic demand and the pressure on the surgeons, theatre teams and infrastructure requires immediate action. Referrals for orthopaedic inpatient surgery have increased 22% in the last year. In the week ending 25th November, 38 new patients were added to the inpatient waiting list while 24 patients were treated.

Part of the demand is linked to an ageing population who naturally have increasingly complex medical issues often necessitating post-operative intensive care. In the past these patients would not have been considered for surgery. Obesity is also a factor, which I will come onto. We intend to reduce the backlog through a number of measures which have already begun, including using off-Island partners, increasing theatre utilisation and bed capacity. As a result of taking the above action, we expect to see significant improvements in the New Year and we will update the community as progress is made.

HSC's newly established client team provides better health intelligence than we have ever had before, enabling us to understand the situation better and come up with workable solutions. As I have said many times before, it is only possible to truly transform if you have the data on which to base your decisions and Members will hear more about how we are making greater use of health intelligence as we develop the new model of care in just a moment.

And the Committee continues to push ahead with many significant areas of transformation of our services that will improve our ways of working. I just touched on the problems with the current hospital infrastructure. Over the last year we have been developing a business case for the modernisation of the site and a policy letter will come here early next year setting out a phased programme of improvement works. This in turn will be an enabler for further transformation and will seek to ensure that acute services are part of an integrated system of care provided from a hospital that is safe, flexible and modern for the future.

In addition, we are developing proposals for a principal community hub at Les Ozouets that will bring together community services and make them more accessible and working closely with ESC to make sure that it fits in with their plans for the site.

The Committee is delighted that this year has seen the formation of the Health Improvement Commission to lead on certain health promotion activities in the Bailiwick, including the Healthy Weight Strategy; important foundations for an effective health improvement strategy for the Islands. Its importance is underlined when we look at orthopaedics. Obesity contributes to the increased requirement of complex joint replacements; research showing that overweight and obese patients are at a greater than 40% and 100% increased risk of knee replacement surgery, respectively, compared to patients with normal weight ranges.

There has been much activity in public health with several new initiatives. The introduction of free contraception for under-21's has been incredibly successful in reducing unintended pregnancies in young women under 18. Early results show a predicted reduction in under-18 conceptions of at least 75%, making our rates amongst the best in the UK and Europe. Our commitment, and our challenge, in future years, is to make sure that the early impact of this project is sustained to the benefit of future generations of young women.

Also aligned with the aspirations of the Partnership of Purpose to ensure fair access to care, we will shortly be making cervical cancer screening free for all women. Evidence of the financial barriers to accessing cervical screening was supported by data from the Orchard Centre, where 80% of women accessing this service for free through the centre said that they could not afford the cost in primary care.

The Committee is also progressing a review of the future structure and funding arrangements of primary care, incorporating the Emergency Department, to ensure that cost does not prevent people getting the treatment they need. An important issue that was also picked up by the SMC during its review of in-work poverty.

The strategic review of the terms and conditions of nurses, midwives and other health and care workers employed by the States of Guernsey has progressed well. The review, which has considered a full range of issues such as the competitiveness of pay in relation to the cost of living on the Island and any workplace cultural issues affecting recruitment and retention, has involved meeting directly with staff in focus groups to explore relevant issues. The review, which will help us to look closely at the barriers to the recruitment and retention of staff, will report before the end of the year.

The Committee is also pushing ahead with drafting a new Capacity Law to ensure that there are safeguards and processes in place to protect people who may not have the capacity to make their own decisions. This remains the legislative priority for the Committee and many other areas of HSC's work relies upon this Law. However, we are concerned that progress is slow due to pressures on Law Officer time.

Other areas of activity include our vital work on developing proposals for appropriate, proportionate and robust regulatory standards across health and care to safeguard the well-being of Islanders, and a policy on this is due to be published imminently.

Significant progress has been made this year on HSC's digital transformation programme and we have been mapping out our approach to ensure that not only is it clinically led but also robustly defines our requirements for any future electronic health record. In addition, work on the upgrade to our IT infrastructure through the deployment of a new Wi-Fi system and Local Area Network across our estate is progressing well. We are now thoroughly testing applications and medical equipment in parallel with a re-wiring of the estate with some 19.5 miles of cable before rolling out the new solution during next year.

An update report on the Children & Young People's Plan will be published early next year. The Plan establishes a building block to a child welfare approach that recognises the need for early identification of children's needs and provision of the right help at the right time in the right place, to prevent these needs from escalating. The impact of this for our children and young

520 people is evident. There are fewer numbers of children in residential care. There has also been a reduction in the number of children placed off-Island.

A range of service improvements introduced in 2018 have also led to new key clinical initiatives with the benefit of early identification of problems and early treatment. In addition to FH genetic testing, recent work to establish HeartFlow as a non-invasive diagnostic tool in 3D heart imaging will help specialists achieve a more accurate treatment pathway for patients, as well as improving patient safety and comfort.

525 We continue to focus on the Safer Everyday initiative launched in January, which emphasises patient care, the sharing of best practice across HSC and improving the governance of our clinical processes. Most notably, there has been a 30% reduction in falls this year. Wards have been equipped with adapted beds and new systems for recording medications that have been administered in relation to fall risks. A Thinking Differently, Working Differently conference held in 530 November looked closely at patient safety and, importantly, how service users can become more closely involved in their care.

Finally, the Committee believes that there is huge value in the rolling out of mental health first aider training across the States of Guernsey and would like to explore this next year. As a start, we would like to work with MIND to organise sessions for States' Members. We need to lead by 535 example.

Sir, 2018 has been another busy year for HSC and again I have only scratched the surface in my update to the Assembly today. Be assured that we will not be resting on our laurels and will be taking our relentless pursuit and focus on delivering the Partnership of Purpose into the next 12 540 months and beyond.

**The Bailiff:** Again, we may have up to 20 minutes of questions.  
Deputy Roffey.

545 **Deputy Roffey:** Thank you, sir.

**The Bailiff:** You have switched your microphone on and then off. So it is off at the moment.

**Deputy Roffey:** Thank you, sir. Technology was never my strong point.

550 I thank Deputy Soulsby for her candour over the problems in orthopaedics, where their waiting times have now clearly become completely and utterly unacceptable. I wonder if she could just pick under the surface there, does she believe that we need more consultant 'orthopods' in Guernsey and if so is there the theatre space, the critical care space and the support staff at the Hospital to support the wish that they would carry out? Or if capacity on-Island is not the answer 555 will we have to look for off-Island solutions to this, which in many ways would be regrettable but we obviously can only do what we can at PEH?

**The Bailiff:** Deputy Soulsby.

560 **Deputy Soulsby:** Sir, I thank Deputy Roffey for his question. We had a fourth orthopaedic surgeon join us last year, thanks to additional funding provided by ESS and that reflected what we were told would be our requirement from the last orthopaedics review. But still demand is rising beyond that so what we want to do is bring forward a review of orthopaedics again to see what we should be doing for the future.

565 The truth is we cannot go on and on recruiting more and more surgeons online, growing the infrastructure on-Island. You have got to start thinking differently, working differently. What we can do is increase capacity as much here in terms of theatre utilisation, bank capacity and bringing more staff over, but we have got to look at other options such as working more closely with off-Island partners and that includes Jersey. Also we are looking at hospitals in northern France and 570 are in negotiations with them.

**The Bailiff:** Deputy Dudley-Owen.

**Deputy Dudley-Owen:** Thank you, sir.

575 I would like to congratulate the President of HSC and her Committee for the introduction of the free cervical screening programme. Alongside this I would like to ask will there be an awareness and call to action campaign to encourage participation in testing, especially amongst younger women, given the falling rates over recent years?

**The Bailiff:** Deputy Soulsby.

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**Deputy Soulsby:** Sir, I thank Deputy Dudley Owen for that question.

585 Actually screening rates have been pretty good in Guernsey but clearly we wanted to bring in free screening because of the fairer access to care. I think that is really important. In terms of awareness, yes, the Health Improvement Commission is clearly going to be really important putting forward those messages and that is why we are investing in the whole prevention, early intervention and in terms of cervical screening that is important. This forms part of our review of screening programmes and other preventative measures that we can undertake to keep people from becoming ill in the first place.

590 **The Bailiff:** Deputy Brouard.

**Deputy Brouard:** Thank you, sir, and I thank the President for the update, it was very helpful.

595 Given the extent of the backlog in orthopaedics, I have a parishioner who has been advised he has to wait a year for knee surgery and he is not alone. As the States, on behalf of Islanders, is the MSG's biggest and best customer, paying over £16 million a year, is there now an argument to restrict private patient work? Apparently by paying £14,000 extra, he could have been seen privately in January.

**The Bailiff:** Deputy Soulsby.

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**Deputy Soulsby:** Sir, I thank Deputy Brouard for that question.

605 We do this to ensure Islanders who want to receive orthopaedic treatment can do so on a private basis but what we have discussed with the MSG is, as we increase capacity, the vast majority of that will be for contract patients. I think there are a lot of myths over how private patients are treated here and people need to understand that the MSG have specific job plans and what are called PAs to ensure that they do a minimum of contract work. They all do more than that.

610 They do above what their strategy requirement is. We are very grateful for them to do that, What we want to do is make sure that we do focus on contract patients but I can say that the chairman of MSG is very happy to talk to individual Deputies about how they manage private patients.

**The Bailiff:** Deputy de Sausmarez.

615 **Deputy de Sausmarez:** Thank you, sir.

620 I am asking a question on behalf of Deputy Oliver who has had to step out, unavoidably. She has raised the issue of a systemic change, which has led to some path lab results being missed and apparently this is an increasing problem. It is something to do with the path lab emailing the MSG and she is asking whether the Committee can please look into whether it would be possible to adjust the system so that action is prompted by the email system. I am wondering whether that makes sense to Deputy Soulsby?

Thank you.

**The Bailiff:** Deputy Soulsby.

625 **Deputy Soulsby:** Sir, I thank Deputy de Sausmarez and Deputy Oliver.

Yes, this is an issue that we do know about. It is due to a limitation in the software that we have got but that should be addressed through the update, which will hopefully be through Track with the work that we are doing at the moment to move to a new version of Track in the future. It is something we cannot specifically resolve at the moment. There are work-arounds to ensure that  
630 issues do not happen in the future but those are work-arounds rather than being able to have it smoothly within the software.

**The Bailiff:** Deputy Leadbeater.

635 **Deputy Leadbeater:** Thank you, sir.

Can the President tell me when she will recognise that our adult disability service is far from adequate and do something meaningful about it, i.e. employ enough outreach staff to facilitate the demand and provide the much-needed clinical/psychological support that is lacking?

640 **The Bailiff:** Deputy Soulsby.

**Deputy Soulsby:** Sir, I think in answer to that question I would ask Deputy Leadbeater ... we are willing to talk. I do not know the issue specifically that he is talking in about. In terms of learning disability we have just had a major review by a person called Jim Blair who has been over  
645 to talk to users certainly from a learning disability point of view. We all, as a Committee, welcome any comments from Deputies and the public.

Of course we have got Care Watch, which is for people. It is meant to be the public's voice, if people go to Care Watch, they can give them their concerns. They do not deal with specific individual points but what they do is look at: are there systemic issues here that the Committee  
650 should be made aware of? Our door is always open and if there are specific concerns, please come to us and we can sort them out.

**The Bailiff:** Deputy de Lisle.

655 **Deputy de Lisle:** Thank you, sir.

There is genuine concern over the long waiting times for some operations, which Deputy Soulsby referred to, thankfully. Deputy Soulsby mentioned a phase two plan to deal with this situation. Will that phase two plan ensure that the secondary health care contract period of eight-week timescale will be attained and can we relate this fact to the public complaining about the  
660 service?

**The Bailiff:** Deputy Soulsby.

**Deputy Soulsby:** Phase two is about bringing ourselves down into contract waiting times. I think it is important to note that in the last review that was undertaken there was a question mark  
665 over whether there should be an eight-week contract waiting time limit on orthopaedics. The reason for that is quite often over a specific period of time, beyond eight weeks, people's issues can be resolved and that can be through a number of reasons, it could be losing weight, it could be doing more exercise, more physio.

They were saying perhaps we had been too tight on that eight-week waiting time. But it is true  
670 to say that when the contract was being negotiated the negotiating team felt that it would not be right at that moment in time to say, 'Oh well, we will eat off on those waiting times.' We did not think that would be publicly acceptable.

675 What we want to do as part of the review of orthopaedics again, next year, will be to look at whether that is an appropriate waiting time for orthopaedics. I say that because that is only for specific orthopaedic requirements where there are urgent or specific areas where things have to be done quickly. That is irrelevant to the eight-week waiting time, so I think it is more nuanced than just eight weeks.

680 **The Bailiff:** Deputy Inder.

**Deputy Inder:** Thank you, sir.

Thank you for the update, Deputy Soulsby. You mentioned an obesity strategy. In any future obesity strategy, will Deputy Soulsby commit to tuning down the effect of the medicalisation of obesity in placing greater focus on the responsibility of the individual and certainly the parents?

685 Thank you very much.

**The Bailiff:** Deputy Soulsby.

690 **Deputy Soulsby:** Sir, I thank Deputy Inder for that very good question. It is a Healthy Weight Strategy, we have called it, rather than obesity strategy. Again absolutely right: this is about personal responsibility. If we are to have a sustainable health service it is all about prevention, but it is also about helping people to take responsibility.

695 It is all very well, and this has always been the problem in the past, just to say to people, 'Lose weight and you will be fine.' It is more sophisticated than that and there are different tools that need to be undertaken for different parts of our community. That is another reason why the Health Improvement Commission is so important.

700 We have somebody leading that at the moment who I think will really start making a difference. We are leading the field in this. There are a lot of other health services talking about the importance of prevention. My counterpart in the UK is going on talking about it now but we are actually doing it and I am really proud of the fact that has been set up this year.

**The Bailiff:** Deputy Hansmann Rouxel.

705 **Deputy Hansmann Rouxel:** Thank you, sir.

In terms of the autism brainwork and the diagnostic pathway I believe that there is a cut-off or a difference in how pupils in secondary are being assessed and there is a problem with this currently. Would the President agree with me that girls are often not diagnosed early and missed, and therefore this is impacting the diagnostics of young girls who pass into secondary education and their diagnosis is only found out at that point?

710 **The Bailiff:** Deputy Soulsby.

**Deputy Soulsby:** Thank you, Deputy Hansmann Rouxel.

715 I am just a lay person. I have picked up quite a bit of the medical world since I have been in this job but I am a lay person. From my understanding, yes, I think it is true that girls are picked up later than boys. I do not know if that is just historical, it is expectations or understanding of autism. Certainly I think that has to be understood, it is something we need to talk with ESC about and what more can be done there. But I do know that ESC are looking at this. I suspect this is something we can look at more and contact Deputy Hansmann Rouxel about.

720 **The Bailiff:** Deputy de Sausmarez.

**Deputy de Sausmarez:** Thank you, sir.

725 I was pleased to hear about the success of the mental health first aiders programme and again it all makes sense, with the emphasis on prevention being better than cure. I was wondering whether the Committee has looked into how well the mental health services are coping in terms of capacity and provision at the extreme end, once the prevention opportunity has been missed?

730 I know there are some concerns within the community that actually only the most extreme cases can be prioritised in good time and there is some concern about whether we are being able to deal appropriately with mental health problems at an early enough stage. I was wondering if the Committee has looked into this already or whether they intend to if not?

**The Bailiff:** Deputy Soulsby.

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**Deputy Soulsby:** Sir, we have spent a long time looking at mental health provision and doing so with our colleagues at Employment & Social Security, who fund the primary mental health and wellbeing service. There is a lot of provision out there, both at the primary level – until very recently there were not any waiting times at all, but due to a lack of one particular individual, it pushed waiting times to a few weeks, I understand, and that is now being addressed.

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We have nothing like the issues further afield. Certainly in secondary health care we have got a huge number of psychiatrists, far more than you would expect in any service of this size. But we are looking at what more we can do on mental health and I think – and this is just my thought process – what we need is to have a lead for mental health on the Island that brings the services together and so it is more joined up.

745

There is so much that is going on but it is about making sure it works together. On Monday, Members might know, we signed an MOU with our colleagues in Jersey and after that we were talking about what more we could do from a mental health point of view together and from that we think we might have a way forward that would help Jersey, who have got significant problems in their service. They have got a lot of vacancies in their service –

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**The Bailiff:** I need to interrupt you; your minute and a half is over.  
Deputy Gollop.

755 **Deputy Gollop:** Sir, unlike Deputy Soulsby or Deputy Dudley Owen, my eyes glaze over when I try to think about IT or digital issues, but the President did suggest that progress has been made on connectivity. How far are we away from the dream situation whereby on admission to any health procedure, the professional person can identify the entire medical history of a locally based resident, including perhaps their GP records, in order to facilitate an improved pathway of care and doing things differently and faster.

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**Deputy Soulsby:** Sir, I cannot give Deputy Gollop a day. What I can say is it is absolutely crucial we get the network in place next year. That will be such an enabler to do those things. So it is two things. From our point of view it is the LAN and getting Track, our main software, on stream. That will make a big difference.

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We have just recently brought in Mosaic for Children's Service and that is already a huge difference to ways of working there. On top of all that, as well, we have got to look at data protection issues and this is why we have been pushing and pushing to enable us to put in the processes to enable data sharing. We can have all the tech in the world but if we do not have the Law that allows us to share that information, it is pretty useless.

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**Deputy Le Pelley:** How robust is the agreement with the MSG? Can the President inform the Assembly of the penalties likely to be imposed if the MSG fails to meet the eight-week waiting deadline?

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**The Bailiff:** Deputy Soulsby.

780 **Deputy Soulsby:** Sir, the new contract did not have financial penalties. The negotiating team at the time, we understood that it is all very well blaming each other and saying, 'You have not got enough theatres and you have not got the beds or you have not got enough surgeons.' That is the old way of working; this is about a partnership. The whole contract was about partnership and we have got as much responsibility for making waiting times to be down to contract as much as the MSG. It is about working together. Ultimately if we are not happy with the commission's service we can take parts of that service away or we can cancel that contract.

785 **The Bailiff:** Deputy Tindall.

**Deputy Tindall:** Thank you, sir.

Today is Universal Health Coverage Day. Would the President endorse the words of António Guterres, Secretary General of the UN, who said:

Strong leadership and community engagement are essential in ensuring that all people get the health care they need. On this international day let us reaffirm our commitment to a world with health for all.

790 **The Bailiff:** Deputy Soulsby.

795 **Deputy Soulsby:** I thank Deputy Tindall for that comment. I could have just said, yes, but I totally endorse that and I think the important thing for all of us to understand here is that health and care is not the responsibility only of the Committee *for* Health & Social Care. We all have a responsibility through all our policies to make sure that we have a healthy and happy community. Thank you.

**The Bailiff:** Right, there is no one else. We will move onto the next Statement –

800 **Deputy Lester Queripel:** Sir, can I ask a question please?

**The Bailiff:** This will be the last one because then we will be out of time but, yes, okay.

805 **Deputy Lester Queripel:** Sir, Deputy Soulsby said in her Statement that HSC have managed to bring some of our children back from in care off-Island, back to Guernsey. Can she tell me please if the child's wishes are taken into consideration when that decision is made to bring the child back to Guernsey? If the child, for whatever reason, did not want to return to Guernsey would they be allowed to stay in care off-Island?

810 **The Bailiff:** Deputy Soulsby.

815 **Deputy Soulsby:** Sir, I do not know what caused Deputy Queripel to ask that question. If he knows a specific instance, I see he is shaking his head, which I am pleased about. No, we would never go against a child's wishes. A child's wishes are hugely important. We have the Children's Law, which basically says we have to make the views of the children at our heart, and the CYPP, at the same time. So, no. But what we are doing is bringing more and more children back and next year, with hopefully the opening of the autism hub, that will give the opportunity to bring even more.

**Review of Air and Sea Links Infrastructure –  
Statement by the Vice-President of Policy & Resources**

820 **The Bailiff:** The next Statement will be from Vice-President of the Policy & Resources  
Committee on the Review of Air and Sea Links Infrastructure.  
Deputy Trott.

**Deputy Trott:** Thank you, sir.  
825 Guernsey's air and sea links, and the infrastructure that provides them, are critical. They are  
critical to our community wellbeing; critical to our visitor economy; critical to our finance sector –  
the engine of our economy; critical to everyone in the Assembly today. Because our job is to  
protect the interests of those who elect us.

It does not matter which Committee we sit on, what that mandate may be, or which parish we  
830 represent. Air and sea connectivity is a States-wide matter, recognised as such in the overall  
Government business plans approved by the States in both 2016 and 2017.

We have a States-owned airline which owns slots at Gatwick Airport, and which meets and  
exceeds the targets that its shareholder gives it. We have a commercial ferry operator, Condor,  
835 which is meeting end exceeding the targets in its service level agreements. What we have exceeds  
current targets. But to remain competitive, and to remain connected, we know that our  
community wants better. That is why we, the States, made it a priority.

Back in 2016, the then new Committee *for* Economic Development told us it would be bold  
and brave. But there was little progress on air and sea links. By the summer of 2017, the Policy &  
840 Resources Committee was concerned that progress had been painfully slow. This was for a variety  
of reasons, but primarily the absence of a clear vision for what was needed.

That was why the President of the Policy & Resources Committee and I submitted an  
amendment to take forward a Review of Air and Sea Links Infrastructure, in tandem, which was  
wholeheartedly supported and agreed by the Assembly. The objective was to provide some  
845 momentum and some structure to taking forward the work on air and sea connectivity and  
infrastructure.

During late 2016 and into 2017 the Policy & Resources Committee had undertaken a strategic  
review of Aurigny. That review came up with a single set of recommendations, including focusing  
Aurigny towards economic enablement and reduced losses. Although there were two reports from  
850 that review, they were almost identical, with one notable exception – some of the reviewers  
wanted to build a longer runway; others felt that was not part of the scope of the review.

So it was clear that it was important to look at the pros and cons of extending the runway. But  
it was also important to recognise that the future strength of our community's air and sea  
connectivity could not be reduced to how long our Airport runway is. Such an assumption then,  
855 was as foolish as such an assumption would be today.

With that in mind, in spring 2018, PwC was commissioned to carry out initial reports on two  
860 things: the factors that we need to consider in order to strengthen our air links infrastructure; and  
the contingency plan that should be considered given the impending sale of Condor Ferries Ltd  
by its owner.

Let us be clear: we asked independent experts to give us their views on the issues, the options  
860 for resolving those issues and what, if the States was minded, it might do next. We did not ask  
them to do a survey of islanders' or business' views. The business bodies in Guernsey have  
undertaken surveys already, and we note their findings. Ultimately, of course, if you ask people if  
they want better air and sea links they will say yes. We asked PwC to look beyond that, which they  
have.

865 Having had the reports back from PwC, in the autumn, we have now shared them with the  
Committee *for* Economic Development, the States' Trading Supervisory Board and the Committee  
*for the* Environment & Infrastructure. In the first quarter of 2019 the Policy & Resources  
Committee will submit a policy letter for debate and decision by this Assembly. It will set out the

870 recommendations of the Policy & Resources Committee following the completion of the work undertaken by PwC.

Included in the comments and recommendations that will be part of that policy letter will be the following, in relation to the runway: the Policy & Resources Committee has reached the conclusion – and we are unanimous in everything I am telling you this morning – that the option of extending the airport runway will not be a game-changer in respect of our connectivity.

875 What we do know is that if we were to extend the runway to the length that PwC indicate it would be a game-changer. We would need a huge and complex planning inquiry, probably to raze to the ground part of St Peter's and enormous investment on which there may never be a return. The truth, Members of the States, that so far at least, there is no compelling or even marginal business case for an extension of that magnitude.

880 The Policy & Resources Committee does not believe that the community nor the political body has the appetite for that. Therefore spending hundreds of thousands of pounds of taxpayers' money on listing the pros and cons of a set of runway extensions that in our view are unlikely to be built in our lifetime will not be a worthwhile exercise

885 Of course, this is a Government decision, not just a Policy & Resources Committee decision. So in the first part of 2019 the States will be asked to agree the Proposition to do no further work, and spend no further taxpayers' money, on investigating the permanent extension of the runway. We should also remember that the States' Trading Supervisory Board is looking at extending the runway end safety areas (RESAs), as directed by the States, and is reporting back in the first quarter of 2019, and the requérants have said that this might be the solution needed.

890 So if the States does not agree with P&R's recommendation, if States' Members believe that their constituents want us to spend upwards of half a million pounds investigating the runways further, then they will have the opportunity to direct the Policy & Resources Committee so to do.

On such a matter as this, agreed by the States as one of its highest priorities, it is right to ask for and accept the direction of the States. The Policy & Resources Committee will publish the PwC report on air links infrastructure as an appendix to that policy letter, so that all States' Members have the opportunity to see the evidence – and indeed, all in our community will too.

895 As I said, the future of our air links cannot be reduced to a discussion of runway extensions. The States' Trading Supervisory Board has supported Aurigny in the purchase of a new fleet of ATRs. We will debate that policy letter later at this meeting. It may be that combining these two workstreams will give us greater resilience, and also provide the opportunity for new operators to come in. We will wait to hear more from Deputy Ferbrache and his colleagues in due course.

The Committee *for* Economic Development asked the States to approve a move to quasi-open skies in July, which was agreed despite some doubts, and we wait to see the benefits of that in terms of new routes. That may be assisted through the Airport overhauling its landing charges structure for new routes, supporting the use of the Future Guernsey Economic Fund – established by the Policy & Resources Committee – which can support route development where there is an economic business case. So catalysed through the review process, steps are being taken that could lead to enhanced air connectivity according to those Committees who have taken those steps.

905 Let me be clear then, on the Policy & Resources Committee's position as it concludes its review. What islanders consistently tell us is that they want frequency; what a longer runway offers is potentially less frequency as larger aircraft rotate routes less frequently. What Economic Development, completely understandably, wants is choice. A longer runway does not guarantee choice – airlines could start flying in on the current runway if they see a business case. What our Island wants is an Island airline with the right fleet and a commitment to the Island – not a procession of so-called brand airlines potentially cherry picking routes every summer.

915 Sir, the Policy & Resources Committee does not believe a value for money case has been made to extend the runway, so we do not propose undertaking further work. If the States believes that is wrong the decision, it will have the opportunity to reverse that decision next year.

920 Of paramount importance is the preservation of our sea links. We have a commercial operator that we rely on for our passenger, vehicle and freight services, but one over which we have no control. There is no operating agreement in place with this provider. This provider also serves an additional, bigger market in Jersey which – perfectly reasonably for commercial reasons alone – it chooses to give preference to its services and requirements. Reasonable for its own business reasons but increasingly unacceptable to our community.

925 Moreover, it is up for sale. That process may well be, I do not know, suffering under the burden of an impaired reputation following the purchase of a flagship vessel, which is not universally admired in our community. In short, we are vulnerable, exposed, at risk when it comes to our sea links.

930 This is how we bring in most of our freight. How many of our teams travel to sports events, how many of our children go on educational and cultural trips, how we go to see our families and friends off-island frequently? This truly is a lifeline service. But it is operated as a business by a business which cannot share all of our aspirations for this service because it needs to provide a return, and a substantial one at that, to its investors. It is not a charity.

935 Compounded by Condor's sales process, when it comes to our sea links we are vulnerable, we are exposed, we are at risk. It is right, of course, that the Committee for Economic Development continues to do what it can to engage with Jersey and the provider to see what service improvements can be secured, both with the business and, potentially, with a new owner, possibly during the first half of next year.

940 But frankly, P&R believe that our community will not accept that success is more of the same. In fact, it will, potentially see that as failure and as a missed opportunity. And of course we cannot be certain of the plans of any new owner of the provider. So while it is the role of Economic Development Committee to continue to engage with Condor, it is the role of the Policy & Resources Committee to contingency plan; to prepare for the worst, should a plan B be needed.

945 The PwC work on sea links looked at four contingency options, and the view of the Policy & Resources Committee is that two of them merit further urgent detailed work. So in our policy letter we will be recommending further independent expert work is undertaken during the first quarter of 2019 to look at the contingency option of setting up a Guernsey-only, Guernsey-owned passenger, vehicle and freight service, should one be needed; and the contingency option of finding a new operator should the new owner of the current provider decide that they do not want to maintain and improve the services to Guernsey.

950 We will be commissioning experts to provide further details on investment required, financial modelling, technical considerations and commercial considerations.

955 Members of the States, I cannot emphasise this enough: these are contingency options. This is contingency planning. Just as we planned and are planning for Brexit and plan for many other things, so we are planning for our sea links. This is what Government must do, and it is the role of the Policy & Resources Committee to provide this leadership. The policy letter will set out what we are going to do and how much it will cost.

960 Again, I suppose if the States did not wish us to contingency plan they would direct us accordingly. However, that would be foolish, to say the least. But, again, we will be asking the States to make the decision. In addition, we will work with the Committee for Economic Development to take forward at last the ramps legislation agreed by the States in 2015, following the approval of a States' Report entitled *Strategic Roll on Roll off Ferry Services* which set out the need and justification for establishing a licensing regime for Ro-Ro ferry services.

965 Given the work that we will be doing, we need to be careful not to undermine any commercial position that we could need to adopt in the future. However, as a Government we have a duty to be as open and as transparent as possible. This is also extremely relevant: no one, regardless of their stake, would or should expect anything less. This means we will provide information on the PwC findings in the policy letter. We will endeavour to provide Members of the Assembly with as much information as we are able to.

970

975 Sir, to conclude, many steps have been taken on our air and sea links: the strategic review of Aurigny; a new agreement on supporting new commercial routes through the Airport and Economic Development, with a move to quasi-open skies policy; work on the extension of the RESA; the potential purchase of a new fleet of ATRs; and progress on contingency planning for sea links.

The Policy & Resources Committee, having considered these, will now set out clear next steps on the air and sea links structure review. But it will ensure that the States' Assembly – which chose to prioritise air and sea links in 2016 and 2017 – makes the critical decisions on the next steps.

980 Thank you, sir.

**The Bailiff:** Before we open up for the 15 minutes of question time can I just say that I exercised the discretion I have under Rule 10(3) to allow that Statement to be delivered in full, notwithstanding that it exceeded 15 minutes. I did so because I am allowed to in exceptional circumstances and I considered the importance of the Statement justified that.

985 Deputy Le Clerc.

**Deputy Le Clerc:** Thank you, sir.

990 I am not sure that I agree with Deputy Trott when he says Islanders want frequency on air links. I think they want cheaper flights first. (**Several Members:** Hear, hear.) My question is about sea links and the contingency and I would just ask him why he would be looking at a Guernsey-only option and why not an option linked with Jersey, where we would get greater economies of scale?

**The Bailiff:** Deputy Trott.

995 **Deputy Trott:** It is a very good question. The truth is, and I think I covered this in the Statement, any commercial operator looking at a pan-Channel Islands solution, which of course includes the sale of Condor, will notice immediately that the larger market that Jersey provides means that they must be given commercial priority. That commercial priority impacts on a number of factors pertaining to Guernsey, not least the fact that Guernsey kind of fits in, often, not always, with what the Jersey market dictates.

1000 A Guernsey only solution enables all sorts of flexibility. One piece of flexibility of course is to offer trips from the UK at very heavily discounted rates, in order to significantly stimulate our tourist market. So whilst a pan-Channel Islands solution currently exists, we could, for instance, if we wished as a pan-Channel Island community, buy Condor. That will simply embed much of the same. A solution that sees a Guernsey-only, or should I say a Bailiwick of Guernsey-only solution, has very significant merits and further work will identify whether it is indeed affordable. Current predictions suggest that it will be.

1010 **The Bailiff:** Deputy Kuttelwascher.

**Deputy Kuttelwascher:** Thank you, sir.

1015 Deputy Trott referred indirectly to a requête led by myself and he has completely misled the States on two issues. One, he used the word 'RESAs' in the plural and it should be in the singular, that is significant. Secondly, it is nothing about extending the RESAs, it is about shortening one. So could he correct his statements, please?

**The Bailiff:** Deputy Trott.

1020 **Deputy Trott:** Happy to do so. I do not have the opportunity, of course, to pose a question back to Deputy Kuttelwascher but it was sold as making the runway longer and making the runway, as a consequence, of more use. I am not sure if I have heard correctly but he seems to be insinuating that no such thing will occur.

**The Bailiff:** Deputy Roffey.

1025 **Deputy Roffey:** Thank you, sir.

When it comes to air links I think what the people of Guernsey want is huge frequency, very cheap fares and lots of destinations. Unfortunately, they cannot have them all. (**A Member:** Hear, hear.) My question really is on sea links. It is a bit ironic when we have gone for open skies we are looking at controlling our ports in this way.

1030 Did I get the implication, through Deputy Trott, that if we went for a Guernsey-owned, Guernsey-only ferry company, then we may prioritise that and therefore not give ramp licences to an incumbent? If that is the case are we not impairing, quite badly, its ability to be sold? We are sending out a signal that part of its market may be disappearing. I am not saying that is wrong, I am just trying to understand exactly what Deputy Trott was saying.

1035

**The Bailiff:** Deputy Trott.

**Deputy Trott:** Of course it was what Deputy Trott was saying on behalf of the Policy & Resources Committee but I was delighted to deliver the statement. We have already decided to introduce ramp-licensing legislation that will enable us, if we wish, to license more than one user. I think the more relevant point is around what effect, if any, will this statement have on the saleability of Condor.

1040 We have an obligation in Government to be open and transparent. We have an obligation to be honest with our community. As I said in the Statement, I cannot imagine for one moment – in fact I know with certainty, that the current owners of Condor are well aware of the fact we are contingency planning. They would look on us unfavourably if we were not.

1045 The model that we might envisage would be with the people of Guernsey owning the infrastructure with us playing absolutely no part in any operating activity. In other words, a very similar model to the model that we deploy with the fuel ships, which as Deputy Roffey will know, is a profitable undertaking for Guernsey's taxpayer.

1050 The other thing that I think is worthy of saying on the subject is that as things stand at the moment almost all of our freight comes in via a single provider –

**The Bailiff:** Your minute and a half is up.

1055

**Deputy Trott:** Sir, thank you.

**The Bailiff:** Deputy Inder.

1060 **Deputy Inder:** Sir, I am of the view that the community will welcome any news, to be perfectly honest with you, that there has been some contingency planning with regard to our sea connections. I warned in a previous statement that there was always a danger that Guernsey may be forced into the position of purchaser of first and possibly last resort for Condor, but it does not seem to be on the cards at the moment.

1065 The two options appear to be setting up its own service, possibly working with a new operator. Anyone who will listen to me would obviously see I would rather us go out to pitch, for us to see what is out there. Having said that, and I am really asking Deputy Trott for conjecture –

**The Bailiff:** You need to spit it out, your minute is nearly up.

1070

**Deputy Inder:** Does Deputy Trott anticipate any difficulties in the sale of Condor to another party? Thank you for your grace, sir.

**The Bailiff:** Deputy Trott.

1075 **Deputy Trott:** That is a particularly relevant question; I welcome it as I have all the others. The  
truth is Deputy Inder, through you sir, we do not know. The process is being undertaken by a  
significant investment house. Quite where they are, quite how close they are to an impending sale  
we do not know. What we do know is that – and I think I say this with a fair degree of certainty –  
1080 no prospective buyer has contacted us to undertake the extensive due diligence that a purchase  
of this type would normally necessitate.

That gives me the impression that maybe the sale process is not as advanced at this stage as  
we might have previously thought. That would be a matter for Condor to qualify in the days  
ahead. I also, sir, ought to make clear that we are hopeful that a solution involving Condor will be  
forthcoming. All we are doing here is sensible contingency planning should that process reach a  
1085 crisis.

**The Bailiff:** Deputy Yerby.

1090 **Deputy Yerby:** Can Deputy Trott give me some assurance that if we find ourselves having to  
run a sea link as a public service that we give it objectives that service the public and we do not  
allow ourselves to think that we will be able to chase commercial objectives and commercial  
returns when the market has failed to do so?

**The Bailiff:** Deputy Trott.

1095 **Deputy Trott:** I can give Deputy Yerby, from my perspective, an unequivocal assurance. I see  
the provision of passengers via sea links as an economic enabler, in much the same way as I see  
Aurigny. The problem that we have, of course, and this enables me to give the second part of the  
answer to Deputy Roffey's question, is currently a single provider is responsible for the  
1100 importation of over 90% of our freight. That in itself creates a vulnerability and one that we should  
be aware of and should consider whenever debating strategic policy.

**The Bailiff:** Deputy Parkinson.

1105 **Deputy Parkinson:** Thank you, sir.

Can Deputy Trott please confirm that the work done by PwC to date does not include an  
assessment of the business case for extending the runway and that, therefore, if the States are  
asked to make a decision on whether to do any further work, they will have very little information  
on the options for creating a runway extension, despite the strong support of all the business  
1110 associations on the Island for that proposition?

**The Bailiff:** Deputy Trott.

1115 **Deputy Trott:** That is entirely why, sir, this Assembly will be given the choice next year to make  
that decision. No, he is right, the very substantial sums of money that are needed to look in  
extreme detail at the options would be the next stage. What we do know is what an extension of  
100 m, 150 m, 200 m, 300 m would do, in terms of its attractiveness or otherwise to certain  
aircraft.

1120 The issue of frequency remains an essential consideration throughout. If you have got very  
large airplanes coming in and taking our citizens off to Gatwick in the morning and large ones  
bringing them back in the evening, for that to work the chances are that frequency would drop  
from six rotations a day down to one or possibly two, maximum.

1125 That is not what the community is telling us it wants. It is telling us it wants cheaper fares. Of  
course it does. What it is not telling us is that it wishes to see that connectivity plummet in the  
way that it might with those sorts of airplanes. It is that sort of detail that needs to be considered.

But if the States wishes to spend £600,000, I think it is, or it is certainly in that area, that is a matter for them.

**The Bailiff:** Deputy Paint.

1130

**Deputy Paint:** Just two very short questions for Deputy Trott. With regard to our sea links, have any other operators shown interest in coming here, should Condor be sold? If there are not or there is, why would there be restrictions on the vessels coming here?

1135

**The Bailiff:** Deputy Trott.

**Deputy Trott:** Sir, the answer to the second question is an easy one to answer. I hope I did not give the impression that there would be. In fact what I am saying is that we would wish to have a process in place where the licensing of the Ro-Ro ramp was a legitimate and legalistic contract. Are there other ferry companies interested? We do not know, because we are not party to the negotiations that the owner of Condor are having with potential suitors. It may well be that a number of ferry companies are looking very closely at this.

1140

My instinct, as someone who operates in the commercial world with regard to private equity, is that the new owner will in fact not be a ferry operator but will be another private equity investment fund, which is why I made the point that instinctively I believe we will be in line for more of the same rather than any specific changes that may be of benefit to the community. I know not. Time will tell. But that is a decision certainly for another day.

1145

**The Bailiff:** Deputy Fallaize.

1150

**Deputy Fallaize:** Thank you, sir.

In relation to sea links I am very pleased to hear of the work which the Committee is carrying out, as outlined in Deputy Trott's statement. I have a slight concern, however, that there may be, in the quarter one 2019 report, a tactical approach proposed for what is a strategic problem.

1155

I do not think the Policy & Resources Committee should spend any time trying to soften up the States or the community if it believes that the States buying or owning the ferry service is the best option. Can I ask Deputy Trott whether the Committee will propose to the States what it considers to be the best long-term strategic option in quarter one, 2019, and not a sort of short-term tactical response, which actually in the short-term may mean there is a further decline of services while the existing operator sees its future diminished –?

1160

**The Bailiff:** Your minute is up.  
Deputy Trott.

1165

**Deputy Fallaize:** Thank you, sir.

**Deputy Trott:** I do anticipate the Policy & Resources Committee being quite clear in its direction but I think the second part of Deputy Fallaize's question is an important one. There is certainly no commitment from this Assembly so to do, but if we were to procure our own solution, you cannot make an omelette without cracking a few eggs. There would be some disruption during that period.

1170

Let us hope that we do not get to that stage. Let us hope that the sale goes through smoothly and that the new buyers are in a position to be able to invest accordingly. However, if they are not we will be much better prepared as a consequence of this statement and the behaviours and actions of the Policy & Resources Committee than we otherwise would have been.

1175

**The Bailiff:** Alderney Representative Jean.

**Alderney Representative Jean:** Thank you, sir.

1180 May I, through you, ask the Vice-President of P&R if he believes that, in light of the Guernsey solution to explore the possibility of buying a ferry or ferries for Guernsey, Alderney could be and should be included in that at the same time?

Thank you, sir.

**The Bailiff:** Deputy Trott.

1185

**Deputy Trott:** It is a very good question and one that I shall answer in a moment but I shall just look to my friend, the President of P&R, to ask if he minds me letting out of the box in order that I can deal with that? Good. *(Laughter)* The answer to my good friend, Alderney Representative Jean, is of course. The more I look at Alderney as a community the more convinced I personally am that a robust, properly invested-in, round-the-year ferry service is, if not a full solution for Alderney, certainly a very material partial solution.

1190

**The Bailiff:** Deputy Tindall.

**Deputy Tindall:** Thank you, sir.

1195

I appreciate Deputy Trott's full Statement, which raises so many questions, but P&R's policy letter was expected to be laid at the same time as the Committee *for* Economic Development's policy letter on investment objectives, which discusses the connectivity, reliability and affordability question. Why has it been delayed to quarter one, 2019?

1200

**The Bailiff:** Deputy Trott.

**Deputy Trott:** I cannot put my finger on a long list of specific reasons. As Deputy Tindall will know from her involvement with the Committee *for* Economic Development, we do share some fairly significant Civil Service resource. I think the honest answer is this issue is more complicated than some may have originally thought.

1205

I think the perfect example is the call from the community for cheaper fares, without necessarily widespread understanding that cheaper fares means much less frequency, at the same time as people tell us what they want most, what they look forward to most in terms of inter-Island connectivity are the days when you could go up to the Airport and jump on an Aurigny inter-Island flight almost like a taxi service.

1210

The point is the community is not absolutely sure, in many cases, quite what it needs. It is our job to present the facts and it is our job to explain to the community the unintended consequences of certain policy directions. That we will do during next year.

1215

**The Bailiff:** I am going to call Deputy Dorey in a moment. Just before, I should just mention, before calling Deputy Tindall I should have said the 15 minutes was up and I am just extending it by another five minutes to enable a few more questions.

Deputy Dorey.

1220

**Deputy Dorey:** Thank you, sir.

Deputy Trott said at the beginning that Aurigny had met and exceeded their shareholder targets. Does he agree with me there is one very significant target that they have failed to achieve, which is to achieve a break-even position for the Aurigny group on a full profit and loss basis, excluding agreed, exceptional one-off costs and losses incurred in operating lifeline services to and from Alderney, agreed by the shareholding? And there would be an equal risk if we owned our own ferry operator?

1225

**The Bailiff:** Deputy Trott.

1230 **Deputy Trott:** I do agree entirely and, unusually for Deputy Dorey, whose attention to detail is better than almost anyone else I know, I said with regard to service level agreements, I did not make any reference to the losses. He is right, they are considerable and, with apologies to my friends from Alderney, almost exclusively derived as a consequence of air links provided to and from that Island.

1235 **The Bailiff:** Deputy Ferbrache.

1240 **Deputy Ferbrache:** Sir, this follows on really from Deputy Parkinson's question. Bearing in mind that PwC have not really addressed the runway issue, on what basis and what evidence have P&R unanimously, as Deputy Trott told us, rejected any looking, on their part at least, at the runway extensions?

**The Bailiff:** Deputy Trott.

1245 **Deputy Trott:** Sir, I think the comments and conclusion that are contained within the PwC report are somewhat more convincing than both Deputy Parkinson and Deputy Ferbrache are suggesting. I think the best thing, sir, is for Members to make up their own mind when they see this report appended to the report that we will be bringing. At that stage Members will see whether they agree unanimously with the view of P&R or have some other fantasy opinion of where we will be. *(Laughter)*.

1250 **The Bailiff:** Deputy Gollop.

1255 **Deputy Gollop:** I have been a sometimes outspoken Member of Deputy Paint's Transport Licensing Authority. As perhaps H.M. Comptroller might agree, it is surely logical that if P&R promote the ramps legislation as soon as possible, the first committee that will go to will be the Transport Licensing Authority? Is that correct or would Deputy Trott envisage P&R controlling the licensing of the slots?

1260 **The Bailiff:** Deputy Trott.

1265 **Deputy Trott:** It would of course depend on what the legislation said. It could do anything, could it not, from bestowing that duty on that entity through to giving P&R authority or indeed insisting that this Assembly dealt with the matter. So I am not able to answer that question with any authority.

**The Bailiff:** I will allow one more question, then the time will be up.  
Deputy Inder.

1270 **Deputy Inder:** Thank you, sir.

1275 Through you again, Deputy Trott, number one priority setting up its own service. What do we know about the harbour? We know it is falling apart. We know that 130 m is the optimum level for our number one and number three berth. Will he then agree with me that to assist a contingency plan we would be in a far better position to build a 160-metre pier outside of the East Arm? That is something, through you, sir, that the STSB should be looking at immediately rather than building in Longue Hougue South, extending the harbour?

**The Bailiff:** Deputy Trott.

1280 **Deputy Trott:** Deputy Inder said our number one priority is setting up our own service. Our number one priority is not setting up our own service, our number one priority is air and sea link

connectivity. I offer no view as to where this matter will rest. There is still a commercial process to go through. What we are doing though is the contingency planning that no one has criticised so far during this exchange.

1285 With regards extending the harbour facilities, I have to say my personal view is that is a much more sensible way to proceed than at Longue Hougue South, but I still need to be convinced with both the business case and indeed any cost savings that such a direction will procure.

**The Bailiff:** We have now had 20 minutes of questions. We will move on. We would normally be moving on to Question Time but, unusually there are no Questions this month. Deputy Gollop must have had problems with his technology! (*Laughter*)

So, Greffier, we will move onto Elections and Appointments.

## Billet d'État XXVII

### ELECTIONS & APPOINTMENTS

#### COMMITTEE FOR EMPLOYMENT & SOCIAL SECURITY

##### I. Election of a Member to the Committee for Employment & Social Security – Deputy Roffey elected

*Article I.*

*The States are asked:*

*To elect, in accordance with Rule 16 of The Rules of Procedure, a sitting Member of the States as a member of the Committee for Employment & Social Security to complete the unexpired term of office (that is to the 30th June 2020) of Deputy M. J. Fallaize who has resigned from that office and whose letter of resignation is appended hereto.*

**The Greffier:** Election of a Member of the Committee for Employment & Social Security.

1295 **The Bailiff:** Deputy Le Clerc, do you wish to nominate anyone?

**Deputy Le Clerc:** Yes, sir, I wish to nominate Deputy Roffey.

**The Bailiff:** Deputy Roffey. Is there a seconder for Deputy Roffey?

1300 **Deputy Langlois:** I will second Deputy Roffey.

**The Bailiff:** Deputy Langlois. Any other candidates? No. We go straight to the vote, then, on the Proposition to elect Deputy Roffey as a Member of the Committee for Employment & Social Security, proposed by Deputy Le Clerc, seconded by Deputy Langlois. Those in favour; those against.

*Members voted Pour.*

**The Bailiff:** I declare him elected.

**COMMITTEE FOR HOME AFFAIRS**

**II. Independent Monitoring Panel –  
Appointment of Mr Anthony Talmage as chairperson –  
Propositions carried**

*Article II.*

*The States are asked to decide:*

*Whether, after consideration of the Independent Monitoring Panel - Appointment of a Chairperson Policy Letter they are of the opinion:-*

*1. To note the resignation of Mrs Wendy Meade as the Chairperson of the Independent Monitoring Panel with effect from 5th June 2018.*

*2. To note the resignation of Ms Gillian Darling as an ordinary member.*

*3. To note the appointment of Mr Anthony (Tony) Talmage as Chairperson of the Independent Monitoring Panel, with effect from 14th June 2018*

**The Greffier:** Independent Monitoring Panel – appointment of a chairperson.

**The Bailiff:** Deputy Lowe, President of the Committee for Home Affairs.

1310

**Deputy Lowe:** Thank you, sir.

The Committee for Home Affairs unanimously ask the States to approve the appointment of Mr Talmage as chair of the panel and to note Ms Darling's resignation. But the Committee would also like to put on record its wholehearted thanks to Mrs Meade for serving as the chair of the Independent Monitoring Panel for the last three years and is grateful that she will continue to be part of the panel as an ordinary member.

1315

I would also like to express the Committee's thanks to the other volunteers who sit on the panel and commit their time to providing independent oversight on the day-to-day operations at Guernsey Prison and protecting the wellbeing of prisoners and prison staff. Sir, I ask Members to support the nomination before them.

1320

**The Bailiff:** Are the Propositions actually correct? The first two Propositions are to note resignations, which is fine, and then the third Proposition is to note the appointment of Mr Talmage. Are we simply noting or are we actually approving the appointment of Mr Talmage? Sorry, I had not spotted that previously.

1325

**Deputy Lowe:** Mr Talmage is already a member of the panel, sir, so he is taking over the chair rather than it is a new appointment.

1330

**The Bailiff:** Are we appointing him as chair or simply noting him as chair?

**Deputy Lowe:** We have appointed him as chair; Home Affairs have ratified the appointment.

**The Bailiff:** So we are simply noting it?

1335

**Deputy Lowe:** So you are noting it that he is now chairman, sir.

**The Bailiff:** I put those three Propositions to Members all together. Those in favour; those against.

*Members voted Pour.*

1340 **The Bailiff:** I declare them carried.

**III. Election of a Member of the Priaulx Library Council –  
Mr Gordon Snell elected**

*Article III.*

*The States are asked:*

*(1) To elect a member of the Priaulx Library Council, who need not be a member of the States, to replace Mr Allister Langlois whose term of Office will expire on the 31st December 2018 but who is eligible for re-election, in accordance with Rule 16 of the Rules of Procedure of the States of Deliberation.*

**The Greffier:** Article III – Election of a Member of the Priaulx Library Council.

**The Bailiff:** Deputy Trott, I believe you have a candidate.

**Deputy Trott:** Yes, sir, I am able to rise and advise that it is somebody the Priaulx Library Council unanimously would like to propose, through me, seconded by Deputy St Pier, Mr Gordon Snell. He certainly has an impressive CV, but importantly I have seen a declaration of interest from the candidate and am satisfied that there would be no conflict of interest.

1345

**The Bailiff:** Deputy St Pier, you second the nomination?

**Deputy St Pier:** I do, sir.

1350

**The Bailiff:** Any other nominations? No? We vote then on the Proposition to elect Gordon Snell as a member of the Priaulx Library Council, proposed by Deputy Trott, seconded by Deputy St Pier. Those in favour; those against.

*Members voted Pour.*

**The Bailiff:** I declare that carried.

**MOTION TO DEBATE AN APPENDIX REPORT**

**COMMITTEE FOR HOME AFFAIRS**

**Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service –  
Bailiwick of Guernsey Law Enforcement –  
An Inspection of the Capability and Capacity of Guernsey Policy and the Border Agency –  
Proposition carried**

*To resolve, pursuant to Rule 20 of the Rules of Procedure of the States of Deliberation, to debate the Appendix to Billet d'État No. XXVII.*

*Proposition:*

*To take note of the Report*

1355 **The Greffier:** Motion to Debate an Appendix Report – Committee *for* Home Affairs; the Bailiwick of Guernsey Law Enforcement – An Inspection of the Capability and Capacity of Guernsey Police and Guernsey Border Agency.

1360 **The Bailiff:** I have received notice of the motion to debate this Report, proposed by Deputy Prow, seconded by Deputy Oliver. Just before I call on Deputy Prow can I just remind Members that, under the Rules, at this stage, the only persons who can speak are the proposer of the motion; the seconder of the motion can only speak to formally second the motion, and then the President of the Committee, i.e. Deputy Lowe, can speak on the matter.

1365 But the Proposition at this stage is simply the motion to debate. If it is carried, there will obviously be a debate later, so it should just be for short speeches at this stage on the motion to debate the Report.

Deputy Prow.

**Deputy Prow:** Thank you, Mr Bailiff.

1370 I rise to speak under section 20(4) of the Rules to support a motion to debate the Report found at Appendix 2 of the Billet before us today. I shall of course, as directed, limit my comments at this juncture to supporting the motion to debate. I therefore simply ask the States to resolve that the Bailiwick Law Enforcement inspection report entitled An Inspection of the Capability and Capacity of the Guernsey Police and the Guernsey Border Agency be debated to ensure that the facts and the information are understood by the Assembly and the wider community and to allow

1375 for questions and clarification on particular points within the Report.

Thank you, sir.

**The Bailiff:** Thank you. Deputy Oliver, do you formally second the motion?

1380 **Deputy Oliver:** I do, sir.

**The Bailiff:** Deputy Lowe, your reply.

**Deputy Lowe:** Thank you, sir.

1385 The Committee *for* Home Affairs welcomes the opportunity to discuss in however much detail it wishes the HMIC Review. Hopefully it will provide those with concerns or points they wish to make to be able to air them in an open forum. Being honest, I am not sure that anything new will come to light.

1390 The Report was published promptly after it was received and has been extensively covered in the media and has been subject to the briefing to States' Members and was covered by my six-monthly statement in the Assembly a fortnight ago. It and the Committee have been examined under the spotlight of the Scrutiny Panel hearing and we have answered over 25 questions from Deputy Roffey.

1395 There has been nothing secretive or hidden. So States' Members therefore have this opportunity to vote for a debate on the HMIC Report, and I and my fellow States' Members on the Committee will of course listen carefully to the points raised and take these into account as we press on with the implementation of the Report's recommendations and areas for improvement. I should, however, highlight that the majority of the recommendations and areas for improvement are matters for the Head of Law Enforcement to address and we will need to bear in mind that he

1400 does not have a voice in this Assembly. I and the Committee will be supporting the motion.

**The Bailiff:** I put to you the motion that the Report, 'An Inspection of the Capability and Capacity of Guernsey Police and Guernsey Border Agency', be debated.

1405 **Deputy Leadbeater:** Can we have a recorded vote please, sir?

**The Bailiff:** And we will have a recorded vote on that motion.

*There was a recorded vote.*

*Carried – Pour 38, Contre 1, Ne vote pas 0, Absent 1*

<b>POUR</b>	<b>CONTRE</b>	<b>NE VOTE PAS</b>	<b>ABSENT</b>
Deputy Fallaize	Deputy Meerveld	None	Deputy Inder
Deputy Lowe			
Deputy Laurie Queripel			
Deputy Smithies			
Deputy Hansmann Rouxel			
Deputy Graham			
Deputy Green			
Deputy Paint			
Deputy Dorey			
Deputy Le Tocq			
Deputy Brouard			
Deputy Dudley Owen			
Deputy Yerby			
Deputy de Lisle			
Deputy Langlois			
Deputy Soulsby			
Deputy de Sausmarez			
Deputy Roffey			
Deputy Prow			
Deputy Oliver			
Alderney Rep. Jean			
Alderney Rep. McKinley			
Deputy Ferbrache			
Deputy Kuttelwascher			
Deputy Tindall			
Deputy Brehaut			
Deputy Tooley			
Deputy Gollop			
Deputy Parkinson			
Deputy Lester Queripel			
Deputy Le Clerc			
Deputy Leadbeater			
Deputy Mooney			
Deputy Trott			
Deputy Le Pelley			
Deputy Merrett			
Deputy St Pier			
Deputy Stephens			

**The Bailiff:** That has quite clearly carried. There were 38 in favour and one against. I declare it carried. Just for the benefit of anyone listening, there will now be a debate on the Report but that will be later in this meeting, not at this stage.

1410

**LEGISLATION LAID BEFORE THE STATES**

**The Chemical Weapons (Restrictive Measures) (Guernsey) Ordinance, 2018;**  
**The Wastewater Charges (Guernsey) Regulations, 2018;**  
**The Water Charges (Amendment) Regulations, 2018;**  
**The Prison (Guernsey) Amendment Regulations, 2018;**  
**The Wastewater Charges (Guernsey) Regulations (No.2), 2018;**  
**The Waste Disposal and Recovery Charges Regulations (No. 2), 2018;**  
**The Parochial Collection of Waste (Guernsey) Law, 2015 (Commencement and Transitional Provisions) Order, 2018;**  
**The Financial Services Commission (Fees) (Amendment) Regulations, 2018**

**The Bailiff:** So, Greffier, if you can deal with the legislation laid before the States?

1415 **The Greffier:** Legislation laid: The Chemical Weapons (Restrictive Measures) (Guernsey) Ordinance, 2018; The Wastewater Charges (Guernsey) Regulations, 2018; The Water Charges (Amendment) Regulations, 2018; The Prison (Guernsey) Amendment Regulations 2018; The Wastewater Charges (Guernsey) Regulations (No.2), 2018; The Waste Disposal and Recovery Charges Regulations (No. 2), 2018; The Parochial Collection of Waste (Guernsey) Law, 2015 (Commencement and Transitional Provisions) Order, 2018; The Financial Services Commission (Fees) (Amendment) Regulations, 2018.

1420

**The Bailiff:** I have not received any notice of a motion to annul any of those.

**LEGISLATION FOR APPROVAL**

**COMMITTEE FOR THE ENVIRONMENT & INFRASTRUCTURE**

**IV. The Register of Driving Instructors (Guernsey) Law, 2018 – Proposition carried**

*Article IV.*

*The States are asked to decide:*

*Whether they are of the opinion to approve the draft Projet de Loi entitled 'The Register of Driving Instructors (Guernsey) Law, 2018', and to authorise the Bailiff to present a most humble petition to Her Majesty praying for Her Royal Sanction thereto.*

1425 **The Greffier:** The Committee *for the* Environment & Infrastructure, the Register of Driving Instructors (Guernsey) Law, 2018.

**The Bailiff:** This is legislation for approval. Is there any request for any debate or clarification? Deputy Oliver.

1430 **Deputy Oliver:** Thank you, sir.

I was just wondering, it does seem – three years – quite a short period before a licence is invalid. Is there any reason behind that, that the Committee could tell me about please?

**The Bailiff:** Deputy Gollop.

1435 **Deputy Gollop:** Sir, long before I even became a Member of the Assembly I was President of the Guernsey Association and of the Self-Employed Association and I remember lobbying at the time for this legislation to be brought in. So it has actually taken about 24 years since it was first suggested, which I suppose is quite a fast rate! I have not ever had any lessons from a local driving instructor myself.

1440 **The Bailiff:** Deputy Paint.

1445 **Deputy Paint:** Sir, I have had a little bit of representation on this one. I have been told there has been little or no consultation of the driving instructors and that this has just been put in front of us. I also understand there have been no grandfather rights given to the present instructors. They inform me that in the UK, grandfather rights were given only when they had been practising driving instruction for a few years. If this is just passed through there will be extra costs to the driving instructors themselves, which they will have to pass on. So that will make the teaching of young drivers much more expensive. I would like answers to these questions please.

1450 **The Bailiff:** Anyone else? No. Deputy Brehaut is President of the Committee.

**Deputy Brehaut:** Thank you, sir.

1455 In relation to Deputy Oliver's question, with regard to the three years before licences become invalid, that must be due to historic criteria for such issues, off the top of my head. I cannot give a definitive answer on that. With regard to consultation, there has been extensive consultation and what Deputy Paint is referring to is one individual who has shared the letter to E&I and other States' Members who has resisted these changes very forcibly.

1460 I would remind Members, this legislation placed in front of us today ensures that we conform to other legislation such as the Vienna Convention, that is integral to that. But there has been one individual who has contacted E&I, as I have said, and other States' Members, who opposes the introduction of such legislation.

1465 The key thing we must remember here is this is about the protection of the individual; that those people who do have driving tests, have absolute peace of mind that the person who takes them on that test has had all the relevant background checks and is the appropriate person to tutor them. I will seek some clarification on three years and get it to Deputy Oliver as soon as I can via email.

1470 **The Bailiff:** We vote then on the legislation, The Register of Driving Instructors (Guernsey) Law, 2018. Those in favour; those against.

*Members voted Pour.*

**The Bailiff:** I declare it carried.

## COMMITTEE FOR HOME AFFAIRS

### V. The Customs and Cross-Border (General and Enabling Provisions) (Bailiwick of Guernsey) Law, 2018 – Approved

*Article V.*

*The States are asked to decide:*

*Whether they are of the opinion to approve the draft Projet de Loi entitled 'The Customs and Cross-Border Trade (General and Enabling Provisions) (Bailiwick of Guernsey) Law, 2018, and to*

*authorise the Bailiff to present a most humble petition to Her Majesty praying for Her Royal Sanction thereto.*

**The Greffier:** Article V, Committee for Home Affairs – The Customs and Cross-Border (General and Enabling Provisions) (Bailiwick of Guernsey) Law, 2018.

1475 **The Bailiff:** Any request for any debate and clarification?  
Deputy Soulsby.

1480 **Deputy Soulsby:** Sir, yes. I welcome this Projet and I have no problems with it specifically. It means, on the face of it, that we can start charging Import Duty. My concern is we have only got part of the picture here. We have got the Law saying what we can do but what we have not debated is what was signed a few weeks ago, a Customs Union Agreement, which deals with the bit that says we cannot actually charge Import Duty on goods coming from the UK.

1485 I understood that, when we approved the policy letter earlier this year, that would have come back to the States. I was just wondering what has happened in between time that one side of this did not, on the face of it, need to come here because it was not a projet, was dealt with outside the States, but had been said that we would debate here but the Project is here and we are debating it? I would just like to know what were the circumstances behind the Customs Union Agreement being signed before anything was debated here?

1490 **The Bailiff:** Deputy Brehaut.

1495 **Deputy Brehaut:** Can I ask something? I do not want to confuse any issue here but if Deputy Lowe, as she has done, has signed an agreement with the UK, can she give us an absolute assurance that she was able to sign any conventional agreement with the UK following a Resolution from this Assembly and what would happen now if this piece of legislation, that is going to be approved, was not approved by this Assembly when an agreement has already been signed?

1500 **The Bailiff:** Deputy Lowe? Or Deputy Prow will reply on behalf of the Committee. Is that what you are inviting? I was going to call you to reply to the debate but you were pointing to Deputy Prow, perhaps asking him to –

**Deputy Lowe:** I saw Deputy Prow stand so I am happy for Deputy Prow to speak.

1505 **The Bailiff:** Right. Deputy Prow will speak.

**Deputy Prow:** Thank you, Mr Bailiff.

1510 Perhaps I can assist. The legislation before us today, which has been submitted for approval, is absolutely essential to underpin the legislation once Protocol 3 falls away. The legislation that already exists, to allow us to charge duty on third country goods. That is essentially what this legislation is about.

1515 In the Brexit process, because there is so much unknown about what trade agreements will occur post-Brexit there has to be a contingency that we have a Customs Union with the United Kingdom. The arrangements that the President signed are simply those arrangements to enable that to take place should they be necessary.

In the event of a no-Brexit, those arrangements would have to be revised in any case. The legislation that we are being asked to pass today will enable secondary legislation, which will deal with the details that I think Deputy Soulsby is referring to.

1520 **The Bailiff:** Deputy Yerby.

1525 **Deputy Yerby:** Sorry, sir. I hoped Deputy Prow might allow me to ask him to give way rather than having to ask Deputy Lowe for the answer to the question his speech raised. He appears to imply that the arrangements that have been signed are interim arrangements and that whatever happens, when more is known, something is going to have to come back to this States in accordance with what we have resolved for us to sign it off. Can I therefore ask Deputy Lowe to confirm that?

**The Bailiff:** Deputy Roffey.

1530 **Deputy Roffey:** Similar theme really. I certainly support these proposals, in case Protocol 3 falls away, although I am beginning to hope that, possibly, that will not even happen. I think the broader point, it is slightly off-piste I think on this, I too was slightly confused about the publicity surrounding the signing of a Customs Union when my recollection was, when the States debated this in principle, the instruction via the Resolutions was that if we were going to do that it would have to come back to this Assembly for signature. So I would like some clarification around that if we may?

**The Bailiff:** Deputy Lowe.

1540 **Deputy Lowe:** My Vice-President has actually given that assurance and explained it. I sit in the States and I reiterate it. Brexit is extremely complex and I do not think the public at large even understand how complex it is or recognise how complex it is and indeed, with P&R as the working party, we are having to work extremely hard to encapsulate all eventualities.

1545 This agreement that was signed, this letter that was signed, does exactly that. It is part of the puzzle to a way to going forward, as a stopgap, as a transitional thing. Of course, Home Affairs have not gone and done anything different, or put the States in a position that we would not be able to have that discussion in the States.

**The Bailiff:** We vote then –

1550

**Deputy Brehaut:** Sir, please, my question was not answered. My concern was that a document was signed and I was asking whether it required a resolution of this States as a pre-requisite to that signature and I understand that there has been no resolution –

1555 **The Bailiff:** I think the answer was given by Deputy Lowe; she said that was not required.

**Deputy Brehaut:** I do not recall it. Thank you, sir.

1560 **The Bailiff:** We vote then on the Customs and Cross-Border (General and Enabling Provisions) (Bailiwick of Guernsey) Law, 2018. Those in favour; those against.

*Members voted Pour.*

**COMMITTEE FOR ECONOMIC DEVELOPMENT**

**VI. The Financial Services Ombudsman (Bailiwick of Guernsey)  
(Amendment) Ordinance, 2018 – Approved**

*Article VI.*

*The States are asked to decide:*

*Whether they are of the opinion to approve the draft Ordinance entitled 'The Financial Services Ombudsman (Bailiwick of Guernsey) (Amendment) Ordinance, 2018', and to direct that the same shall have effect as an Ordinance of the States.*

**The Greffier:** Article VI, Committee for Economic Development – The Financial Services Ombudsman (Bailiwick of Guernsey) (Amendment) Ordinance, 2018.

1565 **The Bailiff:** Any requests for any debate or clarification? No, We will go straight to the vote. Those in favour; those against.

*Members voted Pour.*

**The Bailiff:** I declare it carried.

**POLICY & RESOURCES COMMITTEE**

**VII. The Criminal Justice (Proceeds of Crime) (Bailiwick of Guernsey)  
(Amendment) Ordinance, 2018 – Approved**

*Article VII.*

*The States are asked to decide:*

*Whether they are of the opinion to approve the draft Ordinance entitled 'The Criminal Justice (Proceeds of Crime) (Bailiwick of Guernsey) (Amendment) Ordinance, 2018', and to direct that the same shall have effect as an Ordinance of the States.*

**The Greffier:** Article VII, Policy & Resources Committee – the Criminal Justice (Proceeds of Crime) (Bailiwick of Guernsey) (Amendment) Ordinance 2018.

1570 **The Bailiff:** Any debate or clarification needed? No. We vote: those in favour; those against.

*Members voted Pour.*

**The Bailiff:** I declare it carried.

**COMMITTEE FOR HOME AFFAIRS**

**VIII. The Terrorism and Crime (Bailiwick of Guernsey)  
(Amendment) Ordinance, 2018 – Approved**

*Article VIII.*

*The States are asked to decide:*

*Whether they are of the opinion to approve the draft Ordinance entitled 'The Terrorism and Crime (Bailiwick of Guernsey) (Amendment) Ordinance, 2018', and to direct that the same shall have effect as an Ordinance of the States.*

1575 **The Greffier:** Article VIII, Committee for Home Affairs – Terrorism and Crime (Bailiwick of Guernsey) (Amendment) Ordinance, 2018.

**The Bailiff:** Deputy Lowe.

**Deputy Lowe:** Thank you, sir.

1580 The three Ordinances that the States of Deliberation is considering, that is this one and the next two, are themselves technical and relatively straight forward, but also important. Taken together, however, they demonstrate that Guernsey's authorities are actively intent on ensuring that we meet the demands of meeting international standards, which in turn keeps us in the vanguard of financial crime policy, a position which is valued by the international businesses who choose Guernsey and by the international expert bodies which monitor those standards.

1585 In the case of these three Ordinances, an important part of the provisions will address recommendations made in the evaluation report of Guernsey, published, in 2016, by Moneyval, the body of the Council of Europe which monitors adherence to international standards of anti-money laundering and the countering of funding of terrorism.

1590 Part of Moneyval's role is to assess the effectiveness of a jurisdiction's legislation in implementing and meeting the international standards. The Moneyval report showed that Guernsey had made major progress against the evolving international standards in these areas and had surpassed the equivalent International Monetary Fund report that assessed Guernsey in these areas back in 2010. It also made further recommendations for how Guernsey might further strengthen its system.

1595 The headline findings from the Guernsey report included the Bailiwick has substantially strengthened the anti-money laundering and combating the funding of terrorism preventative measures to which its financial institutions are subject; the Bailiwick has in place a range of measures to facilitate various forms of international co-operation. Those competent authorities and financial institutions are highly competent, knowledgeable and aware of their obligations, and co-operation and co-ordination between Bailiwick authorities is effective.

1600 It is important that in the jurisdiction we continue to respond to and act upon the recommendations of this report and the improvements to the information-gathering powers of Law Enforcement to do this. It is also important that we continue to respond to international expectations more generally and Ordinances will also meet that important objective.

1605 The amendment to the Terrorism and Crime Law will enable regulations to be made to widen the information-gathering powers of the Financial Intelligence Service, more usually known as the FIS. Regulations made under the current framework enable the FIS to obtain additional or follow-up information from any person when it receives a suspicious activity report, in other words an SAR, on potential money laundering or terrorist financing.

1610 The amendment will enable regulations to be made to extend this to situations where the FIS receive reports of money laundering or terrorist financing that do not meet the legal tests of the SARs. These would include, for example, reports from domestic or foreign authorities. Further amendments to the Terrorism and Crime Law will ensure that all changes made to a list of

1615 proscribed organisations under UK anti-terrorism legislation are automatically effective in the Bailiwick, by removing the need for domestic regulations to be made to achieve this.

1620 There are also amendments to the Terrorism and Crime Law that relate to the terrorist financing offences. The amendments cover payments of travel costs for foreign terrorist fighters and insurance payments in respect of ransom demands by terrorists. These payments are implicitly covered in the offences in the existing legislation, but the amendments make them explicitly covered for the avoidance of doubt. The changes recognise international concern in relation to such payments.

1625 In addition, there are a small number of minor, technical amendments to the Terrorism and Crime Law. The first is to standardise the definition of cash across the legal framework, by cross-referencing to the definition of the Cash Controls Law. The second is to substitute the Economic Crime Division for the Financial Investigation Unit in references to the Guernsey Border Agency, in line with that body's organisational changes. The third is to introduce definition to the Committee for Home Affairs in the existing section of Terrorism and Crime Law, so that the Committee can be easily cross-referenced to rather than repeating the name in full.

1630 These last two points were not addressed in the policy letter because they were identified after it had been approved. The opportunity has been taken to address them now, as they do not involve any issues of substance. I trust that the Assembly will support the Committee for Home Affairs and the Law Enforcement Agencies in enhancing our legislation and our adherence to international standards in this way.

1635 Thank you, sir.

**The Bailiff:** I see no – Deputy Oliver.

**Deputy Oliver:** Thank you, sir.

1640 I just want it on record that I was not too happy about this within the Committee, because with this new Law it makes it that, say I got abducted by terrorists (*Interjection*) my parents could not actually pay for them to release me, because it becomes illegal, and I just want it on record that I will be voting against it.

Thank you.

1645

**The Bailiff:** Do you wish to reply to that, Deputy Lowe?

**Deputy Lowe:** No, I am just grateful that she has not been abducted!

1650 **The Bailiff:** We vote then on the Terrorism and Crime (Bailiwick of Guernsey) (Amendment) Ordinance, 2018. Those in favour; those against.

*Members voted Pour.*

**The Bailiff:** I declare it carried.

**COMMITTEE FOR HOME AFFAIRS**

**IX. The Terrorist Asset-Freezing (Bailiwick of Guernsey)  
(Amendment) Ordinance, 2018 – Approved**

*Article IX.*

*The States are asked to decide:*

*Whether they are of the opinion to approve the draft Ordinance entitled 'The Terrorist Asset-Freezing (Bailiwick of Guernsey) (Amendment) Ordinance, 2018, and to direct that the same shall have effect as an Ordinance of the States.*

1655 **The Greffier:** Article IX, the Committee *for* Home Affairs – the Terrorist Asset-Freezing (Bailiwick of Guernsey) (Amendment) Ordinance, 2018.

**The Bailiff:** Deputy Lowe.

1660 **Deputy Lowe:** Sir, I will be relatively brief in introducing this Ordinance as the importance of meeting international expectations expressed in the preamble of the previous Ordinance is applicable to this Ordinance. It will support the Committee *for* Home Affairs and the Law Enforcement agencies in enhancing our legislation and our adherence to international standards in relation to combating the funding of terrorism.

1665 The amendment to the Terrorist Asset-Freezing Law gives automatic domestic effect to any changes to terrorism-related sanctions list issued by the EU, which implements a United Nations Resolution in respect of persons involved in terrorism. It is important that Guernsey continues to stand side by side with the Member States and the institutions of the EU and with the UN in implementing terrorism-related sanctions.

Thank you, sir.

1670

**The Bailiff:** Deputy Tindall.

1675 **Deputy Tindall:** Yes, sir. I just wish to ask a question of Deputy Lowe, if she can explain the relationship between this particular Ordinance and the Policy & Resources Committee's implementation of international sanctions measures, which obviously would appear to contradict what is proposed in this Ordinance, insofar as it sets up a more direct mechanism? I appreciate that this is just off the cuff and it is two different Committees dealing with these pieces of legislation but I would be grateful if, not now but perhaps ... well, yes, now, it is possible to have a response.

1680 Thank you.

**The Bailiff:** I see no one else. Deputy Lowe.

1685 **Deputy Lowe:** I am unable to answer that for you, Deputy Tindall, but I will get the information or I can look at Her Majesty's Comptroller, who I see has this in his hand, or if he would prefer to wait and we can revert back to Deputy Tindall?

Thank you.

1690 **The Bailiff:** I will still put it to the vote. The Terrorist Asset-Freezing (Bailiwick of Guernsey) (Amendment) Ordinance, 2018. Those in favour; those against.

*Members voted Pour.*

**The Bailiff:** I declare it carried.

**COMMITTEE FOR HOME AFFAIRS**

**X. The Disclosure (Bailiwick of Guernsey)(Amendment) Ordinance, 2018 – Approved**

*Article X.*

*The States are asked to decide:*

*Whether they are of the opinion to approve the draft Ordinance entitled 'The Disclosure (Bailiwick of Guernsey) (Amendment) Ordinance, 2018', and to direct that the same shall have effect as an Ordinance of the States.*

**The Greffier:** Article X, Committee for Home Affairs – the Disclosure (Bailiwick of Guernsey) (Amendment) Ordinance, 2018.

1695 **The Bailiff:** Deputy Lowe.

**Deputy Lowe:** Sir, as with the others, the amendments to the Disclosure Law will enable regulations to be made to widen the information-gathering powers to the Financial Intelligence Service, more usually known as FIS. There is a minor technical amendment to amend a drafting error in the Disclosure Law with regard to the powers of H.M. Procureur to disclose information. This technical point was not addressed in the policy letter because it was identified after it had been approved. The opportunity has been taken to address this now as it does not involve any issue of substance.

1700  
1705 In addition, there is a minor technical amendment to the Disclosure Law, which also applied to the Terrorism and Crime Law, namely to substitute the Economic Crime Division for the Financial Investigation Unit, in reference to the Guernsey Border Agency, in line with that body's organisation changes. Sir, as with the previous two Ordinances, I trust that the Assembly will support the enhancement of our approach to meeting international standards to fight financial crime and counter the funding of terrorism.

1710 **The Bailiff:** Any debate? No. We vote on the Disclosure (Bailiwick of Guernsey) (Amendment) Ordinance, 2018. Those in favour; those against.

*Members voted Pour.*

**The Bailiff:** I declare it carried.

**POLICY & RESOURCES COMMITTEE**

**XI. The Income Tax (Zero 10) (Company Intermediate Rate) (Amendment) (Guernsey) Ordinance, 2018 – Approved**

*Article XI.*

*The States are asked to decide:*

*Whether they are of the opinion to approve the draft Ordinance entitled 'The Income Tax (Zero 10) (Company Intermediate Rate) (Amendment) (Guernsey) Ordinance, 2018', and to direct that the same shall have effect as an Ordinance of the States.*

1715 **The Greffier:** Article XI, Policy & Resources Committee – the Income Tax (Zero 10) (Company Intermediate Rate) (Amendment) (Guernsey) Ordinance, 2018.

**The Bailiff:** Any? Deputy St Pier.

1720 **Deputy St Pier:** Sir, this Ordinance extends the intermediate Income Tax rate of 10%, as agreed in the Budget six weeks or so ago, to extend that to investment exchanges and also to compliance activities providing regulated financial services business, which was a subject of some debate, particularly from Deputy Tindall, who objected during the Budget debate. I am sure she may wish to comment on this piece of legislation as well.

1725 Aside from the objections, which Deputy Tindall has very clearly expressed and are clearly well-presented, we have not received any objections from any part of the sectors affected. We have not been lobbied in any way. We are satisfied. We believe this does what the States resolved to do in the Budget debate a few weeks ago.

**The Bailiff:** Deputy Tindall.

1730 **Deputy Tindall:** Thank you, sir.

As alluded to by Deputy St Pier, I was challenged with putting forward an amendment to the wording of this particular Ordinance in order to clarify what exact activities were going to be taxed. I was unable to do so simply because obviously there was also a lot of other work. I am not a legal draftsman.

1735 But my concerns still exist and I do stress that, even though I have a personal interest in compliance activities, I am not affected by this Ordinance, I am extremely concerned because of the issue it raised. It does not, in the wording, make absolutely clear what is being taxed. This is a principle I personally cannot agree to. We need certainty within our tax legislation. This is not a certainty. Irrespective of whether particular individuals or companies have made any objection, this is purely based on the principle of certainty and that is the reason why I will not vote for this Ordinance and I would request a recorded vote, please, sir.

**The Bailiff:** Deputy Gollop.

1745 **Deputy Gollop:** Sir, I always admire Deputy Tindall's analytical points of view and invariably agree with many of them because Deputy Inder and others are always criticising we expend a lot on consultants (**Deputy Inder:** Yes.) and accountancy firms, which have been alluded to already today. But my point about that is how you define consultancy, beyond the medical profession, is quite complicated.

1750 When I looked at this legislation and look at it again, on page five of the legislation relating to the Income Tax (Zero 10) (Company Intermediate Rate) (Amendment), we see compliance and other related activities:

For the purposes of this Law 'compliance and other related activities' includes, without limitation, advising on and monitoring corporate governance, ethics, standards of conduct, risk management and compliance with the provisions of or made under ...

1755 – various policies, including issues we have already discussed today: criminal justice, drug trafficking and terrorism and so on.

The problem I have here is it seems to me, to a degree, management consultants or strategic consultants or legal consultants would all come within this category because we have got Members of this States who have been in their private lives corporate governance representatives, we know ethics is an area that persons advise on in relation to corporate bodies, standards of conduct, risk management takes you possibly into actuarial and assurance and insurance matters.

1760 I think it is too broad, I think it is unclear. For that reason, reluctantly, I think I agree with Deputy Tindall that this should be reconsidered because what we do not want to see is an aspect of our corporate sector undermined by a rather curious interpretation and uncertain interpretation of what these activities contain.

1765 If we are perhaps here wanting to widen the scope of Zero 10 to include 10% across a whole range of businesses, we should perhaps be more open about that and have the long-awaited and not-had debate on Zero 10 and Zero 20. But this kind of legislation, even if it is not objected to by the professional community, might soon become so, when the adjudications are made in a way that would not be to their interests, by the Revenue Service or some other body.

1770

**The Bailiff:** Deputy Ferbrache.

1775 **Deputy Ferbrache:** Sir, this was another piece of legislation – I commented upon something previously – where I was going to nod it through and then I was persuaded by debate to vote otherwise. Deputy Tindall and I take some different views in relation to what I regard sometimes as, not necessarily by her, excessive nit-picking in relation to Rules and regulations. But here she is absolutely right. There must be certainty, particularly with tax legislation and therefore, she has asked for a recorded vote, I think we are going to lose heavily but I am going to vote the same way as Deputy Tindall.

1780

**The Bailiff:** Deputy St Pier will reply.

1785 **Deputy St Pier:** Sir, I think Deputies Tindall and Ferbrache are correct, clearly certainty in the tax system is a very desirable attribute. But there is never a complete certainty in the tax system in all definitions. There will always be some element of subjectivity required. I believe that the definition is sufficiently clear for the businesses that will be impacted. They know who they are.

If there is any uncertainty there is a very clear appeals –  
I will give way, sir.

1790

**The Bailiff:** Deputy Tindall.

**Deputy Tindall:** I thank Deputy St Pier for giving way.

1795 It is not the businesses that are concerned as to whether they are actually covered, it is their activities and whether or not those activities are covered; The responses I have had are simply to say that they will do a blanket effect because they cannot identify the particular activities.

1800 **Deputy St Pier:** There is clearly an appeals process set out within our Tax Law, which would ultimately result in consideration of any areas of uncertainty by the Tax Tribunal. That is what the Tax Tribunal is there for. So this is a Budget measure, as part of the extension of the intermediate rate under the Zero 10 regime and I do therefore encourage Members to support the previous decision in the Budget and enact this legislation today.

**The Bailiff:** There will be a recorded vote on the Income Tax (Zero 10) (Company Intermediate Rate) (Amendment) (Guernsey) Ordinance, 2018.

*There was a recorded vote.*

*Carried – Pour 30, Contre 6, Ne vote pas 0, Absent 4*

**POUR**

Deputy Fallaize  
Deputy Inder  
Deputy Lowe  
Deputy Laurie Queripel  
Deputy Smithies  
Deputy Hansmann Rouxel  
Deputy Graham  
Deputy Paint

**CONTRE**

Deputy Green  
Deputy Yerby  
Deputy Ferbrache  
Deputy Tindall  
Deputy Gollop  
Deputy Le Pelley

**NE VOTE PAS**

None

**ABSENT**

Alderney Rep. Jean  
Alderney Rep. McKinley  
Deputy Lester Queripel  
Deputy Mooney

Deputy Dorey  
Deputy Le Tocq  
Deputy Brouard  
Deputy Dudley Owen  
Deputy de Lisle  
Deputy Langlois  
Deputy Soulsby  
Deputy de Sausmarez  
Deputy Roffey  
Deputy Prow  
Deputy Oliver  
Deputy Kuttelwascher  
Deputy Brehaut  
Deputy Tooley  
Deputy Parkinson  
Deputy Le Clerc  
Deputy Leadbeater  
Deputy Trott  
Deputy Merrett  
Deputy St Pier  
Deputy Stephens  
Deputy Meerveld

1805

**The Bailiff:** The voting on Article XI, the Income Tax (Zero 10) (Company Intermediate Rate) (Amendment) (Guernsey) Ordinance, 2018, there were 30 votes in favour and six against. I formally declare that carried.

We can move on to the next matter.

## POLICY & RESOURCES COMMITTEE

### XII. The Disclosure (Bailiwick of Guernsey) (Amendment) (No. 2) Ordinance, 2018 – Approved

*Article XII.*

*The States are asked to decide:*

*Whether they are of the opinion to approve the draft Ordinance entitled 'The Disclosure (Bailiwick of Guernsey) (Amendment) (No. 2) Ordinance, 2018, and to direct that the same shall have effect as an Ordinance of the States.*

1810

**The Greffier:** Article XII, Policy & Resources Committee – The Disclosure (Bailiwick of Guernsey) (Amendment) (No. 2) Ordinance, 2018.

**The Bailiff:** Deputy St Pier.

1815

**Deputy St Pier:** Sir, this too is an enactment of a Budget measure to take effect from 1st January 2019. Members may recall that there is already a gateway within the legislation for the Guernsey Financial Services Commission to be provided with information by the Director of Revenue Service but there is not currently a gateway for the reverse, in other words for information to be provided by the Guernsey Financial Services Commission to the Director of Revenue Service. There is a sort of asymmetric relationship in relation to the disclosure of information. That is what this piece of legislation seeks to correct and no more, sir.

1820

**The Bailiff:** Deputy Tindall.

1825 **Deputy Tindall:** Thank you, sir.

This is just a query, perhaps for the audience listening. We have just passed an Ordinance, the Disclosure (Bailiwick of Guernsey) (Amendment) Ordinance, 2018. Now we are being asked to approve an amendment (No. 2) Ordinance. Yet they are being presented by two different Committees. I would be very grateful for an explanation why the first Ordinance was presented by the Committee *for* Home Affairs and the second Ordinance was presented by the Policy & Resources Committee.

1830

Thank you, sir.

**The Bailiff:** I see no one else. Deputy St Pier will reply.

1835

**Deputy St Pier:** I think the question is a logical one to raise. It is clearly unusual to have legislation presented in this way in the same meeting. I think the explanation is fairly straight forward in the sense that the Resolutions, which have driven the preparation of the legislation, have come from the respective Committees under their respective mandates. I am sure an opportunity could have been made to consolidate the legislation into a single amendment, but obviously that opportunity was not taken.

1840

**The Bailiff:** We have finished. Deputy St Pier –

1845 **Deputy Ferbrache:** I was just going to ask for a recorded vote.

**The Bailiff:** A recorded vote on the Disclosure (Bailiwick of Guernsey) (Amendment) (No. 2) Ordinance, 2018.

*There was a recorded vote.*

*Carried – Pour 33, Contre 2, Ne vote pas 0, Absent 5*

**POUR**

Deputy Fallaize  
Deputy Inder  
Deputy Laurie Queripel  
Deputy Smithies  
Deputy Hansmann Rouxel  
Deputy Graham  
Deputy Green  
Deputy Paint  
Deputy Dorey  
Deputy Le Tocq  
Deputy Brouard  
Deputy Dudley Owen  
Deputy Yerby  
Deputy de Lisle  
Deputy Langlois  
Deputy Soulsby  
Deputy de Sausmarez  
Deputy Roffey  
Deputy Prow  
Deputy Oliver  
Deputy Kuttelwascher  
Deputy Tindall  
Deputy Brehaut  
Deputy Tooley  
Deputy Parkinson  
Deputy Le Clerc  
Deputy Leadbeater  
Deputy Trott

**CONTRE**

Deputy Ferbrache  
Deputy Gollop

**NE VOTE PAS**

None

**ABSENT**

Deputy Lowe  
Alderney Rep. Jean  
Alderney Rep. McKinley  
Deputy Lester Queripel  
Deputy Mooney

Deputy Le Pelley  
Deputy Merrett  
Deputy St Pier  
Deputy Stephens  
Deputy Meerveld

1850 **The Bailiff:** On Article XII the voting was 33 in favour and two against. I declare it carried.

## POLICY & RESOURCES COMMITTEE

### XIII. The Income Tax (Pension Amendments) (Guernsey) Ordinance, 2018 – Approved

*Article XIII.*

*The States are asked to decide:*

*Whether they are of the opinion to approve the draft Ordinance entitled 'The Income Tax (Pension Amendments) (Guernsey) Ordinance, 2018', and to direct that the same shall have effect as an Ordinance of the States.*

**The Greffier:** Article XIII, Policy & Resources Committee – The Income Tax (Pension Amendments) (Guernsey) Ordinance, 2018.

**The Bailiff:** Any debate? Deputy St Pier.

1855

**Deputy St Pier:** Sir, briefly. Yet again another Budget measure to take effect from 1st January 2019, which is why it was presented at this meeting. It is a technical amendment in relation to the various pension provisions, dealing with triviality, which was a concept that was briefly discussed during the Budget debate. I will not attempt to deal with the matter now, unless any questions are raised during debate, but it is again the enactment of a Budget measure, sir.

1860

**The Bailiff:** We go to the vote. Those in favour; those against.

*Members voted Pour.*

**The Bailiff:** I declare it carried.

## POLICY & RESOURCES COMMITTEE

### XIV. The Income Tax (Guernsey) (Amendment) (No. 2) Ordinance, 2018 – Approved as amended

*Article XIV.*

*The States are asked to decide:*

*Whether they are of the opinion to approve the draft Ordinance entitled 'The Income Tax (Guernsey) (Amendment) (No. 2) Ordinance, 2018', and to direct that the same shall have effect as an Ordinance of the States.*

1865 **The Greffier:** Article XIV, Policy & Resources Committee – The Income Tax (Guernsey) (Amendment) (No 2) Ordinance, 2018.

**The Bailiff:** Here we have two amendments. The first to be proposed by H.M. Procureur and seconded by H.M. Comptroller. H.M. Procureur.

[Amendment 1](#)

*In the Income Tax (Guernsey) (Amendment) (No. 2) Ordinance, 2018, for section 4 (printed on p. 5 of the Ordinance), substitute the following section –*

*'4. In the proviso to section 153(6) before the words "the other scheme is" insert "(in the case only of a scheme referred to in subparagraph (i), (ii) or (iii) below) the transfer is made either in respect of a person who has not been resident in Guernsey at any time or in respect of a person who is resident in the UK, and that;'*

1870 **The Procureur:** Sir, yes, this first amendment follows comments from industry and clarification required by the draftsman who has been drafting this amendment. The amendment is to replace section 4 of the draft Ordinance and it is to clarify the provisions in respect of transfers. This will clarify that a transfer out of a Guernsey approved pension scheme into a UK scheme can only be exempt from tax – I am reading from the explanatory note, sir – for the purpose of section 153(6) of the Income Tax Law where it is made into a scheme specified in sub paragraphs (i), (ii) or (iii) of that section.

1875 Sir, the amendment is required for clarity.

**The Bailiff:** And formally seconded, Mr Comptroller?

1880 **The Comptroller:** I do, sir.

**The Bailiff:** Any debate? We vote on the amendment. Those in favour; those against.

*Members voted Pour.*

**The Bailiff:** I declare it carried. The second amendment is to be laid by Deputy St Pier.

[Amendment 2](#)

*In the Income Tax (Guernsey) (Amendment) (No. 2) Ordinance, 2018, for section 2 (printed on p. 3 of the Ordinance), substitute the following section -*

*'2. For section 4 substitute -*

*"Definition of "resident" in the case of a company. 4. (1) Subject to subsection (2), a company shall be treated as resident in Guernsey in a year of charge if -*

*'(a) it is controlled in Guernsey in that year of charge, or*

*'(b) it is incorporated in Guernsey and has not been granted an exemption from tax for that year of charge under any Ordinance made under section 40A of this Law.*

*'(2) Notwithstanding subsection (1), a company shall not be treated as resident in Guernsey in a year of charge if it is proved to the satisfaction of the Director that, in that year of charge –*

*'(a) the company is, under the domestic law of another territory (Territory A), tax resident in Territory A,*

*'(b) the company's business is centrally managed and controlled in Territory A,*

*'(c) either –*

*'(i) the company is tax resident in Territory A under the domestic law of Territory A by virtue of -*

*'(A) arrangements for double taxation entered into with Territory A and approved by Resolution of the States under section 172, or*

*'(B) the provisions of an international tax measure specified for the purposes of this Law by Resolution of the States under section 75CC(1C) made with Territory A,*

*'in which a tie-breaker clause applies, or*

*'(ii) the highest rate of tax on a company in Territory A is at least 10%, and*

*'(d) the company's tax resident status in Territory A is not motivated by the avoidance, reduction or deferral of the liability of any person to tax under this Law.*

*'(3) For the avoidance of doubt, the fact that a company is not treated as resident in Guernsey in a year of charge by virtue of subsection (2) is without prejudice to the application, in respect of the company, of the other provisions of this Law or any Ordinance or regulations made under it.'*

1885 **Deputy St Pier:** Sir, this amendment replaces section 2 of the draft Ordinance, to provide that a Guernsey company, which would otherwise be tax resident in Guernsey, will not be treated as resident in a year of charge, if it is to the satisfaction to the director that in the year the conditions that are specified have been met, including a condition that the company is under the domestic law of another territory and by virtue of the double tax arrangements it is tax resident there.

1890 This amendment would align the definition of corporate residence with the legislation which exists in the Isle of Man, whilst the original draft probably more closely followed that which exists in Jersey. It is a result of feedback from industry, following the Budget, in terms of ensuring a definition which was felt to work more suitably for the Guernsey environment. The Isle of Man legislation requires the assessor to be satisfied that the company is tax resident elsewhere, by virtue of management and control, which is a concept of tax jurisprudence, with an additional anti-avoidance provision.

1895 The practical effect of this is perceived to be limited for us, as it was clear that industry would want confirmation from the Revenue Service, that companies are not resident, even if they are incorporated here; otherwise they would have a requirement to file a return. So there will be that dialogue between companies and the Director of the Revenue Service.

1900 It is, in that sense, a technical amendment. It delivers the effect of the Budget Resolution. It delivers it in a slightly different way but it is entirely consistent with another Crown Dependency, namely the Isle of Man, rather than Jersey in accordance with the original drafting, sir.

1905 **The Bailiff:** Deputy Trott, do you formally second the amendment?

**Deputy Trott:** I do, sir, thank you.

**The Bailiff:** Any debate? We vote on the amendment. Those in favour; those against.

*Members voted Pour.*

1910 **The Bailiff:** Is there any request for any general debate on this Ordinance. So we will go to the vote then on the Ordinance as amended, the Income Tax (Guernsey) (Amendment) (No. 2) Ordinance, as amended by the amendments. Those in favour; those against.

*Members voted Pour.*

**The Bailiff:** I declare it carried.

**STATES' TRADING SUPERVISORY BOARD**

**XV. The Merchant Shipping (Miscellaneous Repeals, etc.)  
(Bailiwick of Guernsey) Ordinance, 2018 –  
Approved as amended**

*Article XV.*

*The States are asked to decide:*

*Whether they are of the opinion to approve the draft Ordinance entitled 'The Merchant Shipping (Miscellaneous Repeals, etc.) (Bailiwick of Guernsey) Ordinance, 2018', and to direct that the same shall have effect as an Ordinance of the States.*

1915 **The Greffier:** Article XV, States' Trading Supervisory Board – The Merchant Shipping (Miscellaneous Repeals, etc.) (Bailiwick of Guernsey) Ordinance, 2018.

**The Bailiff:** Again, we have an amendment to be laid by the Law Officers. Madam Procureur?

*Amendment*

*In the Merchant Shipping (Miscellaneous Repeals, etc.) (Bailiwick of Guernsey) Ordinance, 2018 –*

*a) delete section 1,*

*b) renumber sections 2 to 6 as sections 1 to 5, and*

*c) in subsection (2) of renumbered section 3, for 'Section 3' substitute 'Section 2'.*

**The Procureur:** Thank you, sir.

1920 Yes, this is purely a technical amendment, sir. There has been a number of revisions to the Merchant Shipping legislation in recent years and in placing this Ordinance, a house-keeping Ordinance, essentially, to note miscellaneous repeals that arise, it was noted that actually an Ordinance has been repealed, which had already been repealed previously. This technical amendment merely corrects that error.

1925

**The Bailiff:** Mr Comptroller, do you formally second the amendment?

**The Comptroller:** I do, sir.

1930

**The Bailiff:** We vote on the amendment. Those in favour; those against.

*Members voted Pour.*

1935 **The Bailiff:** I declare it carried. Any general debate on the Merchant Shipping (Miscellaneous Repeals etc.) (Bailiwick of Guernsey) Ordinance, 2018, as now amended? No. We go to the vote. Those in favour; those against.

*Members voted Pour.*

1940

**The Bailiff:** I declare it carried. That concludes legislation.

**REQUÊTE**

**XVI. Drug Funding –  
Debate commenced**

*Article XVI.*

*Your petitioners humbly pray that the States may be pleased to resolve:*

*1. To direct the Committee for Health & Social Care and the Committee for Employment & Social Security that as a minimum outcome the current wide ranging review of the funding of treatments, services and other interventions should result in Guernsey patients who are referred to the UK for tertiary treatment having access to the same range of medicines and treatments as NHS funded patents being treated in the same hospitals or medical centres for the same conditions.*

*2. That such equality of access should also apply to those same Guernsey patients post-discharge or when they have returned to Guernsey after a tertiary treatment episode.*

*3. To direct the Committee for Health & Social Care and the Committee for Employment & Social Security to consider if there is any practical way to bring forward such a development ahead of the outcome of the general review.*

*4. That, in principle, in the medium-term Guernsey should return to the policy of including all NICE approved drugs on the local white list.*

**The Greffier:** Article XVI, Requête – drug funding.

**The Bailiff:** The debate will be opened by the lead requérant, Deputy Roffey.

1945

**Deputy Roffey:** Thank you, sir.

I suppose I ought to start off, as the newest Member of Employment & Social Security, by apologising to the Committee that I am about to go completely off-piste, as far as their policies are concerned. But then they will be well-used to that because they have Deputy Gollop as a Member! (*Laughter*) The second thing I want to say at the start, very clearly indeed, is that this Requête is not intended as an attack on the Health & Social Care Committee or any of its predecessors. Very far from it.

1950

More than 10 years ago when we were forced to bring in the Zero 10 tax regime, and that was then rapidly followed by a global economic downturn, Guernsey had to go on an austerity regime. Admittedly it was not as bad as in some other countries, but it was austerity, nevertheless. We had to look at whatever way we could cut our public spending, because the States' outgoings were far higher than its revenues and, as a result, we were running through our reserves. Hence the FTP and all the more recent spending programmes.

1955

In many ways that has been a healthy exercise. Our spending had become flabby in the good times and putting our public services on a false diet made them look at their delivery services and seek efficiencies. Well and good. But it was almost inevitable that in the scramble to save money the odd important baby would be thrown out, in error, with all of that spending bathwater.

1960

I am convinced that in its desire to cut public spending, the States simply became too gung-ho over the level of budget cuts which Health & Social Care could absorb without impacting on things that were regarded as absolutely crucial by the Guernsey population and which they would wish to fund, come what may.

1965

That is not to say there were no inefficiencies to be eliminated at health. I am sure there were very many and there probably still are. But the underlying upward pressure on spending in this area meant we should have remained realistic on how big on bottom line savings these transformation programmes could deliver in the area of health. Sadly, I do not think we were realistic and as a result some savings were delivered, which were completely unacceptable and, in my view, indefensible.

1970

1975 This Requête seeks to deal with one such unacceptable saving and, make no mistake, if it is approved today (*A mobile phone rings*) – that would help, there would be a fine for mobile phone that can go towards the fund I mention – the costs to this community are going to be very significant indeed. I do not deny that. Why are they going to be so significant? Because we will be reversing a major cut, which clearly should never have been made in the first place.

1980 We should not be in a position today of having to find the additional cash, which I freely admit would be very hard indeed, because we should have been funding these medicines, or rather the medicines which at the time were approved by NICE, throughout. Let me strip this debate down to its basics.

1985 At the core of this Requête is Proposition 1. This sets out a very simple concept and if this Assembly cannot sign up to that concept then, frankly, my opinion of this Assembly will fall very low indeed. It is so patently the very minimum that any civilised society should do for its citizens that if we balk at doing it I really do have to question what we are coming to as a caring community.

1990 Of course, Propositions 2, 3 and 4 are important too; otherwise they would not be in the Requête. I will turn to them in due course. But the real key decision today is over the basic rights of Guernsey patients, sent by us for tertiary treatment in the UK. Let me read out that Proposition. It is a bit clunky, I know, but the concept is quite simple.

To direct the Committee for Health & Social Care and the Committee for Employment & Social Security that as a minimum outcome the current wide ranging review of the funding of treatments, services and other interventions should result in Guernsey patients who are referred to the UK for tertiary treatment having access to the same range of medicines and treatments as NHS funded patients being treated in the same hospitals or medical centres for the same conditions.

I am really not sure what could be simpler. When Guernsey people become very ill with complex conditions which cannot be properly treated on-Island, we send them as a community to be treated in the NHS. Often at Southampton, but sometimes at other tertiary centres such as the various London hospitals.

1995 Having sent them there to be treated within the NHS, we have started, over the last number of years, to tell the clinicians to tell the consultants at those hospitals that they cannot treat them in the same way as they do their English patients. Certain medicines, or even procedures, which they would routinely prescribe for the patient in the next bed, are to be denied to the Guernsey patients just because they are from Guernsey and their Government will not pay for them.

2000 Proposition 1 is not about allowing patients from Guernsey unlimited access to whatever drug regime the UK consultant wishes to prescribe. That would be unaffordable. Nor does it even say that we will fund all NICE-approved medicines and procedures, although that is the aspiration under Proposition 4. All it says is that our patients should not be denied the same treatment as other patients on that same hospital ward. They should not be second-class patients, just because they come from Guernsey.

2005 For example, if they are in Southampton, being treated for a certain type of cancer – and this is far broader than cancer but I just use that as an example – we should not have the situation where they are denied the treatment regime which their clinician recommends for them and which all of the other patients on that ward with the same condition are going to receive.

2010 I am sorry, I am labouring this point, but to be honest we must avoid the situation where the doctor says to the person on the right of a Guernsey patient, and the one on the left, 'I am putting you on drug x because I think it is the best option in your circumstances, but sorry Guernsey patient, I am going to have to put you on drug y, which in my view is less efficacious, because your Government will not fund the medicine I recommend.'

2015 So as I say, I am sorry that I have laboured that point to death, but it sounds so surreal that I feel I have to repeat it several times to convince myself it is actually true. It sounds like a cruel joke. To be honest, I could hardly believe it when I realised that this was happening. I thought it must be some sort of misunderstanding. But it is not.

2020 Then when I realised that, I thought it must be an aberration, only occurring in a small number  
of cases. But it is not that either. It is a deliberate policy, which is affecting very many Guernsey  
people and their families at a time when they are at their most vulnerable. The more I look into it,  
the more Guernsey patients and their families told me the shocking circumstances surrounding  
their lack of access to drugs, which were not only paid for but freely available within the NHS.

2025 Then, sir, local consultants started opening up to me about their frustrations, although it soon  
became very clear that they had been rapidly sat on, I do not know by who, for raising their  
concerns. Rather a shame, that, in my view. Later it became clear that several consultants in  
Southampton were not only surprised and disappointed but genuinely shocked that they were  
under orders not to prescribe what they regarded as the best course of treatment for a small  
section of their patients, only those from Guernsey.

2030 I only wish that those UK-based consultants were willing to talk about it publicly, but I fully  
understand why they do not feel able to do that. Why is it that other Crown Dependencies can see  
the absurdity and indeed the immorality of sending patients to UK hospitals but then denying  
those hospitals the ability to treat them in the same way as the other patients there? Appended to  
this Requête, I am sure you have all read it, is the policy statement from the Manx government  
and I quote:

The Department of Health and Social Care will fund cancer drugs for Isle of Man residents, in line with the Cheshire  
and Merseyside protocols.

Further down the page.

Isle of Man residents requiring specialist cancer treatment, funded by DHSC, receive this through hospitals within  
Cheshire and Merseyside. It is therefore appropriate for DHSC to fund treatments in line with the protocols followed by  
those hospitals.

In other words, there is no way they are going to allow Manx patients to be second-class  
patients when they are sent to the mainland. Why can they see that and we apparently cannot?

2040 Of course we are not just talking about cancer here. It is many other conditions, but that  
rapidly illustrates the point. I now want to comment on a couple of claims, which have been over  
the last year, since this issue has been the subject of public discussion. I think the narrative has  
moved on and I welcome that, but at one stage, the Health & Social Care Committee claimed that  
agreeing for equal treatment for Guernsey patients in English hospitals would be giving in to the  
group that shouts the loudest.

2045 Never, sir, in my time in politics have I heard a more inaccurate and, with respect, insensitive  
statement. Far from being a group prone to shouting, this is a group which tends to keep their  
legitimate grievances very much to themselves. Frankly, people with serious, often life-threatening  
conditions, and their loved ones, have other more important things to think about than running to  
the media.

2050 Indeed it is precisely because they have not tended to do so that this issue has flown for so far  
and for so long under the radar with few, other than those directly impacted, really aware that it  
was going on. So I really hope we hear no remarks about those who shout the loudest during this  
debate.

2055 The second comment which has been made and I want to address is the idea that somehow  
NICE is in the grip of big pharma and therefore recommending drugs for funding by the NHS far  
too freely. This suggestion is so inaccurate as to be utterly perverse. The UK has a justified  
reputation for being about the most parsimonious and dilatory country anywhere in Europe for  
approving the funding of new drugs. Often important breakthrough regimes are only publicly  
funded in the UK years after they have been freely available elsewhere.

2060 So NICE are jealous guardians of the public purse and rightly so. But one thing I will say about  
them, they consist of clinicians, economists, health economists, scientists of quite superb pedigree  
and expertise. While in no way wanting to denigrate our own clinical committee, which considers  
which treatments have been on the Guernsey white list, there is simply no comparison in terms of

2065 expertise or knowledge of either the efficacy or the cost-effectiveness of the medicines under consideration.

Before moving onto the other Propositions I think I should take a moment just to say what this Requête is not about. It is not about making all licensed treatments available and fully funded for the people of Guernsey. Sadly, that will never be possible. Health budgets are limited or the demands on them are open-ended. There will always be health rationing, both in Guernsey and everywhere else. So my aspirations are far more limited.

2070 They are all about our patients not being second-class compared with those from the UK. Do I know how much Proposition 1 will cost if it is approved? No, I do not. We have had an estimate for a broader response that goes beyond option one, of £4 million-£5 million. But to be honest, and it is not an expression I ever use here in this Assembly, but for once in my life I will use that dreadful expression: it will cost what it costs. Not to allow Guernsey patients to be sent to the UK for treatment and access to the same medicines is just so patently wrong that we have to address it.

2080 If it is £5 million a year, then it is £5 million a year. I do not think, as I said earlier, we should ever have been put in a position where we had to find this as new money, because it was not a legitimate saving in the first place. Austerity is one thing, but there are some basics in life which should not be subject to cuts apart from in absolute extremis and we were not in absolute extremis. We must reverse this cut.

2085 And if it does cost £5 million that is going to be really difficult for us to find inside our budgetary process. I accept that. But if it really is of that magnitude then we know, do we not, that the number of Guernsey people being adversely impacted is very large indeed. Say the average cost per patient is £25,000 – and I think that is a reasonable estimate – I know there are some drugs that cost a lot more than that but there are many impacted by this that cost considerably less; then we are talking about 200 patients, not 200 in total, but 200 per year, plus of course the devastating impact on all of their loved ones.

2090 If we are talking about large amounts of money, we are talking about a large number of people. What, I wonder, is Locate Guernsey going to say when they try to attract people to Guernsey or our Health or our Education Committees when they are trying to attract new staff in a difficult market to recruit: 'Why not come and move to Guernsey but, be warned, if you get seriously ill, then we will not pay for the same medicines that you could have had if you stayed in the UK.?'

2100 Or are we, perhaps, saying to incomers, who become very ill, perhaps they should go back to the UK to get the treatment they need, where they will qualify for it. I know some long-term settlers from the UK have actually faced that dilemma: 'This is now my home, I have been here 30 years. I really do not want to go. If I am going to be really ill I want to do it in the place I now call home. But if I move back to the UK, I will be able to get the treatment that my clinician, my consultant in Southampton says I should be on.'

2105 What type of message is that about a two-tier society, when it is actually not an option for native Islanders? Those of us who have settled amongst us will have the option if they become seriously ill to go to the UK and get them to pay for it, but not the rest of us. Talking about a two-tier society, many private insurers will pay for these drugs. Why will they pay for them? Because they have the common sense to realise that if they are NICE-approved, it is appropriate to fund them.

2110 They do not pretend to have more wisdom than the real experts. So those who are privately insured, and that is a huge chunk of our Island ... basically I think the top 30%-40% of our Island tend to be privately insured and the bottom 5%-10% get help with their health insurance, with their health costs. We are talking about the middle chunk here who simply cannot afford the cost of health insurance.

2115 Those who get privately insured will not just get quicker treatment, in shinier surroundings, somebody was talking about that, about orthopaedics this morning, but rather they will be getting the life-saving drugs which will be denied to those who are not, do not go to the States

patients. Can we really live with that? I cannot live with that, particularly when we look at the much-vaunted Partnership of Purpose, which heavily stresses the need for equity of access to health care.

2120 That is the rhetoric we were told this morning. We unanimously signed up to the Partnership of Purpose. It stresses equity of access for health care. There is a huge, yawning gap between our rhetoric and the reality. In fact, even for those with health insurance, it does become a dreadful, frightening, white-knuckle ride. Why? Because many of those policies often guarantee funding only for the first year of treatment. They know at the end of that time, unless their insurers use discretion, which some of them do, to keep paying, then Guernsey will suddenly leave them without the medicines that they lead and they have been on for the previous year.

2125 Before I move on I think there is another quite shocking aspect of forcing people to buy the drugs that they require privately. Because Health & Social Care take the view that if you opt for one aspect of your health care to be private, then everything to do with your health care is deemed to be private.

2130 Now that was brought in for very good reasons. That was brought in because some people were saying, 'I do not want to pay to go on Vic Wing I just want to pay the bit with private that gets my operation done before everybody else and then go on a general ward.' And at the time we say no, that cannot be, you are either a private patient or you are not.

2135 But when you relate it to these circumstances, if somebody goes out and pays perhaps £2,000 or £3,000 per month, because we will not, to buy the medicines that their consultant recommends in Southampton or wherever, we then say: 'Ah, you have gone private. That means that anything else to do with your healthcare, we are going to charge you as well. So if that drug needs to be administered, if it is an oral one obviously it does not, but if it needs to be administered, we will charge you perhaps £500 a go for administering the drug you have had to go out and buy. If you need chemotherapy sessions then we will charge you for those as well.'

2140 It is not just having to pay for the drugs. Even when people do that, they are facing extra bills from the States. So there are significant costs to what we are suggesting, the requérants, and that is one of the three reasons why we have brought this Requête now, rather than waiting for the HSC review, which at the time we drafted the Requête was slated, I think, for the third quarter of next year.

2145 Precisely because the financial implications will be considerable. There are really only three ways they can be met. The first is for HSC to fund it themselves, by reducing spending elsewhere, although goodness knows where. That clearly is not a realistic option. The second is for this Assembly increasing HSC's budget to allow this shameful policy to be reversed, the third is for a mixture of both. Frankly, it is going to be option two, is it not? If we go for it, we are going to have to increase Health & Social Care's budget.

2150 If we hope to put right this appalling situation in this political term, then I think we need an early in-principle decision so that we are going to need extra money and the funding source be identified in time for the 2020 Budget. P&R and HSC need to be having those conversations now. If we wait until the middle of next year, it will almost be too late.

2155 I am not going to pre-empt the HSC amendment, I will talk about that later on when it has been laid. Let me just say this at this stage, I know it may upset some of those who are strongly supporting this campaign, but I really do not see how it is realistic to expect P&R to suddenly identify a funding mechanism in which to achieve this in a very early implementation.

2160 If it can be done sooner then great but we have just debated the Budget for 2019, we have set departmental spending limits for 2019, we have decided what revenue-raising we need to support that spending. It would be irresponsible to just blow that Budget out of the water a few weeks later. So I think probably the soonest that we can do this is in 2020, after the Budget debate at the end of next year. I find that very sad but that is the realism that I have.

2165 Nor do I think it is really reasonable to give P&R just a couple of months to find a recurring £4 million-£5 million. So if we want to match NICE and introduce it at the beginning of 2020, I think we need an in-principle decision now.

2170 That is the second reason why I have been impatient and brought a Requête. It is because I was asked to give a political steer to the Health & Social Care Committee in producing their promised wide-ranging report on health spending, or perhaps a more limited report that they are now promising on drug funding.

2175 One Member of HSC suggested I wanted to pre-empt and pre-judge that report and she was absolutely spot on. That is just what I want to do. Unashamedly, I want to pre-empt that report. Can any of us really see the scenario where we would want to perpetuate this dreadful situation, which is in my view approaching a national scandal? I cannot. And if the States agree then surely it is best for HSC and P&R to know that now, so they can bear it in mind when drawing up their report.

2180 I fully accept there are going to be hard choices in deciding how to allocate health spending. One of the biggest issues is going to be what priority we give to spending on preventative health, as opposed to treating people who are already ill. I fully expect HSC to put us all on the spot and force us to face up to those choices.

2185 But, sir, I do not care how many screening programmes we introduce or how many preventative health measures, we are still going to end up with some Guernsey people getting serious and complex conditions where we have to send them to the UK for treatment. What Proposition 1 says is when we do that they should just be treated in the same way and not disadvantaged, compared to the English patient in the next bed. If that is pre-empting it, then I am pre-empting it. I know now that is going to be my view when the report comes back.

2190 Very briefly, to run through the other Propositions. Proposition 2 is simply the logical extension of Proposition 1. If we decide, which we surely must, that Guernsey people should not be treated as second-class patients in UK hospitals, it would be perverse to say you then can have the same medicines while you are in the UK, but as soon as you step on the plane from Southampton you will have to swap regimes. That is nonsensical. That is what Provision 2 is there for.

2195 Proposition 3 is included, probably more in hope than expectation, because we know the prognosis of many people who are affected, I felt a responsibility to put in a request for us to look to see if there is any way that we can bring this forward and implement it earlier. Although, as I say, in reality, I think the next Budget report will be as soon as we can probably get funding in place.

2200 Proposition 4 is aspirational. It is aspirational because ideally I would like all Guernsey patients, whether or not they are referred off-Island, to have access to all NICE-approved drugs. Now I know there are some Members of this Assembly that some people say they want that done on day one. They do not want an inequality that if you get sent to Southampton you can get all NICE-approved drugs, but if your condition does not need for you to be referred off then you may not. Fine, I do not object to that one jot, the petitioners were simply worried about affordability and therefore started off at the beginning with the most obvious one and worked their way down.

2210 But there is nothing – I repeat, nothing – in this Requête which prevents equal treatment for those remaining on-Island from day one. Proposition 1 simply says that Guernsey patients not being second-class patients in UK hospitals should be the minimum outcome from the HSC review. Not the maximum, the minimum outcome. So if they feel strongly that, either for reasons of equity, or to prevent people almost being referred off-Island by their clinicians as a way of getting the medicines that they need then they ought to be on-Island as well as off-Island from day one; nothing in Proposition 1 actually prevents that.

2215 I am going to miss a few pages; people are looking to go for lunch! I will go through quite a few pages, about the history of the white list, the black list and G1033. I am sure I will get a chance with summing up later on, if those issues are raised to actually bring that.

2220 Let me just move towards a conclusion by saying I know some people will point out that Guernsey is a low-tax regime and, as such, we cannot necessarily replicate everything that is funded in higher-tax regimes. I accept that; it is a fair point. If Guernsey cannot afford to spend as much on say, sport, or the arts, as a higher-tax community does then I think that is rather sad but it may be unavoidable.

2225 But if our low taxes mean we cannot provide the medicines that our people need and which just about every other country in our region provides, that for me is a step too far. Read my lips, if we need to raise extra revenues to solve that problem then, in my view, so be it. I could tell very many individual stories to illustrate the harm the current policy does and the hurt it causes on a human level. Maybe in some ways that would be a more effective debating tool than just arguing on the principles involved.

2230 But I do not want to over-egg the human story. We were told yesterday, we were urged not to hold up as examples people who need our help and cannot get it, because that is unfair. So I will not. But I will tell two personal stories. They are not people that need our help, because they are now, sadly, both dead. Both have died this year. Both were affected by the policy, but whose real outrage was reserved for the effect that it had on others. Both of them strongly supported this Requête and obviously in both cases I have asked the permission of their families to refer to them in this debate.

2235 Just two weeks ago we stood in silence to remember, in this Assembly, a remarkable woman, former Deputy and Alderney Representative, Wendy Morgan. She was denied funding by Guernsey for the drugs that she needed. She did not shout about it. The last thing she wanted to do was draw attention to herself or her illness. But she did tell me about her situation and her family have agreed that I can tell you. Indeed, I will go further, they have insisted that I should do so.

2240 Wendy had a drug recommended by her consultant in Southampton, which is available and funded in the UK, but which is not on the Guernsey white list. This medicine cost £2,000 a month. Wendy was lucky. She had the financial resources to pay for it privately. But as a bit of a Welsh leftie she was appalled that the others in her situation, but less well-off than she was, would simply be denied the medicine that their doctor had recommended – a doctor we had sent them to see. A medicine which is publicly funded in the UK. Wendy Morgan died appalled at this policy and she was right to be so appalled.

2250 My second example is a man who gave more than most to Guernsey's Health Service. He was recruited from the NHS in Birmingham in the 1980's to become the Board of Health's planning officer. He then became its deputy chief executive and finally Chief Executive of the Board of Health and then HSSD.

2255 David Hughes was a lovely man; totally dedicated to Guernsey's Health Service. This Island undoubtedly owes him a lot. When he became ill, he too was denied funding for the drug which his UK clinician recommended. He too was lucky in his own way, because he was accepted on a UK-based clinical trial and when that trial finished he could still have the drug, which Guernsey would not fund, provided from the drug company, although he had to fly regularly to Southampton at his own expense to collect it.

2260 Again, a bit like Wendy Morgan, the last thing David wanted in his lifetime was any fuss or publicity. But he did privately urge me to pursue this matter. Not for himself but for others. The last thing he said to me, a few days before his death, was, 'Peter, we did not work all of those years to create a second-class Health Service.'

2265 Now of course he did not mean that generally. He was rightly proud of the excellent Health Service that the Island has and which he played such a big role in creating. But in this one area, of the availability of medicines, we really do risk becoming second or third class. In fact I suggest we already are. The time to fix that is now. Members will vote as they see fit today. I have no idea what chance this Requête has. But I promise one thing: if it loses it will not be the end of the story. I will fight on this issue for as long as it takes. I have rarely felt so strongly about anything in politics.

2270 Members, financial prudence is one thing, but there are just a few things that should be sacrosanct. Please, at the very least, vote for Proposition 1, if not for all of the Propositions, which I hope you can. If you want a change of policy in 12 months' time, a sensible time to flag it up to P&R, so that they can look at the funding options is now; not July, not September, but now, so they have got a year to get it in place. Please, on behalf of so many people, pass this Requête.

(Applause)

2275 **The Bailiff:** We will rise now and resume at 2.30 p.m.

*The Assembly adjourned at 12.35 p.m.  
and resumed at 2.30 p.m.*

**Requête – Drug Funding –  
Debate continued –  
Amended Proposition 1 approved**

**The Bailiff:** We resume debate on the Requête on drug funding and I call next the President of the Policy & Resources Committee, Deputy St Pier.

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**Deputy St Pier:** Sir, thank you.

I think just responding to Deputy Roffey's opening, he referred a number of times to cuts as having been his explanation as to why we were where we are. It is either misleading – and I am sure Deputy Roffey would not intentionally mislead, so it may simply be a misunderstanding – certainly I do not believe and I hope that the Presidents of the Committees *for* Employment & Social Security and Health & Social Care will confirm this when they speak, that actually the series of decisions around the way we fund at the moment have been influenced in any way by any of the financial measures which have been taken over the last decade or so. I think that is simply a misunderstanding of where we are.

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But Deputy Roffey is correct to also identify that there are financial implications of this that do need to be planned for. This is not one of the clearly identified priorities, although it exists within the scope of priorities for the Committee *for* Health & Social Care in the Policy & Resource Plan, but it would have significant implications for the Medium Term Financial Plan, which are not currently modelled within that Plan. They will need to be taken account of, either at the next update or certainly as part of the Budget process. Deputy Roffey certainly acknowledged that.

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So I think it is probably worth me actually running through in some detail the content of Policy & Resources' letter of comment, because it has been published relatively late. I am conscious that Members do have a significant amount of paperwork in front of them as a result of the length of this meeting's agenda.

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Forgive me if Members have read this but really for the benefit of those that have not yet had an opportunity to do so and, indeed, for those outside the Assembly, it in essence says this, that the Committee does have considerable sympathy for the ambition of the requérants and like the Committee *for* Health & Social Care, we have great respect for the intention of the Requête and what it is seeking to achieve. But inevitably you will recognise by that introduction that there is a 'but' coming:

However it cannot support such a significant change in policy without ...

– and this is the critical bit, the caveat –

... the benefit of the comprehensive review already in train. It would be perverse to set up a review with outcomes defined in advance and without a clear understanding of all the implications, both intended and unintended ...

Those of us that were fortunate enough to attend the session presented yesterday by the Committee *for* Health & Social Care, particularly with the Director of Health, I think, from the Isle of Man, that sought to explain the issues which arise from the adoption of some of the NICE standards, particularly on a small health economy such as our own and such as that which exists in

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the Isle of Man. We do need to truly understand what the implications are of the steps that we are taking. I think that is what we mean by the reference to unintended consequences. That meeting yesterday gave me a greater understanding of what that meant in this context.

... cognisance of all of the significant consequences of public finances in the supply and administration of a wider range of treatments and pharmaceuticals and without the benefit of understanding of all of the options for tackling the iniquities identified by the Requêteants.

I think that is an important point.

In its consultation response, the Committee *for* Health & Social Care has drawn attention to areas of policy not addressed by the Requête's Propositions, such as the inequity between patients treated on and off-Island and considerations of treatments as well as drugs.

2315 It also highlights that the Requête is silent on an approach for residents of Alderney.

It is the Policy & Resources Committee's view that the Review will be well-placed to consider all these matters and bring to the Assembly the detailed information it requires if it is minded to introduce a new policy direction.

2320 It is noted that the Committee *for* Health & Social Care has only been able to estimate the costs as to the full impact would only be known after the review, but already we are forecasting £4 million to £5 million a year for NICE-approved drugs and a further sum equating to several million pounds per annum for the full extension of NICE-approved procedures and treatment for Guernsey patients.

The overall financial impact would therefore not be something that could be managed easily and the Policy & Resources Committee would like any decision to be made with a full understanding of the implications either for expenditure or elsewhere for taxation.

2325 Deputy Roffey certainly made that point when he spoke. The Committee *for* Employment & Social Security has contributed to the Committee *for* Health & Social Care's commentary and has also corresponded directly with the Policy & Resources Committee and I thank them for that. And indeed it supports Health & Social Care's recommendations that the States should await the findings of the review that is being undertaken,

2330 The ESS have also made the point in their direct response to us concerning the current funding of drugs in the community setting, which comes of course from the Guernsey Health Service Fund, not from general revenue. While it is not yet possible to quantify the financial impact of the Requête on the community drugs budget at this stage, they point out that the full-year forecast for the financial position of that fund is to have an operational deficit of £2.7 million before investment income, which itself will probably be negative this year.

Unless expenditure can be reduced, the current deficit and the potential further deficit of the fund will need to be addressed through increases in contribution rates, by restoration of a grant to the fund from General Revenue, or other cost-saving initiatives within the provision of public services. As an indication of the measures that would be necessary, if £4 million to £5 million were to be raised through contributions, an increase in the contributions rate, of 0.3% to 0.4% would be required.

2335 So really, given all of that, in summary, the Policy & Resources Committee's position is that we are unable to support the Requête in its current form, unamended. If amendments are laid and we come to debate those separately we will express our view on those. But our firm view is that it is necessary to have the output of the review in order that we do make informed policy choices rather than doing so merely on the back of this Requête, sir.

**The Bailiff:** Next we will hear from the President of the Committee *for* Health & Social Care, Deputy Soulsby.

2340 **Deputy Soulsby:** Sir, thank you.

2345 I will be brief now as I will go into more detail when laying the amendment. I will just make a few comments on the back of Deputy Roffey's speech. Firstly, he says that it is an HSC amendment. It is not, it is laid by myself and Deputy Le Clerc. I think that is important to understand.

2350 There is a lot of talk about drugs and the availability of drugs, but really we should be thinking about health outcomes and, as Dr Henriette Ewart said yesterday – and I thought it was an excellent presentation and very factually based and I thought she came across with a great deal of credibility and I really thank her for coming over, a whistle-stop tour, to give greater background to this very complex subject – that new drugs are not necessarily better drugs. We seem to think that because we have not got those drugs available it means we are providing members of the community with worse drugs.

2355 What she did say was that often is not the case, what they do is extend that clinical pathway. There may be some that are better, there may be some that are not but that is part of why we need to have a review so we can really understand that. I just needed to reiterate more is not necessarily better.

2360 Again regarding NICE drugs in total, Deputy Roffey talked about all the drugs available to everybody in a hospital in the UK, but it is only drugs recommended by NICE with technology appraisals that have to be available throughout the NHS. There are those under guidelines that do not and there is a postcode lottery when it comes to that availability. Do not think everything is the grass is greener, necessarily, on the other side of the fence.

2365 Also important to say, although I will say more on the amendment, is that although Deputy Roffey has made a lot on about the minimum and that sounds very seductive, it is the very minimum we should be doing, providing those drugs that are available in tertiary hospitals. I will say more on the amendment but what I say now is that will have and could have unintended consequences if we do that now, without looking at the bigger picture and understanding how we could move to a future state. I just think Members should be aware of that. I will be saying more when I lay the amendment.

2370 **The Bailiff:** Now the President of the Committee *for* Employment & Social Security, Deputy Le Clerc.

**Deputy Le Clerc:** Thank you, sir. I will be very brief.

2375 I just want to endorse what Deputy St Pier has said about the costs and the effect on the Health Service Fund. We debated, or we discussed earlier today, the problems that we have got with orthopaedics. We do not know what effect that will have on the cost impact of orthopaedic services going forward on the Health Care Fund. So again we may need further increased contributions to cover that.

2380 Just picking up on one of the areas that Deputy Roffey has discussed and that is about the inequality of people travelling to the UK and being in a bed and drugs not being available to those people. Now, when those people return back to Guernsey and if we approve what the requérants want, we will find that people in a bed in Guernsey would have drugs available to them, because they have been prescribed firstly in the UK, that will not be available to people in a bed in Guernsey. So we must remember that there is going to still be inequality even if we went ahead and approved the Requête today. But I will say more when we talk about the amendment.

2385 Thank you.

**The Bailiff:** Thank you.

2390 Well, Members, that concludes the sequence of speeches required under Rule 28 to open debate on a Requête and brings us neatly to the amendment, which is to be laid by Deputy Soulsby, seconded by Deputy Le Clerc.

Deputy Soulsby.

Amendment

To delete the Propositions and substitute:

EITHER:-

'1) a) To direct the Committee for Health & Social Care and the Committee for Employment & Social Security to commission a wide-ranging review of the funding of drugs, treatments and devices in accordance with the Terms of Reference attached under Rule 24(1) and to direct the Policy & Resources Committee to make funding available from the 2019 Budget Reserve. The review should consider, as a minimum, the implementation of a policy for the availability of all drugs, treatments and devices approved by NICE Technology Appraisals. The findings of the review should be published no later than the end of the second quarter of 2019.

b) To direct the Policy & Resources Committee to present future funding options to meet any increase in expenditure arising from any changes recommended to existing drug and treatment funding policy from the review, and to report back to the States as part of the 2020 Budget.'

'OR

'2) a) To make available, as soon as practically possible, drugs, treatments and devices recommended via NICE Technology Appraisals for Guernsey and Alderney patients, including end of life premium drugs.

b) To establish a Guernsey and Alderney equivalent of the England Cancer Drug Fund, with the aim of making promising cancer drugs available to patients before fully approved for use in the NHS. Such Cancer Drug Fund to be established on an interim basis and to be reviewed before the end of 2021.

c) To direct the Policy & Resources Committee to meet any additional costs arising from the introduction of 2) a) and 2) b), on an interim basis, as soon as practically possible; and

d) To direct the Policy & Resources Committee to determine long-term future funding arrangements and to report back to the States as part of the 2020 Budget.'

**Deputy Soulsby:** Thank you, sir.

2395 'We shall never have all we need. Expectation will always exceed capacity. The service must always be changing, growing and improving. It must always appear inadequate.' No those are not my words, but those of the founder of the NHS, Aneurin Bevan. Very wise words spoken exactly 70 years ago and history is proving him right.

2400 The truth is there will never ever be enough money to pay for absolutely everything. That is why we will never be able to provide everything that everyone wants, however efficient we become. The question is not just are we spending what we need to spend, but how do we know what we need to spend in the first place?

2405 The current policy for the creation of a white list and rules around access to drugs and tertiary hospitals has its genesis 15 years ago, before austerity, and was designed to ensure equity of treatment across a Bailiwick population within tight budgets. But let us not forget over this time spending has increased in health and care and the number of drugs treatments and services that we provide to the people of Guernsey and Alderney has also increased.

2410 However, over time a gap has grown between the drugs and treatments available in the UK and the Bailiwick and the UK has introduced an end-of-life premium for some drugs and a cancer drugs fund. The question that the Committee asked itself at the beginning of the term was is such a gap justifiable? I do not think I am wrong in saying that Members have felt uncomfortable about it. We wanted to review current policy and demonstrated our commitment under a Resolution of the Partnership of Purpose policy letter and further by amendment to the Policy & Resource Plan just in June this year.

2415 Understandably those arguing for extending the drugs and treatments available do so in terms of fairness. That it is not fair that people in the UK, at least theoretically, get access to drugs not available here. However that is not the only factor that needs to be taken into consideration. We

also need to think about prevention, user-centred care, proportionate governance, a focus on quality and empower providers and integrated teams.

2420 These are six of the 10 key aims of the Partnership of Purpose. Our current policy was designed before those key aims were developed and approved by this Assembly. We need to ensure future policy aligns with them. Members will see that these are specifically referenced in the terms of reference on the proposed review.

2425 Now it is fair to say that the Committee has a lot of sympathy for the Requête. It is hard not to listen to those who feel they have been let down by the current policy and hear their personal stories, not to want to do something about it immediately. I think the theory behind not asking for everything up front and looking for a minimum outcome prior to any review is laudable.

2430 However, after giving it a lot of consideration we just cannot support it because it is flawed. It makes no reference to funding. As things stand, if the Requête was passed, it could mean services elsewhere would need to be cut. It makes no reference to Alderney, although knowing Deputy Roffey I am sure that was unintentional.

2435 More fundamentally, and ironically, by trying to stop one inequality it could lead to greater inequalities elsewhere in the system. For example, if the minimum outcome is adopted, then someone treated on-Island would not get access to the same drugs as someone being treated off-Island. It could also have the unintended consequence of consultants actually referring patients off-Island who could be treated on-Island.

2440 Now States' Members might think I am stretching the argument to prove a point. After all, surely two people with the same condition will either both be treated here or both be sent off-Island. But that is not the case. One person with cancer might have an underlying health condition that complicates their treatment, meaning they need to be sent to the UK for more specialist care. Another person with the same cancer, but without the other condition, can be treated here. The first person who is sent off-Island will then be able to access certain drugs and treatments for their cancer, which the other person with the same cancer cannot access here. So the risk of inequity or injustice if the Requête is adopted as written is real.

2445 Now we could of course come here today and just argue that Members reject the Requête. However that was not good enough. We understand the strength of feeling from some in the community who feel let down by the current policy and who want to see change. On that, I would like to thank the group of campaigners, some of whom I met on Wednesday night, who conducted themselves with great dignity. It was really useful to hear from them first hand.

2450 What was clear to me was there were issues over process that needed investigating and I have committed to ensuring improvements are made. Not only that, if this amendment is passed and option one is approved by the States, we have committed to work on the basis of permissive funding as far as we can in the interim and to provide a single point of contact, not involved in dealing with funding requests, who will help people through the process.

2455 We also do not want to be seen to be hijacking the Requête but to produce something that took into account the strength of feeling of some campaigners. That is why we have included our preferred option of a review, whose terms have been published for all to see, but also an alternative that says, 'Let us just do it.'

2460 We have listened and in particular understand the concern about the time it will take for a review to take place. We have committed to undertaking a review by quarter three of next year and this would have enabled the review to be undertaken by our Director of Public Health, with independent support from a counterpart in the Isle of Man. However that would of course be too late for any funding to be found from the 2020 Budget, so instead we have said we will ensure the review is undertaken by quarter two next year, by bringing in an external public health specialist.

2465 These are not generalist consultants from an accountancy firm or management consultancy. This is a highly complex area needing the necessary expertise. We have also listened in terms of the review itself. We have therefore published the terms of the proposed review. We have also stated that it should be undertaken on the presumption that we will make available all drugs treatments and medical devices approved by NICE technology appraisals. We will ensure the

2470 review fully explains the benefits and implications of adopting all NICE TAs and how that can be achieved and the policy letter arising from the review will give States' Members the option to vote to do so.

HSC cannot guarantee that the funding will be available, only that we will clearly make the financial and ethical case and ask for the necessary Budget. We believe that we have come up with an amendment that moves us forward and will help us navigate through a very complex area. Complexity. If ever there was a word to sum-up health and care, it is complexity. It is really difficult to get across quite how complex our health and care system is now. It is more complex than five years ago and even more complex than 10 years ago.

2480 Every year new drugs, new treatments and new methods are invented. We have to navigate this complexity and understand where these new inventions will actually make a meaningful difference. At the same time we have a population with increasing expectations and thanks to the internet greater knowledge of what is available out there. Aneurin Bevan was not wrong. We will always appear inadequate. We cannot meet everyone's expectations. However what we can do is ensure we meet the principles we set ourselves as far as possible and justify the decisions we make. That is why I ask that Members support the amendment.

**The Bailiff:** Deputy Le Clerc, do you formally second the amendment?

**Deputy Le Clerc:** Yes, sir, and I reserve my right to speak.

**The Bailiff:** Deputy Roffey, do you wish to speak at this point?

**Deputy Roffey:** Not at this point.

**The Bailiff:** I will open it up to debate then. Nobody wishes to speak? Deputy Laurie Queripel first and then Deputy Prow.

**Deputy Laurie Queripel:** Thank you, sir.

I will give it a go if nobody else is going to. Before I get into my own notes, I just wanted to address something that Deputy St Pier said because, in response to Deputy Roffey, Deputy Roffey put forward the point that, because of Zero 10 and various factors we had pressures on spending, we had to reduce our spending and that is how we got to where we are now. Deputy St Pier said it was not because of that. That makes it even worse.

If we reduced spending on health and, in particular, this area, and it has not been for any particular reason – not because of Zero 10, not because we were spending too much and we needed to reduce our spending – that makes the situation worse, as far as I am concerned. I do not think that was a very good explanation at all.

Something else that Deputy Soulsby said, as well. She said, in regard to more access to more drugs and treatments, more is not necessarily better. That might be true. What I would say is more choice is better; if doctors and patients have got greater access to a wider choice of treatments and drugs there is a far better chance that they will find something that works for them and is effective for them. I think that comment needs to be qualified as well.

For me, I am speaking generally, not just on the amendment, this is an issue that can be clearly linked to the statements and aims of the Policy & Resource Plan. Not only socially, which is the more obvious connection, but also in regard, to some extent, the economic objectives of the Policy & Resource Plan.

What underpins or backs up that comment is this: the more quickly and easily Islanders with medical and health conditions can access effective and suitable treatments and therapies and drugs, the more likely it is that they will be, remain, or become more socially and economically active. Effective treatments will often be enabling treatments. Timely access to suitable and effective treatments and drugs can make a tangible difference. For example, it may enable a

grandparent to mind or care for a grandchild or for grandchildren while the parents are out to work, whereas perhaps before they access that treatment they could not have done that.

2525 It may enable somebody to stay or to return to work where, previously they could not have done that. An effective drug or treatment may enable someone to partake and contribute in social activity, whereas prior to that they could not have done that. It may enable someone to manage their condition to the extent that they may no longer require a carer. So those are just a few examples. I am sure that more could be cited where access to the right and effective treatments and drugs could lead to better outcomes, for the person themselves, for our community, for our  
2530 society and the economy. These are the benefits we could all share in.

So then we begin to see some of the objectives and aims and statements of the Policy & Resource Plan being realised, becoming more meaningful, not just platitudes. So whether it is happy and healthy, or happier and healthier, or improving the quality of life, providing opportunities or helping to create a more inclusive society or enabling greater economic  
2535 contribution and participation, if people getting access to effective treatments and drugs, treatments that they need, creates better outcomes, all of these come into play and are relevant.

But yes, we are looking at significant expenditure, whether we do the bare minimum, so that is compliance with NICE within the context of Proposition 1 of the Requête, or going beyond that, we need to turn that thinking around. We are talking here about an investment in people. An  
2540 investment that will pay back and provide a return socially and economically, that will bring aspects of the Policy & Resource Plan to life, that will make a practical and real difference.

This is not blue sky, it is not pie in the sky, it is not speculation, it is not high-level, long-term vision, it is not pushing an ideal; it is about making something realistic and beneficial happen and, hopefully, in the very near future.

2545 What about all of that compared to the current state of affairs, the current reality? I would just like to read some of the comments that have been provided to us from members of the campaign group. First some general comments:

Lack of treatment options has an impact on people when they are at their most vulnerable and often in a state of shock, following a diagnosis.

So this is people who are already suffering with a serious medical condition and because of the way the system works that is having an impact on their wellbeing and their state of mind as well.  
2550 That is what is happening at the moment. It goes on to say:

The system has evolved into a bureaucratic maze, with time delays. If an individual application is rejected, there is a 12-month delay before reapplication. It does not support timely health interventions..

That is the position we are in at the moment. Another comment:

Many treatments are cost-effective when looking at the wider picture, i.e. getting a patient well enough not just to enjoy life but to be able to work, supporting themselves and their family, pay tax and social security rather than living life on benefits. Possibly with restricted treatment they will require a carer, who becomes unable to work, still further damaging the economy.

Another comment:

Doctors have said that people participating in clinical trials have better outcomes than those on standard treatments. Under G1033 ...

... which is the current policy ...

... there are many restrictions placed on Guernsey patients accessing such trials. It is almost impossible. The reality is that this policy denies new treatments to Islanders.

The final general comment, sir, to back up those points:

It is a measure of a society how the sick are treated.

2555 Going on to some more specific comments, in regard to certain cases that we have been made aware of. There is a case of a local lady who required a kidney transplant and her husband immediately offered to donate a kidney. It goes on to say:

We spent nearly a year working up to a transplant. Four days before the scheduled date, a Guy's consultant telephoned to inform me that the transplant was cancelled because Guernsey refused to pay for the drug needed to prevent rejection of the new kidney.

2560 There is one example. The refusal to fund specific drugs is clearly driven by cost rather than concern for the wellbeing of people requiring treatment. The denial of treatment may leave people in pain, prevent them from working, exclude them from social activities open to others, leave them feeling they are simply waiting to die. It rations health care, creating competition between vulnerable groups. It focusses on inputs rather than outcomes. It disables and excludes people.

2565 There is another example here, sir, a chap who had melanoma, skin cancer, when he was told about two particular drugs that he might be able to access, that might help him with his situation. He later found out that neither treatment would be possible as they were not on the Guernsey white list. Both drugs stimulate the body's immune system to fight cancer anywhere in the body, help patients with advanced melanoma to live longer and decreases the risk of the melanoma coming back after surgery. Those are drugs that are available in the UK, to UK patients, but not to local patients, whether here or in the UK, having treatment.

2570 There is another example from a young lady, age 23. She had a progressive eye disease. The treatment for that would have been corneal cross-linking, CXL. It is a relatively non-invasive medical procedure designed to strengthen and stabilise the cornea and thereby halt or slow the progression. Left untreated, vision will degrade to a level where one will experience difficulty leading a normal life; near blindness.

2575 Now CXL was not available on the white list at the time this young lady needed it. The only option was a more expensive operation called a corneal graft. So this young lady went to Jersey for this procedure, where it is free to Jersey residents, to have that operation, and it cost her £10,000. As a consequence of that she has been pushed into hardship and into debt. Those are just some examples of where we are at the moment.

2580 I just wanted to demonstrate the contrast that we experience at the moment and share a few comments and examples provided by members of the campaign group. What this reveals is that short-term gain in regard to reducing or keeping expenditure down is likely to result in greater long-term cost to the public purse and to the Islander, who cannot access the treatment or drug that they need.

2585 I think that it is clear from those examples and the things we have heard from Deputy Roffey this morning, that situation needs to change and hopefully we can start that process today. It needs to change sooner than the amendment is putting forward. So for all kinds of reasons, I would ask Members to actually support the Requête.

2590 Thank you, sir.

**The Bailiff:** Deputy Prow.

**Deputy Prow:** Thank you, Mr Bailiff.

2595 I rise to support the amendment to the Requête, proposed by Deputy Soulsby and seconded by Deputy Le Clerc, and I thank them for lodging it. I have three compelling reasons for supporting the amendment, as it achieves key elements absent from the Requête and which cannot be achieved by resolving the four Propositions contained in the Prayer.

2600 The first element deals with the review, already agreed by the States in the December 2017 Partnership of Purpose policy letter and through the HSC-led amendment to the P&R Plan in June 2018, which goes far wider in scope and not limited to, and I quote from Resolution 1 of the

Requête, 'access to the same range of medicines and treatments as NHS-funded patients being treated in the same hospitals'.

2605 Secondly, a lack of endorsement in the Prayer of the importance of an evidence-based and informed review of drugs treatments and devices, which the Committee *for* Health & Social Care have, as said, already fully committed to do so. My third key element is the absolutely fundamental issue of regard to the need for a decision to be made in this Assembly regarding the allocation of funding for drug treatment arising from this Requête.

2610 The pressures on funding on the HSC's budget have been well-articulated in this Assembly in relation to the 2018 Budget and the 2019 allocation. Furthermore, the Partnership of Purpose policy letter, approved unanimously by this Assembly, pulls no punches on the challenges surrounding sustainable funding of Health & Social Care in the medium and longer-term. The States unanimously agreed that HSC should carry out this review when it supported the Committee's Partnership of Purpose letter in 2017. The amendment will achieve this and will  
2615 schedule it to be presented to this Assembly before the end of quarter two of next year. The Prayers of the Requête do not.

The amendment ensures the review will consider the equitable access to drugs, treatments and devices for all patients in Guernsey and Alderney, regardless of where such treatment is delivered, whether on-Island or off-Island. The Prayers of the Requête do not. The amendment considers the  
2620 fundamental challenge to the States regarding the additional funding that the Requête has highlighted and, in doing so, stimulated a healthy public debate and public expectations. But the Requête has not in any way addressed and has left somewhat of an elephant in the room, with regard to funding.

The amendment, if successful, will rightly bring the role of Policy & Resources Committee into play and provide some mechanism to make that funding available. The Prayers of the Requête do  
2625 not.

In closing, I would like to say that I also had the benefit of attending one of the meetings last week, during which a number of Islanders spoke bravely about their personal experiences and the challenges in accessing drugs and treatments. The evening was insightful and I am clearer now  
2630 than ever of the very real situations faced by Islanders suffering serious health conditions. I am grateful to those people for sharing their stories in such a respectful and measured way and for informing our debate today.

There is no doubt this is a complex area and that we have difficult decisions before us. As a Committee we frequently face tough decisions, as I know we all do, in balancing competing  
2635 demands for new services, equipment, technologies, drugs and treatments. The difficult decisions will only get harder as we know that the demands for our services will continue to increase.

The Committee *for* Health & Social Care was directed by the States to complete a review of the funding of drugs and treatments and we have developed terms of reference to ensure that independent review of cost and health impact of any changes to HSC's current policies. We need  
2640 to take an holistic view, with the benefit of specialist input, to inform our decision-making and bring this back to the States for a fully informed debate. With the ever-increasing pressures on Health & Social Care services, this has to be the sensible option and I urge you all to support option one of the amendment.

Thank you, sir.

2645 **The Bailiff:** Deputy Fallaize.

**Deputy Fallaize:** Thank you, sir.

2650 When Deputy Roffey opened debate, he spoke about obviously the Requête is based on provision which applies in the UK and subsequently there has been some talk about what is provided in the Isle of Man and Deputy Laurie Queripel referred to provision in Jersey. All of these jurisdictions share one thing in common, which is that they all levy more taxes on their resident population than Guernsey does. (**Deputy Gollop:** Hear, hear.) It is comforting when Deputy

2655 Gollop does that! (*Laughter*) In particular in relation to taxes on consumption and goods and services.

Now that is why I think the amendment is better than the Requête because we cannot consider these very laudable policy objectives that are set out in the Requête in isolation from the resourcing or financial issues that come alongside them. (**Deputy Inder:** Two schools.) Deputy Inder says under his breath 'two schools'; well, first of all, when the States are asked to approve any expenditure in relation to that project, they will have costs set out, unlike this Requête. Secondly, if the Requête incurs additional expenditure of £4 million or £5 million per year, that is an ongoing commitment to revenue expenditure and not a one-off capital cost. So that was an unhelpful intervention.

2665 But the point, I think, stands that the policy objectives and the financial implications should properly be debated at the same time. Now without Deputy Roffey's Requête, obviously there would not have been the amendment, and I do not think the opportunity would have arisen for the States to debate these issues in this form.

2670 So I think the case for the Requête is justified, or has been vindicated, simply on the basis of the debate that we are now going to have, irrespective of whether the amendment effectively replaces the Requête or if the Requête is debated in its original form. So I think those campaigning from outside the States for these changes and the signatories to the Requête are vindicated and I think they have pushed the two Committees, which are behind this amendment, a little further than they would have gone otherwise. So I commend them for that.

2675 Nevertheless the Requête does not deal with the financial implications and I have sympathy for the position; Deputy Roffey's position is basically this is the correct thing to do in policy terms, whatever it costs it costs. That is fine. I am actually not a million miles or even 10 miles away from Deputy Roffey's position, but I do not think you can just stop there. I think you do have to deal with the financial consequences.

2680 The Requête does not even propose directing the Policy & Resources Committee to increase taxation to the level necessary to pay for the implications in the Requête. The Requête is not just saying look, if this requires an increase in taxation, or requires an increase in raising revenue, the money will just have to be found. If it did say that, I think I would have even more sympathy for it than I do.

2685 What it actually says is nothing at all about the financial implications, either on the expenditure side or the tax-raising side and simply tries to commit the States to the policy objectives. The second reason why I think the amendment is better than the original Propositions in the Requête is equality of provision.

2690 I do not think it can be denied that the Requête, if approved in principle at least, would replace one inequality with another inequality, because it would mean that, yes, in future, local patients who are receiving treatment in the UK, would receive it on the same basis as others in the UK, but then if they continued to receive that same treatment when they came back to Guernsey, which is proposed in the Requête, they would potentially be receiving different treatment, maybe enhanced treatment, compared to others receiving treatment in Guernsey for the same condition.

2695 Now Deputy Roffey would say, no, the Requête does not require that, but following that logic through to its conclusion, the only way that inequality is escaped is if the two Committees introduce and pay for the same level of treatment for all Guernsey patients, which is available to those in the UK, irrespective of whether they are receiving it in the UK and Guernsey, or in Guernsey alone. The costs of that are likely to be much greater even than the £4 million or £5 million indicated. Deputy Roffey shakes his head but that is the advice that is being made available.

2700 I will give way to Deputy Roffey.

**The Bailiff:** Deputy Roffey.

2705 **Deputy Roffey:** I understood that the advice was that funding all NICE drugs would cost £4 million-£5 million. There has been no cost put on Proposition 1 in the Requête. That is what came out to Members.

2710 **Deputy Fallaize:** Okay, I accept that. But in any event it would be more costly to provide the drugs to all Guernsey residents, as well as Guernsey residents who are receiving treatment in the UK. Then it would be only to do the latter. If Deputy Roffey is saying that the best information available is that the estimated cost is in relation to both Propositions 1 and 2 in his Requête then fair enough. In any event, incorporating number two into the Propositions does make the whole enterprise more expensive.

2715 In any event, there is no guarantee that the Committee *for* Health & Social Care would introduce the kind of regime whereby all Guernsey patients, even those treated only on-Island, would receive the same drugs regime as those Guernsey patients travelling to the UK, unable to benefit from the enhanced regime in the UK. If they did not then there would be a new inequality introduced as a result of Proposition 1 in the Requête, which could otherwise be avoided.

2720 So I think as well as the need to debate the financial implications and the policy objectives together and the need, as far as possible, to have equality of provision, they are two reasons why the amendment is better than the Requête.

2725 But the third reason is that if Members are genuinely committed to the Requête and want to see an enhancement of treatment and want to see it on a more equal footing and want to see it introduced sooner, then actually Proposition 2 in the amendment gets us there more than Deputy Roffey's Requête. Deputy Roffey's Requête effectively takes us to a position where there would still be a review but that now we would establish that as a minimum outcome of the review, etc. we would establish the policy objectives his Requête is setting out.

2730 But there is no timeline for it. We do not know whether the outcome of that would be that it might be introduced in 2020, it might be introduced in 2021. There is no timeline in this Requête. However, and actually in Proposition 4, there is mention of the medium-term, this is in relation to all Guernsey residents, even those receiving treatment on-Island, receiving NICE-approved drugs in the medium-term.

2735 In number two of the amendment it is in my view clearer that the whole thing would happen sooner, because it says that this regime should be introduced as soon as practicably possible and then at parts (c) and (d) of number two, it separates the direction to the Policy & Resources Committee to meet any additional costs from the introduction of this new, enhanced drugs regime, on an interim basis, which means immediately, presumably and then at part (d) or number two in the amendment, it directs that Policy & Resources should report back on long-term funding arrangements as part of the 2020 budget.

2740 The fact that those two funding mechanisms have been separated, to my mind, indicates the whole thing would happen more quickly if number two in the amendment is accepted, than if the Requête is accepted. Because the direction clearly would be that P&R would have to find the funding now for the introduction of the enhanced regime, through current budget provision; through some kind of reserve presumably. Then the long-term funding of this new drugs regime would have to be set out in the 2020 budget. That promises to get us to the kind of enhanced regime that Deputy Roffey and his fellow signatories want sooner than the terms of the Requête.

2745 My only regret is I did see an earlier version of this amendment, where parts 1 and 2 were the other way around and I think that would have been preferable and somebody who is trying to apply themselves to proper governance and due process probably got wind of the fact that if that was laid before the States there was a higher risk of number 1 getting through in advance of the wider review, so it was better to switch the Propositions around and ask the States, first of all, to carry out the review, and to wrap up this examination of Deputy Roffey's objectives within the review and then, only if that Proposition falls, will the States then, in number two, move onto the vote on whether to introduce this enhanced regime immediately.

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2760 So I do think it would have been better if numbers 1 and 2 in this amendment had been presented the other way around. But surely the amendment is preferable to the Requête when it allows the States to consider the policy objectives and the financial implications at the same time? In terms of the policy objectives I am inseparable from the requérants, but they are not addressing the policy implications.

2765 I do get slightly fed up, and certainly not all but some of the signatories to this Requête fit this description, (*A mobile phone rings*) – with mobile phones being turned on (*Laughter*) – standing here at every Budget debate and supporting almost every motion laid before the States to raise more revenue and being lectured by Members who say they are fiscally conservative and it is irresponsible of the States to raise more revenue than is necessary, and then to find requêtes being presented which require the expenditure of many millions of pounds more per year, signed by and in some cases supported by, the very same Members who will not vote for any Propositions to raise revenue at Budget time.

2770 So I really do think that we ought to consider both the policy issues and the financial issues at the same time. I do think Deputy Roffey's Requête is going to get us to the policy objective he sets out and I think it is going to get us there much more quickly than we would have otherwise, and therefore the Requête is entirely justified. But I think the amendment is preferable to the Requête and I am not yet sure whether I will, if the amendment is successful, vote for part 1, or take the risk of voting against part 1 and vote for part 2.

2775 **The Bailiff:** It is much warmer this afternoon; those who wish may remove their jackets.

I saw Deputy Roffey standing. You wish to speak at this point, do you? This will be your only speech on the amendment.

2780 **Deputy Roffey:** Yes, sir, I think it might be helpful. I was going to wait to speak just before Deputy Soulsby but I think there are a few things that need to be spelled out here, really. There is the world according to Deputy Fallaize, which is completely correct and logical analysis, and then there is the real world. Sometimes there is a little bit of a distance between them! (*Laughter*)

2785 I feel that Members of this Requête are tigers today and option B in the amendment is an antelope that has been staked out for us. Deputy Fallaize says this is the quickest way to get what you want, vote for the amendment and then if option two moves, you will do it straight away – almost next week, we will be there.

2790 If something seems too good to be true it usually is and I think that has been put in deliberately to say to us requérants: 'How can you possibly oppose this amendment? Here is a route towards doing it straight away.' I think it stands a snowball's chance in hell. If the amendment goes through I will vote for option 2, but I think there will not be many of us that will be doing that. As soon as the amendment goes through we are going back to reviewing before any firm policy direction is given. So I worry about that.

2795 There has been a lot of talk; the policy is right, we are being told, but it is irresponsible to even consider signing up to it until you know the exact money. Yet in her remarks, Deputy Le Clerc was saying, 'Look at all the other costs we have got. Look at orthopaedics, we are going to have to do something about that. We do not know how much it is going to cost.' There was no, 'Oh, we may not do anything about orthopaedics, let us wait and find out how much it is going to cost before we decide whether to give people their new knees or their new hips.' It is just a given; it is going to happen and we are going to have to find it.

2800 Suddenly when it comes to medicines we are in a different situation. We have to wait until the review before we decide to do that.

2805 I want to address a couple of key things that are being said here. One is, is our present situation a result of austerity and saving regimes? My unequivocal answer is yes. Deputy St Pier is quite right, the white list predates those days. I think it was 2002, or 2003, we got rid of the old black list, which was a list of things you were not allowed to have and replaced it with a white list of things that you were allowed to have. That was a very sensible approach and even back in 2003

the old Insurance Committee, or whatever they were called, warned that potentially that could mean that people would be in UK hospitals and not be able to access the same drugs.

2810 Thankfully, the powers that be at that time realised how nonsensical that was and the policy, it has been said, there was never automatic, NICE going on the white list; no it was never automatic but the common sense policy, for years after the white list was introduced, was that if something had been approved by NICE for funding, Guernsey would put it on the white list as well. In fact there were a few cases of them putting extra things that had not been licensed through for  
2815 funding on the Guernsey white list.

When did that change? That change was very much part of the financial savings regime; basically when G1033 came in about five or six years ago. I think there was a policy before that, that started to go in that direction. But it has been in the last five or six years; we have suddenly seen the opening of this big gap between what was funded in the UK and what was funded in  
2820 Guernsey. In the early days that did not exist.

Alderney. Sorry, health is a transferred service. Alderney know how strongly I support the smaller Islands in this Bailiwick. I just took it as an automatic, it went without saying, what we were going to do for Guernsey people went for Alderney people as well. If I should have spelt it out in letters, to make sure that could not be misinterpreted, then I apologise for that. But there has  
2825 been never any thought that there would be any different treatment for Alderney and I amazed anybody should think that.

I absolutely take the point that has been made by Deputy Fallaize and Deputy Soulsby and Deputy Le Clerc about wanting to treat people who are not sent off-Island as generously as those that do. There is absolutely zero in this Requête that would stop that from happening. I do not  
2830 think there is a single one of the seven requérants, that would not only welcome it but would actually stand up and applaud and say, 'Absolutely, you are getting to where we wanted earlier than we were.' Please do not think that is going to go ...

As I say, going back to the amendment, part 2 I think is just basically a pit-trap for people thinking, 'Vote for this, get rid of the Requête, bring the amendment instead, because the  
2835 amendment says delete all the Propositions in the Requête.' I cannot see this Assembly going for Proposition 2, it would be Proposition 1 of the amendment; which is to have a review, which we have already agreed to have.

Deputy Fallaize said there was no timetable. There was. It was set out, okay, slightly slower than this, I think it was third quarter instead of second quarter, but that review that the Requête refers to, the timetable is not mentioned in the Requête because the timetable has already been  
2840 set by HSC. It was the third quarter of next year.

The only thing I think that would get me to even consider this amendment would be enough assurance, on the record, that it is not kicking the can down the road and that we are likely to get some genuine liberalisation out of this. Because I can say before seeing the evidence that I cannot  
2845 conceive not approving Guernsey funding NICE-approved drugs. I know that now, so I am happy to say it now. But if the rest of the Members want to have this report then I would like to know from HSC and Employment & Social Security – of which I am now a Member, but the other Members – where they are genuinely going. I just want some genuine comments about where they see this leading.

Deputy Soulsby said in her opening on the amendment that this review was being done on the presumption that drugs that had passed the NICE assessment would be funded. The amendment does not actually say that. It just says that is the minimum to be considered. It does not say anything about minimum outcomes. Also, because we know there are three different types of  
2850 outcome from NICE. One is yes, to be funded in the traditional route; two is yes, to be funded out of the Cancer Drugs Fund to the UK; and the third is, no, do not do this it does not make the criteria.

So when Deputy Soulsby says that she is working from the presumption that NICE-approved drugs will be funded at the end of this review, is she talking just about the first category or is she also talking about the second category, which is funded out of the Cancer Drugs Fund? If it is not

2860 both we will still have Mrs Le Page in that hospital ward in Southampton not being able to get the same drugs as Mrs Brown from Winchester in the next bed. One will be able to access both categories of drugs and not the other.

In her summing up, I would really like, and I would like to hear from the other Members in the run-up to it, where they see this review leading and whether they are genuinely looking to move  
2865 towards some sort of equity with the UK. We are right at the back of the field internationally.

We got told we are being asked to make a policy decision without the information. I tell you what, this Assembly never debated it when we stopped following NICE guidelines and we started having fewer drugs available than the UK. They did not come and say, 'We are saving this money because we can do this instead. This is more important than that.' It just happened. But suddenly  
2870 when you want to go the other way the same rules do not seem to apply.

I read the body language around this Chamber. I would like to see the Requête go through unamended. I think the amendment is going to go through. I think, probably, that option 1 is the more likely. I am not being defeatist here, I shall vote the way I think I should vote. But on the assumption that that might well happen I think for those people who have campaigned and those  
2875 people who have not campaigned but are watching with interest and have been phoning me up – I was almost late today from somebody phoning me up because of their interest in this – at least let us get some sort of pledge out of this Assembly. Let us put something on the record that says we are moving to a more liberal regime, because the current situation is just really not acceptable.

I know we want to get onto buying planes. They are far more interesting than drugs to the majority of the population. But I would appreciate at least taking the time to hear from the Committees involved about their genuine belief about what they are trying to achieve from this because I think it might be of some comfort to some people.  
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**The Bailiff:** Deputy Ferbrache.

2885 **Deputy Ferbrache:** Sir, Deputy Roffey said in his opening remarks, when presenting the Requête, that this is not in any way to be a criticism of this Health Committee or any previous Health Committee or any previous States' body. I am of exactly the same mind, because I think this Health Committee have done a very good job in the two-and-a-half-years or so that they have been in office and I am sure they will for the remainder of the 18 months that they will be in office.  
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It is not a criticism of them. Where I do get slightly annoyed is when I hear somebody like Deputy Fallaize give us a very learned speech that actually says nothing, about timetables and things, and does not come to any conclusion, and say he is fairly fed up with certain things. Well  
2895 let me replace the adverb; I am very fed up with people who constantly say, 'let us have a review', because all we do in this States is have reviews and then we do not do anything. (**Several Members:** Hear, hear.)

Also, it maybe that he was referring to me amongst others; I know not. He says he was not but let me say this in relation to fiscal conservatism: I am one of the minority in this States that have actually ever run a business, I am even more of a minority because I still run a business. So I know the value of a shilling, I know how difficult it is to make money and I know how easy it is to spend money.  
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As Deputy Roffey said, and it is not often, and in fact it is the first time I have ever applauded one of his speeches, we are a civilised society and what we are doing is a national disgrace. That is not a criticism of Deputy Soulsby and it is not a criticism of anybody in the Health Committee or anybody else. It is a national disgrace.  
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When we look at the wording, I think my prediction – and I am often wrong that is why I never gamble – is that the Requête will fail, the amendment will succeed and it will be part one of the amendment that will pass. I am going to vote against the amendment, but if it is successful and replaces the Requête, I will vote for part 1 of the amendment, because we will have achieved  
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something. The Requête has already achieved something because I think it has brought the relevant States' Committees to do something that they possibly would not have already done.

2915 I can only read documents in plain English and, because of the nature of my main job – I have had many jobs and many businesses – I have read lots of documents over time. Deputy Soulsby quoted from Aneurin Bevan, a great Welshman. But we heard of a great Welsh lady that died just a few weeks ago who, if she had not had the financial wherewithal would not have had the drugs that at least eased her demise, sadly. He described her as a leftie Welsh lady, she certainly was that, but a charming leftie Welsh lady. She had common sense.

2920 So we have had the Aneurin Bevan quote, which is absolutely accurate. You are never going to be able to do everything in relation to health and I commend again the Health Committee for the way they have contained expenditure, but healthcare costs will undoubtedly rise. This, whether it is the review or whether it is the Requête, will raise costs. I do not care about that, because we are here to provide people with decent health services, amongst other things.

2925 It is a disgrace. Deputy Roffey gave us an example, he was not dwelling on cancer, somebody sitting in a bed in a hospital in Southampton being treated with cancer, they cannot get the drugs because they come from Guernsey, but the man from Darlington who is in the bed next door can get them. That is an absolute disgrace for an Island like us. An absolute disgrace. Nobody can justify that.

2930 Reviews and reviews, I wish we would cast them asunder and actually make a decision. So I am going to vote against the amendment, although I accept that it may well succeed, because I prefer this. Winston Churchill said: 'Action this day.' I much prefer Winston Churchill to Aneurin Bevan, because he actually saved somebody, rather than did something ... The National Health Service is a great thing and has been a great thing for Britain, I accept that completely, but Aneurin Bevan really was not the author of that, despite the fact that he claimed credit for it. But that is another matter, we are not going to go into political history or social history of that time.

2935 So let us have action this day. That is what Proposition 1 in the Requête says, because it says:

... to direct the Committee *for* Health and Social Care and the Committee *for* Employment & Social Security that, as a minimum outcome, the current wide-ranging review of the funding of treatments, services and other interventions should result in Guernsey patients who are referred to the UK for tertiary treatment having access to the same range of medicines and treatments ...

2940 That should be operative today. *Today!* We should make that decision today and those people, if they are in Southampton tomorrow and they need those drugs, should get them tomorrow, because it is on the list, it is not difficult; you can flick a switch and it is there. People are getting drugs in England that we do not get in Guernsey in the sense that has been described by Deputy Roffey so it cannot be difficult.

If we have got to fund the money for that –

2945 **Deputy Fallaize:** Point of correction, sir.

**The Bailiff:** Deputy Fallaize.

2950 **Deputy Fallaize:** Deputy Ferbrache is misleading the States by suggesting that if the States vote in favour of the Requête, tomorrow the drugs regime available to those patients will increase. What the Requête actually proposes is that the review will take place and that, as a minimum outcome of the review, there will be changes to the drugs regime. But they will not take effect until the review has been carried out, which is not happening today.

2955 **Deputy Ferbrache:** That is a sensible statement made by Deputy Fallaize that I accept. But there is no reason why – relatively tomorrow. I was speaking in figurative terms rather than literal terms because we need to get on with things. I actually think, and on reflection, and this leads the debate, but it is too late to amend, to say it should happen instantly. That would have been

perhaps even better but Deputy Roffey was being conciliatory and pragmatic and reasonable. Three descriptive words that do not always stick with me.

2960 On reflection that is probably what should have happened, because these drugs should be available – with what, 3.40 p.m. now – at 3.41 p.m. for people in Southampton and Exeter and all the other hospitals that we may be sending our people for tertiary treatment to. So I accept that, for once, Deputy Fallaize is correct in that regard. What I actually mean is that they should be available as soon as is practical and quicker than it is otherwise being suggested. So I conclude by saying I ask you to reject the amendment and support the Requête.

**The Bailiff:** Deputy Graham.

**Deputy Graham:** Thank you, Mr Bailiff.

2970 I would like to endorse two tributes that have already been made. The first to Deputy Peter Roffey. I wonder whether he is being premature in anticipating defeat for his Requête but, be that as it may, I think whatever the outcome there have been two benefits from his laying the Requête and having requérants with him too.

2975 The first is I think it has enabled the Assembly to engage with the promised review in a way that we might not have engaged with it had he not placed this Requête. I think it may also elicit, if the amendment is successful, an unequivocal and strong commitment from HSC and also ESS to make sure that more than words are passed in the Assembly this afternoon. So I do commend him for going to the trouble of placing the Requête.

2980 The other tribute is to the group who, so sensibly, engaged with us, which I think was an exemplar of engagement with the political process. (**Several Members:** Hear, hear.) There was no sense, really, of being blackmailed or bullied into a view. More importantly, I think it was so beneficial to attend their sessions because they had gone to a lot of trouble to produce a long list of case studies which, in their very diversity and range, really indicated to those of us who are not really up to speed on these things, the impact on the community that the current regime has.

2985 One point emerged from the group session that I attended, which I do not think has been mentioned so far in the debate. If it has, I apologise for missing it. That is that the phenomenon emerged that there is an alleged waste of prescription drugs going on, on a considerable scale, at the moment. Now there is no way that people like I can assist on what sort of scale that is but at least one experienced pharmacist was at the session that I attended and, apparently, over-prescription and over-dispensing of drugs is going on and a lot of drugs are being thrown away unused.

2990 Now I am not for a moment suggesting that, in any way, if we can correct that, that it in any way pays for any extra expenditure that we will incur in going to NICE-approved drugs but I think, in principle, it sits rather uneasy with me that if, on the one hand, we are being fairly parsimonious in allowing access to drugs that people actually want and, on the other hand, are getting rid of a whole lot of drugs and dumping drugs that are not wanted, that is pretty difficult to live with. I would hope that either Deputy Heidi Soulsby or Deputy Le Clerc will be able to address that issue.

**The Bailiff:** Deputy Le Clerc, the seconder of the amendment.

3000

**Deputy Le Clerc:** Thank you, sir.

Firstly, I want to apologise to the group that did hold the workshops, because I was not well. I hope they will appreciate, today, why I was not there.

3005 Firstly, just to deal with Deputy Graham's question about drugs and when they have been issued, expensive drugs, and then they are not used. Unfortunately, they cannot be re-used because they may have been tampered with and, for security reasons, even with tamper-proof, they cannot be reissued. So unfortunately some of the expensive ones do have to be disposed of and cannot be reissued, which is a shame; which is why very often doctors are only prescribing on

3010 a 28-day cycle and most doctors will only give a three-month prescription. Again, it cuts down on potential wastage.

I think it was a shame that Deputy Roffey had to cut short his speech before lunchtime on some of the history, because I was hoping that he was going to go back to discuss the 2003 report that came to the States, because Deputy Roffey was actually President of the Board of Health at that time and actually, when the recommendations came to the States, back in 2003, to the changes on drug prescribing, actually if you read through the Billet, the two Committees – and that was the Board of Health, and the Social Security Authority – actually worked together on those recommendations. So actually the recommendations that we have got today are part of that work that was carried out in 2003 and I have looked through that report and I cannot see anything where we have said that we would continue to offer NICE guidelines.

3020 Actually, on the tertiary off-Island, again my reading and my understanding of that report was that there was only going to be a short-term, temporary availability of drugs to those people that were receiving drugs only available in the UK and when people return back to the Island, there was this short-term agreement but after that the UK authorities would be told that we would not be prescribing those drugs any more. Perhaps, when we go into general debate, Deputy Roffey can expand on that. That was my understanding: that this is the result of the 2003 discussions and the agreement by this Assembly, at that time, that the prescribing of drugs would change and we would have our own white list. It does not say that they would adhere to the NICE guidelines at all.

I really feel that perhaps Deputy Soulsby and myself, and our relevant Committees, are being put up as the bad guys on this. Actually the benefit of this Requête today is that we have come on a journey and I think it has been a learning experience, particularly for myself and the Committee Members on ESS. We have got a greater understanding of the NICE guidelines and how complicated and complex all the various drugs are and what is available and what is not available. So I thank Deputy Roffey and the requérants, because I do not think we would be discussing it in detail today if he had not brought the Requête.

3035 However, one thing I would just like to say is that I do think, and I urge people to vote for, our amendment, because I think actually there is a possibility of bringing the guidelines in much quicker than would be if we just voted for the Requête. Deputy Roffey talked about the earliest being potentially 2020 and still requiring a review. Actually what we have outlined in our amendment is that we will be able to bring back to this Assembly, we will release the publication to this Assembly, by the second quarter of 2019.

That will enable us to put in a Budget bid for 2020, to P&R, so that actually we could get the funding for these drugs from January 2020, which I think would be earlier than the potential review that Deputy Roffey and the requérants are looking for. I think the elephant in the room is actually that the requérants are concerned that the review will say that we will not deliver all the guidelines that they are looking for. I cannot comment on that. I would say myself, and the Committee, our understanding is we would adhere to those recommendations and that review but, when we bring back a policy paper to this Assembly, if that is not the case, the requérants would have the ability at that time to make an amendment and still require that we follow those NICE guidelines.

3050 So I think you get two bites of the cherry with our amendment.  
Sorry, I will give way to Deputy Fallaize.

**Deputy Fallaize:** I am grateful to Deputy Le Clerc. I think it would help, because I think she is making an important point here, if Deputy Soulsby and Deputy Le Clerc could give an assurance to the States that, at the time that policy letter is laid before the States, there will be in that policy letter the information necessary to enable Deputy Roffey and others to lay the type of amendment she is talking about if the two Committees themselves do not propose moving to this kind of enhanced regime.

3060 It is okay saying at that time they could lay an amendment but it would be very difficult for them to make the case for their amendment if they have not had all of the necessary information set out in the policy letter. If that assurance could be given then that would be quite reassuring for the requérants and others who want to end up in the same policy position they are setting out.

3065 **Deputy Le Clerc:** I think Deputy Soulsby will respond to that and I think the other benefit that Deputy Roffey will have is that he will be on the ESS Committee, so he will be in on the early drafting of that response and can perhaps drive this from a Committee perspective and will be able to fight for the funding that we might need through the Budget process. I think he will be in a much better place going forward to achieve the outcome that he wants to achieve and the requérants want to achieve.

3070 I have written so many scribbled notes, I do not know whether I am coming and going. I think for me there is one other question as well, because the timeline is going to be really tight on our amendment if we do not get the funding from the Budget reserve to undertake the review. The review timeline was originally longer and we have pushed on that and we have pushed our officers on that and we have got people lined up to undertake the review, but it is dependent on us getting the funding for this review. I just would like some reassurances from Policy & Resources that we will get that funding –  
3075 Sorry, I will give way.

3080 **Deputy Lowe:** Thank you, Deputy Le Clerc.

I wonder if you could just help me, please? As part of the review would that include more research on the drugs that are being dispensed, how many are generic and how many are trade? Because we had this campaign many years ago where we had the 'Dump Campaign', I think it was, around 2005. We worked very closely at the time with the GPs and, indeed, with the pharmacists,  
3085 to come away from a lot of brand names for drugs. I think one particular one was £48 as the brand name and actually it was £3, the generic, which was a huge amount of money being spent on drugs here in the Island on these incentives, sometimes, with the drugs by particular brand names.

3090 Also we could see from the Dump Campaign which went alongside that at the same time, how many people were dumping full packets of drugs that they had not used in any way, shape or form. Some of those, we were led to believe, where they did not want to upset the doctor. The doctor was giving them those drugs, they were feeling a lot better, they were not taking them but they did not want the doctor to stop giving them to them in case, actually, they had a downward trend on how they felt.

3095 There were lots of reasons why some of these drugs, in the full packets, unopened, were being dumped. Again I think that would be quite helpful, if that could tie in in any way, shape or form, of how much is being dumped and whether there has been a sway, perhaps, going back to brand names instead of generics.

3100 **Deputy Le Clerc:** There is already business as usual. I know we have already got an officer shared between ESS and HSC that looks at the generic drugs and actually our drug costs have been coming down and down, even though the number of prescriptions has been rising over the past few years. That is a key part of the work that we are already actually undertaking. So I am not sure it would form part of this review.

3105 Getting back to my original question to P&R, is that I want some reassurances from them that we will have the budget to do this review, that we will not have to do another lengthy business case to get this review, because we are really tight on timeframes for us to be able to deliver and come back to this Assembly in the time we want so that we can get all of this funding request in the Budget for 2020 and help those people that we have met over the last few weeks.

3110 So I would urge you to vote for our amendment, option 1.  
Thank you, sir.

**The Bailiff:** Deputy Brehaut.

**Deputy Brehaut:** Thank you very much, sir.

3115 I have to say Deputy Le Clerc said she felt she was being cast as the bad guy. Can I be clear on this? I am the President of E&I, I am officially the bad guy, if that makes her feel any better! (*Laughter*)

While I am on my feet I will apologise to Deputy Fallaize for, in an effort of turning my phone off, turned it on, I am afraid, so I apologise for that.

3120 I just wanted to pass comment, firstly, on what Deputy St Pier said. I know it was a broad observation he was making but he was saying that the message cannot go out that it was because of cuts that led to the reining in of expenditure on the drug budget. I was on HSSD, in fact at that time it was a revolving door because the Committee changed on a six-monthly basis, and it did that because we closed a ward to save £240,000. We closed a surgical ward because we met with the then T&R, to say to them that we could not meet our budget. They were saying, 'Find the money from the budget that you have.'

3125 We closed a ward to come in on budget, having been advised that actually we could reopen that ward in the summer after the winter break. In fact we could not because we could not get the staff, the agency staff had left. We closed a surgical ward. We resigned.

3130 Can we then look at the review of midwifery? The issues of midwifery were not through over-resourcing, were they? So there have been pressures on expenditure that have led to extremely undesirable consequences within the health services.

3135 Deputy Gillson came to this Assembly, and if anyone was fiscally conservative it was Deputy Gillson, who still is, with an amendment to increase Health expenditure. When we talk about tax and spend Deputies, or tax and no-spend Deputies, Deputy Gillson, a fiscal conservative, placed an amendment to increase the budget to Health to deliver healthcare all those years ago. That amendment was rejected.

3140 Option 1 – and I think Deputy Roffey is right, I think Deputy Ferbrache is right, I think Members will be drawn to the amendment in option 1 – it has closed an enormous gap from where the Requéants were to where we are today and I know it is a trite observation that people say sometimes that is what requêtes do, they enable and facilitate a debate and people do move. But I think Health & Social Care have moved perhaps to an extent that they may not quite acknowledge themselves and this Requête has been incredibly important in that regard.

3145 I want to say that, from my own experience as a youth with an ill family member, when a family have a sick individual at home, it is a sick family. The emotional toll and trauma is enormous. So all we can do to ensure that the person becomes well, that they get back to work, that they contribute, that they pay their taxes, it adds collectively to the wellbeing of that family, the individual and the community in a way that just cannot be measured in pounds, shillings and pence.

3150 One thing I want to say is political life on E&I, political life in Education, more recently political life in Home Affairs, can be something of a rollercoaster. Real ups and downs. That used to be the stock in trade of the Health & Social Services Department. More recently it has had a degree of stability and what worries me is that it is being held up as the talisman. That this Government would be seen to fail if Health & Social Care fails or if we do not fund it adequately.

3155 That concerns me a little bit because I think Health & Social Care is underfunded and will need in the years ahead a great deal more money than what it receives now. There is always discreet expenditure in Health that does not come to this Assembly. We have not had a policy letter on the provision of agency staff – nor should we, by the way. We have not had a policy letter on provision of accommodation for agency staff. That expenditure has increased over recent years, it has gone up, because health spending does do that.

3160 As I think I have said before now, tomorrow Health & Social Care could hear from a consultant to say that an off-Island placement is necessary tomorrow, that person needs to go off-Island, sometimes with two-to-one, three-to-one care, at considerable cost to the community. So we may

3165 invest a great deal of time in this Assembly resisting sums of money, whether it is £2 million,  
whether it is £3 million or it is £4 million; let us not pretend that does not happen anyway but we  
do not go over every piece of health expenditure with a fine tooth comb.

What I hear a lot from Deputy Soulsby, and I am sort of signed up to it, is on the horizon there  
is this transformation process. Who knows, even beyond the horizon there may be a partnership  
in purpose? But that is not where this Government is. This Government is in the doldrums of the  
3170 business as usual and to deliver that business as usual we have to deliver the funds to healthcare  
to facilitate that.

What I want to hear and I think others want to hear, and unintentionally Deputy Le Clerc in her  
speech alarmed me, because she said she wants an assurance from P&R that they will give the  
budget to do the review! They want an assurance that they would get the money from P&R to  
3175 carry out this review. Other people are concerned about the outcome of the review. That is where  
we are in this debate. So I would just ask that Deputy St Pier, Deputy Soulsby, in summing up, that  
they give real commitments on *Hansard* so that, when Members are drawn to supporting  
Proposition 1, that beyond the Resolution there is a real commitment in this Assembly to deliver,  
essentially, the spirit and the very essence of the Roffey Requête.

3180 Thank you.

**The Bailiff:** Deputy Le Tocq.

**Deputy Le Tocq:** Thank you, sir.

3185 I will be brief, because Deputy Brehaut has touched on a number of issues. I am well aware of  
the fact that when a Requête like this is brought and is well-reasoned, and I think it has been that,  
and there has been lobbying from outside of this Assembly, we need to take it seriously and not  
just respond in type. I think what Deputy Ferbrache first alluded to, that as a result of that the  
requérants and their supporters can legitimately say that, whichever way this goes, particularly,  
3190 that they will have achieved something; that there will have been steps taken. I think that is a  
good thing for us and it shows a good part of the way democratic systems should work.

I am sympathetic with both departments, Health & Social Care and Employment & Social  
Security, for the difficult job that they have to do, bearing in mind the pressures that are upon  
them today. I have members of my family working in health care and I know pressures probably  
3195 from both sides. I am well aware of that.

I am certainly well aware of the fact that there is often confusion by people who are treated,  
either actually in the UK under our current contractual arrangements or treated here by locums  
and are advised or given potentially prescriptions for drugs that they cannot legitimately get here.  
There is a problem that we need to resolve. There is an educational problem. Irrespective of it, I  
3200 am also aware of the fact that we currently prescribe treatments and procedures that will not be  
available in the UK. Yet that is not a benefit that people in Guernsey will know or feel unless they  
have lived elsewhere. So there is certainly a need for review.

Therefore that is why I am supportive of the amendment and option 1. Whilst I cannot speak  
for the whole of P&R, certainly this Member would feel it was completely wrong to vote for that  
3205 and not be supportive of the funding to enable a swift and efficient review to take place.

**The Bailiff:** Deputy Tooley.

**Deputy Smithies:** Thank you, sir.

3210

**The Bailiff:** Sorry, Deputy Tooley. I was looking in your direction but I was looking over the top  
of your head.

**Deputy Smithies:** I will just check my hearing aid! (*Laughter*)

3215

**Deputy Tooley:** Well, there is a first time for everything! There has been a lot of comparison today between us and the UK. I have heard what is going on in the UK government recently described as a pantomime. While I pass no comment on that, looking at the matching ties sported by P&R today, I wondered if we were in line for cabaret, perhaps, from the delightful Deputy Stephens and her backing singers?!

**Deputy Stephens:** It is behind you! *(Laughter)*

**Deputy Tooley:** It usually is.  
3225 When considering any amendment we have to ask ourselves why and how is this better than the original Proposition we were faced with. In the case of this Requête in fact we have got to answer that question twice; not least because the amendment kind of gives us exactly what is on the table with the Requête. You either have the review or you have the pretty much automatic funding of the NICE drugs.

3230 We need to ask this because HSC has committed to this review of which drugs and services and treatments are and should be available to people of the Bailiwick and has the support of the Resolution of the States to do so. That would include, as has been said, consideration of adopting the NICE recommendations. The Requête suggests that we pre-judge, yes that was me, the result of that review and commit in advance to adopt the NICE guidelines. We must decide if that is  
3235 better.

I want to speak now about the amendment to the Requête, which has been tabled by the Presidents of Health & Social Care and Employment & Social Security, the two Committees in whose mandate the provision of drugs and treatments rests. But it does not rest. It is continually adapted and moving according to the latest information on what is best for our population and for our people's treatments.  
3240

The amendment offers the States a direct positive choice between a review, which would consider the equitable access to drugs, treatments and devices, regardless of whether these are delivered in the Bailiwick or elsewhere, and not simply those who are treated off-Island. This much is what would happen should the Requête simply fail.  
3245

Thus far, this section of the amendment is not better than the original. What the amendment also does is to add that commitment that the funding will be allocated in order that the review can be completed by mid-2019 and therefore in line with the requirements for preparation of the Budget.

I am repeating this although I know it has been said because this is what is really important in this part of the debate. This is better than the original position we would find ourselves in should the Requête fail. But if the States prefer not to await the outcome of that review and instead to make a commitment now to adopt NICE guidelines and recommendations, regardless of what comes out of that, well how then is the amendment better than the original Requête's Prayer?  
3250

That Requête Prayer emphasises the needs of patients referred to the UK while they are off-Island and on their return home, to the exclusion of those who remain on the Island for treatment. Option two enables all drugs, treatments and devices supported by NICE technology appraisals to be made available, wherever treatment takes place and also introduces, on an interim basis, a Cancer Drugs Fund, and directs P&R to fund additional costs for 2019 and to consider the route for possible future funding for 2020 onwards. That is also better than what is on the table without the amendment.  
3255  
3260

The amendment does not require Members to decide in advance of general debate whether they prefer the full review, by independent specialist public health professionals, in accordance with good governance, to ensure that the States will be aware of the financial implications in advance of decisions, or whether they prefer to simply decide here and now to adopt NICE guidance. But it does ensure that whichever of these options is adopted the solution is one which is fair and equitable and I therefore urge you to vote for the amendment.  
3265

3270 No one is saying or claiming that NICE are not nice. In fact they have added an H to that acronym and they are not niche either. But Deputy Roffey has given the impression that NICE offers a universal gift to its patients in England and that is simply not true; that once they say that drug x is a good drug which can be used for the treatment of y condition, patients and their doctors need only to say that they believe x will be the right treatment and their pills or medicines or IV drips will be delivered and the patient will begin the treatment. But that is not the case.

3275 Patients in England are increasingly being subjected to care injustice in which they can access either no or poor quality hospital, mental health and social care services and that is not my opinion, that is the opinion of the NHS watchdog. According to the Care Quality Commission, access to good care is more and more of a lottery depending on where people live, with some areas providing only services that have been deemed substandard.

3280 We do not want to see our health and care system pushed to that point because we make a commitment to do something that is not the optimal choice for our Island. That is why I believe we need the review. Whether you believe we need the review or whether you believe we should simply decide today to adopt the NICE guidelines, the amendment is better than the Requête.

Thank you.

3285 **The Bailiff:** Deputy Gollop. Sorry, I will let Deputy Smithies speak because he was launching himself earlier.

**Deputy Smithies:** Thank you, sir.

3290 I think it was clear, as others have said, that the Requête has galvanised the Committees to bring forward new ideas and for the Presidents of the two Committees to decide to bring this amendment. I was persuaded to support the Requête in the first place simply by the lack of logic attached to the current arrangements. To send a patient for treatment by a specialist and then to hamper that specialist treatment regime or ongoing prescribed treatment is actually to do the patient an injustice and probably a harm.

3295 Further, I am not entirely convinced by some of the arguments presented in opposition to the Requête and in support of the amendment. It says in the letter from HSC in November, 'the Committee notes that in trying to resolve one inequity the Requête inadvertently creates another'. It says that the treatment should be denied to all because the first part of the Prayer of the Requête, which this amendment hopes to replace, might have the effect of denying it to some. On occasions it is actually better to have half a loaf than none at all. At the moment we appear to be  
3300 in the situation where the loaf is not being served up at all.

This I think is germane, there also seems to exist a fairly large discrepancy, and I would appreciate it if in summing up Deputy Soulsby could deal with this, between the estimated associated costs. Those presented by HSC and in the papers behind the amendment, seem to be based on best estimates and range from £4 million to £5 million. The expected costs identified on  
3305 the paper from the Isle of Man, which are derived from UK figures, based on a wider population, £500,000. A tenfold discrepancy. I would like a little bit of information about how those figures both arrived.

3310 **Deputy Soulsby:** Point of correction.

**The Bailiff:** Deputy Soulsby, point of correction.

**Deputy Smithies:** Right. I have finished but carry on.

3315 **Deputy Soulsby:** Four to five million pounds is to cover the anticipated costs for drugs in total, I believe. What they put in their release for the Isle of Man was just about the Cancer Drugs Fund, which I think is shown to be about £350,000, based on what Dr Ewart suggested.

**The Bailiff:** Do you wish to? No.

3320 Deputy Tindall.

**Deputy Tindall:** Thank you, sir.

3325 I wish to add my support for the amendment and in particular for option 1, for the reasons given by my colleagues on the Committee *for* Employment & Social Security, the Policy & Resources Committee and the Committee *for* Health & Social Care; all of them and for good governance and to avoid the inequalities that may occur without a review. Certainly some known unknowns and unknown unknowns that maybe have to be reviewed.

3330 I also want to add my thanks, not only to the requérants and the campaign group, but also to Deputy Soulsby and Deputy Le Clerc and the officers and staff that have supported in their very much hard work in trying to get something worked up in the form of this amendment, to try and move forward to get what everyone in this Assembly wants to achieve, but in a much more equitable way.

3335 It has been an enormous piece of work. I made a first stab and failed dismally, so from my experience I can quite see exactly the thought and careful consideration that has been given. It was brought about the Requête but please support the amendment because that is at least going in a much better direction for me than the original Requête.

Thank you, sir.

**The Bailiff:** Deputy Gollop.

3340

**Deputy Gollop:** Thank you, sir.

3345 I think it was Deputy Roffey, in his second speech, who asked Members of some of the current Committees to express their point of view and I kind of thought I do not know really what my point of view, or at least the best way of getting to the direction of travel, because the thing is, until Deputy Roffey and Deputy Fallaize spoke, I think I was pretty minded to support the amendment but veering towards two. But, ironically given Deputy Fallaize's advice, I am beginning to think maybe I should make a token gesture for the Requête.

3350 The concern that I have is that although I might be a Member of Deputy Le Clerc's Committee, as Deputy Roffey implied, I am sometimes seen to be a thorn in her side a bit. It was said earlier, I went to some of these presentations, which were excellent, by both the patients and by Health & Social Care and on one of them, I said, 'I do not want to be disloyal to the Committee or Michelle', and two senior Members in the room said, 'When have you ever been loyal?' So there you go, that is what happened.

3355 I think the issues really are quite broad in this. I think the matter is incredibly complicated and it has been very hard for people to master this subject in a few weeks, even though perhaps I have had the benefit of being on Social Security for six or so years and have been around for some of these earlier debates and changes that have been referenced.

3360 For example, it has been mentioned a few times we should be doing what the NHS and the UK should be doing through NICE. Well even that is an over-simplification, because apart from the regional differences in treatment that can arise, actually Scotland does its own thing. It has a medical advice consortium, which is different from what NICE is in the UK, and we were informed yesterday that in fact Northern Ireland has a separate arrangement, for political and religious and other reasons, particularly concerned about abortion and issues like that, so that influences them maybe.

3365 Then we have Wales, who being a left of centre country. As we have heard, one of our more illustrious Members was originally from Wales; several of our best Members have been from Wales, originally. But it is perhaps, superficially at least, a left of centre country. More so than Jersey or Guernsey would see themselves to be and I believe they have a slightly more generous arrangement than England.

3370 So we are actually fooling ourselves if we talk about one NHS, because it is across four  
countries and that is before we get into the regional issues and the Isle of Man who, after all, have  
an English VAT system, which is slightly adapted, aligning themselves with North-West England,  
which again is perhaps more of a left-wing area than parts of southern England. I suppose we  
naturally look to, not so much the West Country, despite the BBC's opinion on that, we lean  
3375 towards Southampton and Winchester, and the Solent area and that would probably be the  
regional area we would be looking towards.

Of course NICE does not just refer to drugs, it can refer to procedures, equipment and other  
areas, which I think the Guernsey Disability Alliance have flagged up. The elephant in the room, to  
use an over-used cliché here, is not the failures or otherwise of the current policies or Committees  
3380 of Health & Social Care and ESS, it is funding healthcare.

One of the attractions for me of the Requête, more than an evidence-based review, is that  
when we were given the dilemmas of supporting, in the small jurisdictions, these policies, because  
inevitably small numbers can lead to distorted outcomes for some years, I kind of said I do not  
want to hear the evidence, I just want to do the politics. The Requête does the politics. Because  
3385 the issue we have if we rely on kicking the can down the road, Policy & Resources putting it in the  
frame maybe – or maybe not – maybe not even giving us the money to do a review at Budget  
time, is we all know what happens on Budget day.

Some Members, whether they are leaning rightwards or leaning leftwards will put forward well  
thought-out, or perhaps not so well thought-out amendments and they will have a few hours on  
3390 the floor and probably lose. We know that on Budget day, the States becomes incredibly fiscally  
conservative. It is very much in that mode of thinking. Then on other days, such as these, there is a  
more liberal approach, because the policy inevitably leads there.

Actually, if we vote for liberalisation, via the Requête, we will effectively force more money  
through the system because my fellow Committee Members on the ESS often say to me, 'John,  
3395 you are just being populist, you are not being responsible and you are not doing the work on  
going through the material.' I say to them, 'Yes I am.' Because the reality is, if you follow this  
policy, research-based Policy & Resources hub-centred approach, you end up with a very slow  
system that is also, by default, fiscally very conservative. Because it always comes back to the same  
question: you have not got the money in your budget, you cannot have it, and unless it was a  
3400 bumper year – and this is not a bumper year, it is an ongoing issue – then you are not likely to get  
a rise.

I do slightly resent the implied criticism of successive Committees of Health or Social Security,  
because we have had expert advice, generously and professionally given. We have actually held  
back the tide on the cliché of ever-rising medical expenditure. As has been said, actually we have  
3405 not just seen a reduction in real terms. Some years we have seen a reduction in actual monetary  
terms, because we have done precisely the issues the Deputy Lowe has highlighted, looking for  
generic medicines.

It is not always an expanding wardrobe. Sometimes drugs that are no longer doing the job, or  
being replaced by better ones, or more efficient ones, are withdrawn from the list. So there is a  
3410 kind of black list as well as a white list. I have generally been satisfied with the decisions we have  
made as a board, but I can see the public will is out there. As Deputy Fallaize has rightly said, the  
one difference between Guernsey and all the other places we have mentioned so far, is all of  
those have a Value Added Tax or a sales tax.

We do not seem to wish to have a joined-up debate about whether it is time to raise, for  
example, the contribution rates for Health or other parts of Social Security. Those kinds of things  
3415 have to be looked at. You cannot today say, 'I support every patient with every condition to have  
exactly the same as the UK,' and then realise that we have supported a fiscal strategy, which is on  
24% of GDP, compared to nearly 40% in the UK. It does not work out. It is a philosophy that we  
cannot hope to win. We have got to be robust about this and actually consider what we need to  
3420 provide.

In one respect Deputy Roffey surprised me because, having made a brilliant and impassioned case for everything he said ... except perhaps I would disagree it was a Health amendment. It is not really, it is a joint amendment from the two Committees, with a lot of input from Deputy Le Clerc and others. One of the arguments he made, which I struggled with, he said at the end of the day, like perhaps the great Nye Bevan, there would be health rationing inevitably, to some extent, because you cannot have everything that is being regulated everywhere in the world.

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Yes that is right but it raises a new question, that Deputy Tooley and others have raised, what is the evidence base for the new form of rationing? What is the rationale for it? Because Guernsey is a small place, even smaller than Jersey – and I do think we should work together more, maybe with the Isle of Man as well – I think it is, not so much inappropriate, but rather ambitious for Guernsey to reinvent the wheel and have its own proper and controlled drug evaluation structure, even though it has worked relatively well, with the exception perhaps of the growing numbers of patients who feel that they are not getting the fair treatment and the evidence Deputy Roffey and the patients have already given us.

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But I just wonder how practical is it for a community of our size, 1,000th of the size of the UK, to have that luxury, when we could actually save resources by aligning ourselves to Scotland or England? I do think that is a more sensible measure and that is why I am not a fantastic believer in a lengthy report process, which could take nine months, could take longer, and will then lead to another round of this debate.

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So for those reasons, I am minded to support the Requête but I also acknowledge the work done by the Committees and particularly Deputy Fallaize's useful point that, ironically, if option two of the amendment wins, which actually would be my primary choice but I fear we will not get to make that, you would, potentially, given the generous wording of the amendment, see a faster implementation of the measures outlined by Deputy Roffey.

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Perhaps one ethical concern I had with the Requête is this, given the fact that it has made a strong case and the patients who met us made an even stronger case, why is it fair for us to leave it a year until we have done the right budgetary work and then weigh-in for a change? Should we not be trying to help people, not retrospectively, but in 2019, with these conditions? Should we not be enlarging the scope of care now rather than waiting a year?

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That is a misgiving I have about the Requête and why, if it is possible to go straight to a vote on the second part of the amendment, if the amendment succeeds, I would prefer that as an option. But I do fear that politics is a long time, a week is a long time as we see in the UK, and I think perhaps a week ago the Requête would have won. But the amendment, because of the diligence that has gone into it, will probably win, but there are snags either way.

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**The Bailiff:** Deputy Hansmann Rouxel.

**Deputy Hansmann Rouxel:** Thank you, sir.

Just briefly about this concept of reviews. I think, in my limited experience, it seems that the chagrin that is expressed about reviews is perhaps because there is a tendency to weaponise reviews as a political mechanism that is employed when either the Committee does not want to do something, and therefore will employ a review to get evidence and that slows down the process, and I think we have seen examples of that already this term, possibly even a speech about it earlier today.

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It is very difficult, then, for us to separate ourselves from when a review is actually needed, whether we trust that it is not going to suddenly take a very extended period and just be a mechanism not to do the thing that we expect to be done, because there is already a preconceived outcome to it.

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I am minded to go with the amendment and I sought assurances and I was very glad that HSC were able to put the scope of the review, along with their amendment. Under that it says the review will outline a process for moving towards the presumptive funding of NICE TA-approved drugs and treatment. That does give me some assurances. They ask in the review to show how to

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move towards the presumptive funding of NICE TA-approved drugs and treatments. That will be in the review and that will be looked at.

3475 Also the timescales are very clearly set out in the Resolutions. Again I know that there is a, not a reticence, but a mistrust of Resolutions and timescales that has been expressed by some of my colleagues, but what is key is that the Committee is committed to achieving this. I trust, knowing my colleagues on both ESS and HSC, that this is a commitment that they are making.

3480 I do think that we need to be careful of just dismissing any review and immediately putting it in the box, or this is delaying, or this is that. I also think we, as an Assembly, needed to define when it is that reviews are being used as political tools and when they are actually an essential part of good governance that need to be done in a timely manner and I think this amendment, for me, does fall into the latter category.

3485 It is needed. It will be achieved in a timely manner and I do echo the previous speakers asking for assurance from P&R that there will not be a delay and that actually the funds for the review, they will take this debate as the business case and not require another hoop in order to get the review, because that delays the process. I think we can absolutely say that there is governance involved in the States debating this to such a degree and that, in this case, there should not be further hoops and that P&R will release the funds for the review.

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**The Bailiff:** Deputy Oliver.

**Deputy Oliver:** Thank you, sir.

3495 I have just got two things. First of all, I just have to declare an interest in this amendment and the Requête. Secondly, are we just spending further money unnecessarily, because NICE technology have already done all the research on all these drugs? Are we just repeating their work? If I could have that assurance from the proposer of the amendment, I just do not want to be seen wasting further money.

3500 The other thing is I would like reassurance from P&R that, once we get the review, we can actually be able to fund this because it is something that I agree with greatly, that we should have these drugs, but will we be able to fund it?

Thank you.

**The Bailiff:** Deputy Dorey and then Deputy de Sausmarez.

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**Deputy Dorey:** Thank you, Mr Bailiff.

3510 Part of the reason why we have arrived at where we are is because of decisions that we made in previous Budgets. Deputy Gollop talked about how we become fiscally conservative at Budget times and I think it is a very good point because I think I was one of the few people who criticised the decision not to give the grant to the Health Service Fund.

3515 If I go back to November 2006, the 2007 Budget, it recommended that no grant should be made from general revenue to the Health Service Fund, in 2007 only. That was in bold lettering. It previously said that if there had been, it would have been £4.7 million going into that fund. It was agreed by both the Committee for Employment & Social Security and P&R and on that decision. That decision was not made for 2007 only, it was carried on into the following Budgets.

I think that is part of the problem of why we have arrived at where we are. Because if we had funded it and it is only the community pharmaceuticals which is funded from that fund, not the pharmaceuticals that are used in the hospital, we would not perhaps be in the situation where we are.

3520 I have been on Health & Social Security and in terms of approving drugs to go on the white list, the policy was always to put pressure, as has been mentioned by others, on generic drugs and to not use branded drugs. Often branded drugs towards the end of their patent period, they reproduced them as a slightly different drug to get the branding back again and stop the generic drugs taking over.

3525 I am concerned, if we just move from where we are to going to NICE, I think there is value, and we have been remarkably successful, we were, in controlling costs by having our own approval. But I am not quite sure why we got to where we are now, where there is this massive gap, that seems to be between what NICE approves and what we have on our white list. I think there is some value in us having our own procedure.

3530 Obviously it is according to how much that costs, in terms of having a hurdle that drugs have to be approved to be used over here. But if it is worth having that and we can show that it does save money, I think it is of value. I can recall a case that I was asked to look at, when I was at Health, which was giving one of the cancer drugs, which was extremely expensive, which a UK consultant had given approval for. But in terms of extra days of life it was a very short period. That is the situation that would have happened if we had just been using the NICE drug.

3535 So I think there is some value in us having our own approval mechanism, but perhaps it has just moved too far away from NICE. So I will support the amendment, I will support Proposition 1 of the amendment. But Members cannot keep criticising the Committees if they then, at Budget time, do not fund it. I criticised Employment & Social Security itself, and I understand the pressures they are under, but they supported not funding, not making a grant into the fund. Because that is where we were in the past.

3540 We have got to actually face up to having our policies and making our financial decisions consistent with them and not making a decision then waiting for a crisis and then suddenly we have to jump. We need to realise that when we make these decisions they do have implications.

3545 So I will support, as I said, the amendment at Proposition 1.  
Thank you.

**The Bailiff:** Deputy de Sausmarez.

3550 **Deputy de Sausmarez:** Thank you, sir.

Like Deputy Hansmann Rouxel, I am relatively confident, I think, that the amendment does seek to honour the spirit of the Requête, if I can put it that way, although I would be more assured if I could hear that explicitly stated. As Deputy Tooley explained, and others, I think the amendment does have some advantages, most notably in terms of the timing and the funding mechanism. I feel as though I can have slightly more confidence in the robustness of those processes. So I am very tempted by the amendment in those respects.

3555 Deputy Gollop and then Deputy Oliver, following on from him, raised the question or stated the fact that it seems crazy to reinvent the wheel and have our own drug valuation service when there is a perfectly reputable body that does that already and I think Deputy Dorey has already gone some way to answering that.

3560 But I would play devil's advocate and pose the other side of the coin, that it is similarly not practical to accept the recommendations of a body, necessarily, automatically accept the recommendations of a body that does not just have no regard for our own fiscal framework but is made in a completely different way. It is made in a completely different fiscal environment. Not only is it made in the UK's fiscal environment but it does not recognise the difference in the economies of scale that we have as a very small jurisdiction and I think that is the key difference that we do need to bear in mind. Like Deputy Dorey, I do think it is worth having our own process that does take those considerations into account.

3565 There has been a lot of talk about the Budget process. I am really glad this Requête has been brought because it has been such a valuable debate and being able to debate it in isolation from the Budget again is incredibly valuable, because I think one of the problems with debating things on Budget day is we are always very mindful of the fact that it is a giant game of Jenga and if we take out one piece then the whole thing can potentially fall over. So I think debating it in isolation is a very good thing indeed.

3570 Also I would like to add to the chorus of thanks to the representatives of patients that have taken the time and put in an awful lot of effort, explaining the issues to us. I, for one, had no idea

of the extent of the problems that these people are facing. These people in our own community, I had no idea of half of these issues, so I am so grateful to them.

3580 One of the things that also occurred to me when they are explaining some of the issues is that, regardless of where we want to get to in terms of drugs and treatment and when we want to get to there, there are problems in the system which should not currently be happening. I would like to hear from the President of Health & Social Care. These issues, they seem to be systemic issues, in that the current process that is approved does not seem to be working in the way that it was intended to work. I would like to seek some assurance from the President of Health & Social Care  
3585 that these issues will be addressed ahead of the review and they will be dealt with as soon as possible.

**The Bailiff:** Deputy Yerby.

3590 **Deputy Yerby:** Sir, I should speak because Deputy Roffey has asked for assurance from Members of Committees and as a Member of both Committees, although I do not think it will persuade him to vote for the amendment, I hope that it will at least give him some comfort that, if the amendment is passed his desire and the desire of his fellow requérants will not come to nothing.

3595 I wanted to address a couple of points that have been raised first in respect of prescriptions, generally, whether prescriptions are being wasted; what focus there is on generic drugs as against more expensive branded drugs and so on. As Deputy Le Clerc has already said, we do have quite a hands-on process where our prescribing adviser does engage with doctors and pharmacists who are involved in the prescribing trade to try and ensure that is as focussed and as waste-free a  
3600 process as possible.

I do not have evidence of a peer-comparison but I rather suspect that our size puts us at an advantage compared with the UK when it comes to that. In comments of what Deputy Dorey said about the advantages of having our own processes, I cannot envisage that, even were we to adopt all NICE-approved drugs in full, we would suddenly give up on prescribing advice. There is still a  
3605 very strong role for promoting the value of generic versus branded drugs, making sure that first line and second line treatments are ordered in the right way and so on,

I think there continues to be room for meaningful engagement in the prescribing process, even if you are prescribing from a larger pool of approved drugs, effectively, so I hope I can give Members some assurance on those points.

3610 We have talked about how did we get to where we are today and to what extent did Zero 10 and other financial conditions have on the position that we now find ourselves in and I think there has been a bit of revisionism in describing the origins of our current process. I do not think it was borne out of a desire to cut budgets, but at the same time I lived through those financial conditions within the Civil Service and I know what an impact they had on people's thinking and  
3615 people's decision-making throughout the service.

So I think it would be wrong to say the process was set up in order to restrict spending. But at the same time that was a process that we had in place during a time when spending was being severely restricted and it must have been influenced by those considerations, as much as all other forms of decision-making were.

3620 At the same time, what has happened over the past few years is not only that we have had this more restrictive process in place, but that NICE have started approving a whole lot more drugs than they did back in the days of the 2003 policy letter. So although in the 2003 policy the Board of Health and Social Security Authority said, 'We are not going to be guided by NICE alone', that was quite a different position to where we are now and it was one that we thought actually maybe  
3625 we would get the opportunity to look at more than what NICE does. That position has absolutely flipped.

I daresay gaps have opened up without anybody intending that to be the case but we have come to a place, certainly to Deputy Roffey and others, where this is now a very live issue and I

3630 completely agree that it is time to address it. In fact I go as far as to say that this process has certainly made the Committees' commitment to this much more visible. I am reluctant to concede that it has made us commit to this more than we already did, because it has been a commitment of ours from the very beginning of this term.

3635 We have recognised from the beginning of this term that the prioritisation processes that we have in place need the understanding and ultimately the seal of approval of the States because they are effectively about things that are matters of life and death. They are about the way that we, as a Government, value a human life, particularly value a human life as it is coming towards its end, and that is something that all of us, as an Assembly, need to be engaged in.

3640 I do not want to accept too far that this has given us a kick in the behind that we were not already feeling on our own initiative. We have consistently recognised the importance of this. But at the same time, we were sitting there scratching our heads at the start of term, going: 'How are we going to get the kind of informed community engagement and the kind of informed engagement of the States that we are going to need for these conversations to be meaningful.'

3645 It is wholly a credit to Deputy Roffey and the requérants and to the community groups who have engaged with us that that learning and engagement process has taken place. A great deal of benefit has come out of this.

I know I have stood up in this room before and said that we cannot maintain the position that our current policy is indefensible and maintain that policy at the same time. We either need to abolish the policy straight away and move to a different position or we have to accept that there were, at least, logical reasons for it being created and for it being maintained up until now.

3650 I do not think it is right for all of us to say we do not like it and yet we still have it. At the risk of being called heartless, and perhaps quite fairly, I will say we do need to have prioritisation processes within Health and the current policy that we have is one of those and I do not think it is wholly unjustifiable. Health spending could be infinite.

3655 It is worth explaining for a moment what a NICE-approval is. If you have a NICE-approval for a drug, effectively that is telling you that the drug will add what is called a quali, or a quality-adjusted life, in effect one year of decent life to a person's life expectancy for a cost of no more than £30,000 or *pro rata* smaller sums for a smaller addition to one's life expectancy. No one here is proposing that Guernsey should dispute or re-do those calculations. When we are saying we have got a process in place, what that process is doing is saying, okay, can we, with the resources that we have at our disposal, afford to spend that £30,000 right now?

3660 So it is not saying we think NICE's calculations are wrong, we think the conclusions they have reached about what this drug adds to somebody's life expectancy, is not right, or their finances do not add up. We are simply asking can we afford to spend it? That horrible, thorny question is the question that we have to ask ourselves time and time again across all the different domains of Health & Social Care expenditure.

3665 That is why we need prioritisation processes and on that it is worth emphasising Health & Social Care, because in the UK, NHS budgets are at least separate to public health budgets and to social care budgets. So at least drugs are effectively only competing against other drugs for funding. Or, when you are sort of ranking them against each other in your mind, that is the sort of pool within which you are thinking.

Whereas here, with a single, combined budget for Health & Social Care, which is advantageous in so many other ways, the risk is that funding for drugs will squeeze out funding for preventive health interventions or funding for social care spending. That comes at its own cost because those interventions can have equally hugely beneficial impacts on people's quality of life and end of life.

3675 Speaking completely candidly, I am still not personally sure that if you gave me £5 million today to spend on Health & Social Care, my first choice would be to spend it on these drugs. That is not because I do not care about length of life or its quality but because there are so many areas within our domain whereby spending £5 million we could increase length of life and its quality.

3680 But I absolutely do not want to go ahead without the States' commitment to make that budget available for drug funding and of course, if the States were to make that commitment to give us

that budget, what we would spend it on is funding those drugs. Whether I personally think that is the highest priority for us right now or not. Because if we were to go ahead within the framework that the Requête gives us, without particular focus on the financing, the effect of that will be that funding for the drugs is related to funding for other essential services. It will displace the injustices around the system and other people will be hurt.

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At the moment in the framework offered by the Requête it is very much a zero-sum gain. The aim of the amendment is to try and move us on from that. I think one last point to say, in gratitude to the requérants for bringing it, is that it was certainly never my intention and I do not think it was ever the Committee's intention as a whole, to weaponise the review in the way that Deputy Hansmann Rouxel described.

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It was never intended as a way to justify not doing something. I said this, I think originally, in the context of an amendment by Deputy Soulsby and Deputy St Pier to introduce three-person committees. Where matters are considered by a committee first of all, they are sort of rounded-down to what a committee thinks will be acceptable to the States and what a committee thinks will be acceptable to the States is almost always more conservative than what the States will actually accept.

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I do think that, if the Committees had done the review on their own, without these debates having happened in the States and without this debate having happened in the public sphere, we would have looked at the costs of bringing Guernsey in line with NICE TAs and we would have said, 'Gosh, the States are never going to wear that, we are going to have to find some kind of middle ground.' It might not be quite what we have today but it certainly cannot be what the requérants are looking for now.

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I think the effect of the Requête and the discussions around it is to change our mindset in that respect to make us aware that, actually, the appetite of the Assembly is for something much more substantial and something much more in line with NICE and that part will come at a cost. I think we would be fools, now, not to set out in our Propositions, an option to vote for what the Requête is asking for; but to make the financial and ethical case for doing so. We cannot get to that full financial and ethical case without doing a review. That is what we need, the evidence to build a case, not an excuse to kick it down the road.

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I absolutely commit, as a Member of those two Committees, to ensuring that that option is available to Members to vote for. I cannot say in my heart of hearts that it is the one I would be most comfortable with but I am going to give this Assembly a fair choice and I am absolutely confident that all Members of both Committees will do exactly the same. I hope that helps, sir. *(Applause)*

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**The Bailiff:** Deputy St Pier.

**Deputy St Pier:** Thank you, sir.

When I responded to the opening debate, I said I would comment further on the Requête and on the amendment, if laid. Deputy Le Tocq has spoken earlier in this debate. Again, it is probably worth me just starting with the letter of comment that Policy & Resources published on this. In our letter we conclude:

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Given the above and attached detailed information from the Committees ...

– of course referring to Health & Social Care and Employment & Social Security –

and the recently lodged amendment proposed by the Presidents of those Committees, the Policy & Resources Committee strongly recommends that the Assembly supports Proposition 1 of the amendment to ensure the States can make a fully informed decision.

I think many other Members have already spoken along a similar line. I wish to respond briefly to a couple of points that have been raised in the debate. I think Deputy Le Clerc was the first and a number of other people have questioned Policy & Resources' willingness to provide the

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resources to enable the review. I think the explanatory note to the amendment is somewhat less clear than the Proposition itself. The explanatory note says:

Option one also asks the Policy & Resources Committee to priorities the allocation of resources ...

And then goes on to say:

It is anticipated that the cost of the specialist health care, public health input required to carry out the review will not exceed £100,000.

3730 The amendment itself is of course silent on quantum but it is much clearer in terms of it is a direction. It says:

... and to direct the Policy & Resources Committee to make funding available from the 2019 Budget Reserve.

So I think that should address Deputy Le Clerc's question and, indeed, others, in terms of where the funding will come from to enable the review to take place in accordance with the amendment; if indeed that becomes the final Resolution of the States.

3735 Deputy Oliver really questioned whether we needed to do the review at all, because the NICE technology appraisals had already been done. I think that was the point which came out very strongly at the session that Health & Social Care had yesterday, with Dr Ewart from the Isle of Man, which was making the point that actually what this review needs to identify and what we need to consider is what are the gaps in our clinical pathways?

3740 I think that plays very much into what Deputy Yerby was just saying in her speech, sir, about really identifying what our priorities are. Our priorities may not simply be one or more particular drugs that are not currently funded, but actually closing some of those gaps elsewhere in our clinical pathways.

3745 I think that is what the report needs to be identifying. I think Deputy Yerby also made a very good point about the resources could be infinite. I was trying to find reference to it but I am unable to find it, but when the Requête was published I was listening to a report on BBC Radio 4, which quoted a recent survey and I think it was something like 30% of respondents felt that it was the responsibility of the NHS to fund drugs, even when they did not work.

3750 That, if you like, displays the public's expectations around this; which is why the reality is there will always be a necessity to draw a line somewhere and what we need to identify is the processes, policies and principles as discussed yesterday in how and where we draw the line in a way that does achieve health equity, given the limited resources that any health economy has, ours included.

3755 Finally, sir, Deputy Oliver asked about the future funding, that if this review takes place and more resources are required, where it is going to come from and what assurance could she have that the funds are available. I am totally unable to provide that today, simply because we do not know what the resource implications are, which of course is precisely why we believe that the amendment and amendment 1 is the right way to go, at which point it will then be for the States to determine its priorities overall, having received that input from Health & Social Care and indeed responding as it sees fit, whether it is with changes in revenue-raising or elsewhere within the Budget process to facilitate and make that available.

3760 So I am unable to provide Deputy Oliver with the assurance that she is looking for here today, other than to express the strong view that it is the right process, which will get us to an answer to that question, whatever the answer may be, in due course. With that, sir, I just repeat Policy & Resources' view that the first Proposition to the amendment is the one to support.

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**The Bailiff:** I see no one else rising. Deputy Soulsby will reply.

3770 **Deputy Soulsby:** Sir, thank you and thank you everybody here for such a comprehensive debate. I really welcome it and it shows it is a very difficult, emotive area that we are talking about here. I have got a lot of notes here, I will try and whittle it down as much as I can.

Deputy Laurie Queripel, whatever reason why we are where we are, the important thing is we understand what we need for the future and I think funding has come up quite a lot in this debate but that is something we know that we need to do. I know I champion and I use the words Partnership of Purpose all the time, but it is all about identifying the needs of the population and making sure that we fund it appropriately.

3780 One of the other Resolutions of the policy letter that was approved this time last year was that we would work with ESS and P&R to understand what future funding is needed and then how do we get it. That is something I am hoping and I think this Requête will actually help bring forward and move us to having those conversations. I think that is where I do appreciate the Requête.

3785 Deputy Queripel, I know he could not attend the presentation yesterday, but he was talking about the choice of availability of drugs. Absolutely, Dr Ewart spoke about the best use of resources and Deputy St Pier talked about pathways and understanding what is the best thing to do when you have to prioritise. Is it that drug at the end of the pathway, which a lot of these drugs are providing, or is it dealing with a pathway earlier on that actually prevents the need further on? Where is the priority?

3790 It is very difficult responding to individual circumstances. What I would say and I did say in my opening speech, and I think Deputy de Sausmarez was speaking about there are issues over the process, I think I will just reiterate what I said in my opening speech. I said what was clear to me was that there were issues over processes that needed investigating and I have committed to ensuring improvements are made.

3795 Not only that, if this amendment is passed and option 1 is approved by the States, we have committed to work on the basis of a more permissive funding, as far as we can in the interim, and to provide a single point of contact, not involved in dealing with funding requests, who will help people through the process. I hope that helps Deputy de Sausmarez in that regard.

3800 Deputy Laurie Queripel, by approving the Requête that is not going to make drugs available soon. In fact the amendment, if you wanted to vote for option 2, that could make all drugs available immediately but then again you need to think about how quickly we can get the funding. Indeed Deputy Roffey himself said it was not right to expect funding to be found just after we have debated the 2019 Budget.

3805 I thank Deputy Fallaize for his support. He is absolutely right regarding funding again. Really that is the real debate we need to have. We should get on and get this review. We have said that we will do it, so as we can inform the 2020 debate. We are not putting any barriers in the way here; what we want to do is make sure that what is a complex area – and it is very clear just listening to people today who are not aware of the process – will be better informed to make those right decisions.

3810 We are talking about a heck of a lot of money here and we do not say to Deputy Kuttelwascher, he is saying he wants a longer runway – I am sorry to Deputy Kuttelwascher for using him as an example – we say we want to review. This is a lot of money. What potentially we are talking about here, over 10 years, would be far more than the cost of a runway. So we need to think about that importance of the review.

3815 In terms of orthopaedics, I know Deputy Roffey talked about we are going off and we are just going to spend the money to sort orthopaedics out. We are not actually. We are actually saying we are bringing forward a Royal College review on orthopaedics, to make sure we make the right decisions in the right way and just do not throw money at it.

3820 I am glad Deputy Roffey says we have never automatically added NICE drugs to the white list. The gap has grown and I think Deputy Yerby pointed out the reasons behind that very clearly. The processes were very different back in the day, when one or two drugs were going through NICE. Now it is about 40-a-year approved. It has grown and we have said the Committee is concerned and is uncomfortable about that and this is why we are committed to a review. It is not a way of

kicking the can down the road in any shape or form. All we have said that we want to do is review. So it is an open door as far as we are concerned.

3825 I have said about wanting a more liberal regime and I said that in my opening statement. The presumption of a move to NICE TAs and there will be a Proposition in our accompanying policy letter, which we want to get quarter two, a review done so we can get a policy letter before the summer recess so that can then all be fed through. That will be one of the Propositions.

3830 Regarding the end of life and Cancer Drugs Fund, we do need to get an idea about how that would work. Dr Ewart made some very useful points there that we really need to consider. It is all about prioritisations again. So to Deputy Ferbrache, this is not just a review. I keep on saying it, I know, I am sorry. But it is such a complex area. It is one of the most complex areas in health and care and we have got to get it right. This is not about consultants coming in and telling you what you already know. We honestly really want to get that specialist feedback here. It is really important to us.

3835 We do not want to get it wrong; we want to get it right and make sure that we have got the right system for the future. Talking about Winston Churchill, I could give more background about why he ended up saying have action this day, and it was around meeting Alan Turin, who told him why he needed more resources, providing the evidence and writing a letter to him. On that basis, he said: 'We need action this day; give them more resources.'

3840 I think, Deputy Graham, Deputy Le Clerc I believe has responded on drugs. It is one thing I was thinking about from an overseas aid point of view. I asked previously, with all their drugs that expire, whether we could send them overseas, because it does seem such a waste. But apparently it is either the Royal College of Pharmacology, it is something they do not approve, it is *verboten*, as they say. It is something we cannot do. It is also around temperature control and not being able to know how those drugs have been stored. Somebody might have put them in their bedside table. It might be a warm room next to a radiator. These are all difficult things that we have to deal with in our modern world of high standards and quality control.

3845 Comments were made: this review, are we just kicking it down the road? No, we absolutely are not. One thing I would like to say: please trust us – this matters as much to us as everybody else and the requérants, I can assure you. Deputy Brehaut, I know his issue over agency. I can say I think it is around 79 agency staff across the whole of Health & Social Care at the moment. That includes acute, community, children's services has about 4% staffing. That is less than 2016 but it has gone up because of trying to staff up for Brexit.

3855 I do not usually talk about my personal life or my family or anything like that. We know Deputy Ferbrache is just a poor boy from La Charroterie. I often feel very uncomfortable doing so. I tend to be quite private and I do not like to go out there on this but I have felt uncomfortable being seen as the bad guy who does not care. People forget, I am a daughter, I am a wife and I am a mother. I have got friends, amazingly. They have been affected by this policy. I want to make sure what we are doing is right for the people of Guernsey and Alderney and that is why, in the position I am, I want to make sure we do things properly.

3860 On inequity, Deputy Smithies, I do not know is it better to have half a loaf when that half a loaf could be two people lying in a bed in the PEH and one can get the drug, because they had their tertiary care initially provided in the UK and the other one does not? I find that even more uncomfortable, to be honest with you.

3865 Deputy Gollop says it is complicated. Yes, that is the point and that is why we need to be better informed than we are in making a decision. He is right regarding regional changes and it is only England that adopts TAs by default. I think Scotland is a bit more conservative, but Wales is possibly more permissive. We have got to make sure we have got the right policy for the Bailiwick of Guernsey.

3870 Deputy Lowe's point that 90% of drugs prescribed through GPs are generic. That is not the case in the UK and they have their constant battles about trying to make sure that they move towards more generic drugs and that is an impact we might need to address as part of the review

and just see, if we go to supporting all NICE TAs would that have an impact on whether we can really focus on those generic drugs?

3875 It is interesting as well, because I spoke earlier today about how we are possibly looking at forging stronger links with France on orthopaedics. France has got a much more liberal regime when it comes to drugs. But then France has got a much higher tax system and I think we are all quite aware of people running around in yellow jackets complaining about that at the moment. It is making sure that we get that balance right. Something Dr Ewart said yesterday. What is acceptable to the people of Guernsey? That is the debate we need to have once we have got that evidence.

3880 I thank Deputy Hansmann Rouxel. We are committed to achieving it. I do not know how I can say it any more. We really are. Please trust us. We said we were before, at the very beginning. We have listened to campaigners, we have listened to why there is a real concern we do not waste time on this. I am happy with that. I am happy that P&R said that they will fund the review that means we can do it faster. Brilliant. That is a win-win. I think we should all be pleased by getting that result, so thank you.

3885 Deputy St Pier, thank you for responding to Deputy Oliver's comments. Deputy de Sausmarez, I responded to you. I would like to thank Deputy Yerby. I think I can wholeheartedly say my Committee is totally supportive of this review. We have listened and we really want to use this review to get the evidence we need.

3890 It is difficult. We have got to balance the needs of someone with a severe learning disability against someone with cancer. The needs of a severely autistic child against someone reaching the end of life. It is hard. Difficult decisions have to be made. This is an incredibly complex subject and reflects difficult decisions that have to be made in health and care every day and will continue to have to be made, whether or not we support all NICE drugs today or not.

3895 I wish we had all the money in the world that could satisfy everyone's wants. What it is important to do, though, is listen, empathise and inform. Because we cannot provide what everyone wants. We need to ensure that what we do can be justified. But we can only do that by reviewing what we do periodically to ensure that we are meeting people's needs as best we can.

3900 We have listened and taken on board what people have been saying. I believe we have done all we can to demonstrate that we take this issue seriously. We understand and empathise with the concerns and would like to ensure that we progress to a more liberal regime. Overall we have made it possible for all those to coalesce around the need for a review I believe that will enable us to make evidence-based decisions that support the key aims we have set for our health and care service.

3905 I urge Members to support this amendment.

3910 **The Bailiff:** I will just wait while Members return to their seats, because we will now vote on the amendment. It will be a recorded vote on the amendment proposed by Deputy Soulsby, seconded by Deputy Le Clerc. What you are voting on is the amendment as a bloc; whether the amendment replaces the original Propositions in the Requête or not. We will then move on to general debate.

*There was a recorded vote.*

*Carried – Pour 27, Contre 13, Ne vote pas 0, Absent 0*

<b>POUR</b>	<b>CONTRE</b>	<b>NE VOTE PAS</b>	<b>ABSENT</b>
Deputy Fallaize	Deputy Laurie	None	None
Deputy Inder	Queripel		
Deputy Lowe	Deputy Smithies		
Deputy Hansmann Rouxel	Deputy Roffey		
Deputy Graham	Alderney Rep. Jean		
Deputy Green	Alderney Rep.		
Deputy Paint	McKinley		

Deputy Dorey	Deputy Ferbrache
Deputy Le Tocq	Deputy Kuttelwascher
Deputy Brouard	Deputy Brehaut
Deputy Dudley Owen	Deputy Gollop
Deputy Yerby	Deputy Lester
Deputy de Lisle	Queripel
Deputy Langlois	Deputy Mooney
Deputy Soulsby	Deputy Le Pelley
Deputy de Sausmarez	Deputy Merrett
Deputy Prow	
Deputy Oliver	
Deputy Tindall	
Deputy Tooley	
Deputy Parkinson	
Deputy Le Clerc	
Deputy Leadbeater	
Deputy Trott	
Deputy St Pier	
Deputy Stephens	
Deputy Meerveld	

3915 **The Bailiff:** Members, the voting on the amendment proposed by Deputy Soulsby, seconded by Deputy Le Clerc, was 27 in favour, with 13 against. I declare it carried.

That brings us to general debate – although a lot of people have already spoken in general debate. But we now have general debate on the Propositions as amended, i.e. the Propositions that have just been approved in the amendment.

3920 Does anybody wish to speak in general debate? Deputy Tindall.

**Deputy Tindall:** Yes, sir. I would just like to raise something that I want to draw attention to, in respect of the element in option 2 and that is the fact that it does not include the review. Option 1 includes the review. Option 2 is to go straight to making these available without a review and I want to stress that because, for me, the review is absolutely paramount and, for me, that gives even more reason to vote for option one, to make sure that we do this evidence-based and fairly.

Thank you, sir.

**The Bailiff:** Yes, Deputy Leadbeater.

3930 **Deputy Leadbeater:** Thank you, sir.

What I find really ironic is that it has been common practice in Guernsey, for many years now, to quite happily dish out prescription drugs like tramadol, gabapentin, diazepam, mirtazapine, buprenorphine, Suboxone, Subutex, fentanyl. Life-taking drugs, but we will not fund those life-giving drugs on the NICE list.

3935 GPs dish out this pharma like sweets on a daily basis. Some of these mainly opiate-based drugs are then sold and some are traded for other drugs. These drugs have become a currency on their own. This process is happening today and it will happen again tomorrow until we do something about this. The problem will just keep on growing and more and more vulnerable members of our society become addicted to the opiates that we fund and that we supply.

3940 The States are the biggest drug dealer in the Island but unlike other dealers we do not want to make any money out of it. We are quite happy to fund the growth of this killer drug problem we have got. The point I am getting at is that we are already spending millions on drugs each year and the prescription of drugs and circulation of these drugs is out of control and needs to be reined in. To refuse to fund the life-saving drugs on the NICE list whilst continuing to fund and feed the underground pharmaceutical market is just preposterous. We have got the balance completely wrong.

3945 I am not saying that supporting these proposals will completely redress that balance, but what it will do is focus us on the medication that our society needs, the life-saving drugs, and hopefully

3950 the Committee *for* Health & Social Care will consider looking at ways to curb the problems associated with the prescription of life-taking drugs, such as those I mentioned earlier in my speech.

3955 Some Members may not agree with me that the prescription drug black market is as large and dangerous as I say it is. Well, sir, they are completely out of touch with the reality for many people within our society if they believe that. The young children being raised by parents who are zoned out on opiates from when they wake until when they go to sleep. The unfortunate children whose parents one day will not wake up. The number of people in Guernsey who have been killed by prescription drugs in the last 10 years or so is totally unacceptable and we have done sweet F.A. about it. Let us stop procrastinating and complaining about the costs and give this Requête, as amended, our support.

3960 Thank you.

**The Bailiff:** I am not sure that is a parliamentary expression.  
Deputy Inder.

3965 **Deputy Inder:** I think he meant Fanny Adams, sir! (*Laughter*) I think Deputy Leadbeater's speech is a requête in itself.

Just briefly, and again it has been said a number of times in debate, I genuinely am grateful to the requérants for bringing this to the fore. I have learned a lot. My assumption was it was very expensive, pointless drugs at the end of life. I genuinely knew nothing about the NICE process.

3970 I just want to pull back to one thing that really surprised me – and that is the businessman, the economist me – it was the story of the lass with – when you get to these medical words you can hardly say them – basically it was the keratoconus. It really surprised me, when you look at someone as young and as vibrant as that, that somewhere in the system we appear to have just a tick-box exercise. We had a young lady, 23 years old, for £10,000, which she could afford because  
3975 she was possibly in a position, but I think my colleague Deputy Queripel to my left here said she put herself in some hardship, to find £10,000, which our system would not afford.

I do not understand the economic rationale, because for £10,000 that lass could have lost her sight, lost her ability to work, lost her ability to be –

I will give way.

3980 **Deputy Soulsby:** Sorry, I did not want to interrupt because I know it is a really difficult area and I did not want to get into individual circumstances but this is not a case of treatment being refused, it just had not gone through the process and that is what we need to look at.

3985 **Deputy Inder:** I accept that. Previously to it going through the process it had probably been refused.

**Deputy Soulsby:** No, it had not.

3990 **Deputy Inder:** I beg your pardon. I will retract that.

I think what I am trying to say is the lady in question said two in 2,000 are likely to get this disease and it appears to be something that happens to younger people and I think she said it was hereditary. I think what I am asking, through you, sir, to Deputy Soulsby, is that when we do look at this, there are going to be winners and losers, I suspect, but could we put some bias into cases like that where things can be fixed, where for a small amount of money we can fix someone  
3995 who will not then become, I am afraid to use the word, a burden on society for their after care for the rest of their lives when they might have 40 or 50 years' worth of work in them or 40 or 50 years' worth of care?

Thank you.

4000

**The Bailiff:** Deputy Brouard.

4005 **Deputy Brouard:** The main reason for standing is just really to thank the requérants for bringing this forward. It has brought the issue out into the open and I think it has also opened a way to actually resolving it, which I think is something that we should have done, probably, a long time ago. Had I been asked I probably would have signed it. So thank you.

**The Bailiff:** Right, no one else? We need now to go through –

4010 **Deputy Soulsby:** Sir, just a point I would like to respond to.

**The Bailiff:** You will get the right to speak in a moment.

4015 **Deputy Soulsby:** Oh, do I? *(Laughter)*

**The Bailiff:** We will go through the reverse process, even though all the Propositions have been replaced. We go through the reverse process that we followed on the opening. So it will be Deputy Le Clerc, then Deputy Soulsby, Deputy St Pier and Deputy Roffey will have the last word. So Deputy Le Clerc.

4020 **Deputy Le Clerc:** Sir, I have not got anything more really to add. I am surprised at Deputy Leadbeater's comments. There is strict control around the issuing of drugs. They are issued by GPs. If there was misuse of drugs then we need to report that and we can investigate that. If people are exchanging them then that is where we need to get Law Enforcement involved and I think some of the families he is talking about, they are the chaotic families and they are families that we know we have got other workstreams improving those lives, improving outcomes for those families. That is my only comment to Deputy Leadbeater.

4025 I would just say that I urge people to vote for the first Proposition and the sooner we can get on with this review and bring recommendations back to this Assembly the sooner we can start improving people's lives.

4030

**The Bailiff:** Deputy Soulsby,

4035 **Deputy Soulsby:** Yes, I will be very brief. I think I have spoken enough today. I hear what Deputy Leadbeater is saying regarding the problems of prescription drugs. Most of the problems we have of substance misuse are on prescription drugs. That is partly because of the strong powers of the Border Agency here and how we are stopping illegal substances coming into the Island, I suspect, but we are undertaking a substance misuse review. That is currently being undertaken, which will look at all that area and the interaction between Health and the justice systems. The Committee reviewed the terms of reference last week and we hope to be able to start that soon in the new year.

4040

4045 One interesting point and I do not want to labour it but one of the drugs that is a real problem in terms of prescription drugs in the UK is pregabalin. Now that is a NICE-approved drug but we have not approved that here and we are really pleased that we did not because it has caused a real problem in the UK.

4050 That shows some of the things we will need to think about. Deputy Inder talked about can we look at one person's circumstance against another? I think Dr Ewart yesterday was very good at saying actually NICE do not look at that either. They say, what is the value of this drug? I forget the actual phrase that she used – **(Deputy Tindall:** Veil of ignorance.) veil of ignorance, thank you Deputy Tindall, exactly. You just have to look at the drug and what value it has, regardless of that person's circumstances. That makes it really difficult but if the community thinks we should do

differently that is something for us to consider on the back of the review. I just thank everybody for the debate and please vote for option 1.

4055 **The Bailiff:** Deputy St Pier.

**Deputy St Pier:** Sir, I have nothing really to add to that, which I have said in response to the opening and also in response to the amendment and, like Deputy Soulsby and Deputy Le Clerc, will be supporting Proposition 1.

4060

**The Bailiff:** Deputy Roffey.

**Deputy Roffey:** Thank you, sir.

4065 Deputy Le Clerc asked me, when I came to general discussion, to talk a little bit about the history and she was disappointed I cut out a big chunk of my speech before lunch. Well, I can tell you I have still got that big chunk (*Laughter*) here, but I somehow do not think Members would like me to read it out.

4070 I can explain very briefly why the policy letter brought, I think, by Owen Le Tissier and myself, did not actually specify in words in black and white that we would put on our white list everything that was passed by NICE. It would have been perverse if we had done that because the whole narrative was utterly different then. The real worry was that NICE were far too restrictive and that Guernsey would never want to move to that level of restriction because we were not as hard up as the UK and the NHS, so the whole point really of the clinical committee that was set up to consider applications was it was almost a given that anything passed by NICE would go on it but they would consider other drugs to actually go on, on top of NICE.

4075

There was a number, actually, that we did put on that were not NICE-approved. The one that is always quoted, I think, is Avastin for breast cancer. I do not know if it is on the NICE list now but we certainly did it at a time when it was not. That is why it was not there in black and white, because it was just presumed.

4080

I know a loss of autonomy can be seen if you just accept the advice of experts from elsewhere but I have to say during the debate Deputy Soulsby says we cannot afford everything, Deputy St Pier says there will always be a need to draw a line somewhere and Deputy Gollop, when I said there would always need to be health rationing, said what is the new ration going to be like? As far as medicines are concerned, I think what the requérants were trying to suggest is that there is a really superb expert body that actually does that for you, in far greater depth and with far greater knowledge than anything we could do on-Island.

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It is not unique. When we decide what grade illegal narcotics should be on our Laws, we have got the right to grade them as we see fit. But we take the advice of the expert body in the UK that LSD should be this grade of an illegal drug or heroin should be that grade, because we know they have got more expertise than we have.

4090

We are forever passing sanctions against various regimes. Now we insist it comes here because we want to show our autonomy, but I cannot remember P&R saying, 'This is an affront to our autonomy; we are going to actually decide for ourselves who we want and what sort of sanctions we have.'

4095

Sometimes we just have to accept as a community that is the size of a big village, there are people with more expertise and it is actually useful to use them. Although if we start selling potions to France I think there is a real dilemma of where you go there!

4100

Deputy Gollop said why can't we help these people now? Actually I think, if Health & Social Care wish to, they can in some cases. We are, I think, going to approve a review that will take some months to come back but there is a system now that allows drugs to be added to the white list and they could take a slightly more liberal ... They have got a message; surely they have got a steer from the atmosphere in this Assembly and the community that, while that review is going on, they can look at a more streamlined procedure, a more user-friendly procedure and a slightly

4105 more liberal procedure than we have had hitherto and I hope very much that they will actually do that. (**Several Members:** Hear, hear.)

Deputy Yerby says this has made our support for these reforms more obvious. She does not accept they have really moved. I do not think this is the occasion to have a row about that. All I can say is the sort of pushback and responses I was getting nine months or a year ago, when I started bringing this up, felt very different to me to what I have experienced today and over the last few days. I think there has been genuine movement.

4110 We are getting very close to half-past and there are just two things I want to say. I am going to vote for 1, not because I do not prefer 2. I would much prefer 2, but I think if 1 is voted down then 2 would also be lost and we will actually walk away from here with nothing. So I think I have to vote for 1 in order to make sure that we do get something and if what we get out of it is not sufficient then I will be looking to put amendments in July or whenever this actually comes back, to make sure that we actually get what we want.

4120 I think the two last things I want to say, just to add to what everybody has said, I think some of the people who have been impacted by this, I have not politically micro-managed them and told them what to do. They did not need it; they were perfectly able themselves to advocate far better than I could and I do absolutely join with others and say that I think they did a superb and – not dispassionate because they were not in a position to be dispassionate – but it was not overly emotive. It was a very balanced and carefully orchestrated and level-headed way that they lobbied us.

4125 In closing, I would just like to say I do not think we are there yet. I never believe that the bird is in the bag until it is actually there. The jury is out, I think, for me for the next six to nine months until the States actually come to a decision. But I do believe that the requérants have been vindicated in bringing this. I do believe the narrative has changed an awful lot and I do believe that the Island, if we do not deliver on the sort of sentiments that have been expressed over the last two days, will take a very dim view of this Assembly indeed.

4130 So okay, I do know now that I want not to be denying NICE-approved drugs to Guernsey people. If other people feel the need to go through a process before doing that then that process will have to be gone through and I am sure that it will be gone through but I am absolutely sure that by the end of this year we will have made a decision, which will considerably improve the situation – too late for some, I know – at least for future people it will help and I thank all of those people, even if they did not vote exactly the same way as me. The spirit that has come out over the last few days I think we now have to deliver on it.

**Deputy Le Pelley:** A recorded vote, please.

4140 **The Bailiff:** We will have a recorded vote on Proposition 1 – that is the amended Proposition 1 set out in the amendment.

*There was a recorded vote.*

*Carried – Pour 38, Contre 2, Ne vote pas 0, Absent 0*

<b>POUR</b>	<b>CONTRE</b>	<b>NE VOTE PAS</b>	<b>ABSENT</b>
Deputy Fallaize	Deputy Smithies	None	None
Deputy Inder	Deputy Kuttelwascher		
Deputy Lowe			
Deputy Laurie Queripel			
Deputy Hansmann Rouxel			
Deputy Graham			
Deputy Green			
Deputy Paint			
Deputy Dorey			
Deputy Le Tocq			

Deputy Brouard  
Deputy Dudley Owen  
Deputy Yerby  
Deputy de Lisle  
Deputy Langlois  
Deputy Soulsby  
Deputy de Sausmarez  
Deputy Roffey  
Deputy Prow  
Deputy Oliver  
Alderney Rep. Jean  
Alderney Rep, McKinley  
Deputy Ferbrache  
Deputy Tindall  
Deputy Brehaut  
Deputy Tooley  
Deputy Gollop  
Deputy Parkinson  
Deputy Lester Queripel  
Deputy Le Clerc  
Deputy Leadbeater  
Deputy Mooney  
Deputy Trott  
Deputy Le Pelley  
Deputy Merrett  
Deputy St Pier  
Deputy Stephens  
Deputy Meerveld

**The Bailiff:** The voting on Proposition 1 was 38 in favour and 2 against. I declare Proposition 1 carried and we therefore do not need to vote on Proposition 2.

That brings us very close to 5.30 p.m. We will rise and resume tomorrow at 9.30 a.m.

*The Assembly adjourned at 5.30 p.m.*