Health and Care Jersey

Treatments and Interventions Prioritisation Policy

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DOCUMENT PROFILE

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Author	Harry Hambrook – Principal Officer Andrea Sanabria – Public Health Consultant
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Circulation list	Health and Care Jersey Intranet and Stakeholders as set out in this policy.
Description	A framework to identify, prioritise, implement, and evaluate the treatments and interventions that Health and Care Jersey will fund.
Linked policies	1. NICE Guidelines Adoption Policy 2. Criteria Based Clinical Treatments Policy 3. Medicines policy 4. TBC - Medicines Optimisation 5. TBC - Devices 6. TBC – Diagnostics 7. TBC – Clinical Products
Approval forum	Senior Leadership Team – 08/5/2025 Health and Care Jersey Advisory Board -29/5/2025 Health and Care Jersey Advisory Board- 31/7/2025 Policy & Procedures Ratification Group – 08/08/2025 Health and Care Jersey Advisory Board - 25/09/2025
Review date	One year from ratification.
Document owner	Director of Public Health

Contents

1 INTRODUCTION

The Treatments and Interventions Prioritisation Policy (TIPP) provides a transparent, evidence-based framework for determining which health treatments and interventions Health and Care Jersey (HCJ) will fund. Developed through consultation with key stakeholders and aligned with best practice, the TIPP ensures that funding decisions are equitable, sustainable, and responsive to public health needs. This policy establishes clear decision-making structures, monitoring processes, and a phased implementation plan to improve health outcomes and manage resources effectively for the benefit of the Jersey population.

1.1 Rationale

We want all Islanders to have fair, affordable access to the health and care services they need, whilst not creating an unsustainable financial burden for the Island. This requires us to make decisions about the treatments and interventions that HCJ will fund, including how we will:

- identify what treatments and interventions need to be considered for HCJ funding;
- prioritise and define which treatments and interventions HCJ will fund;
- implement those decisions; and
- evaluate and update, if necessary, those decisions

Those decisions will reflect the needs of the local population while balancing clinical benefits, economic sustainability, and ethical considerations (WHO, 2014; WHO, 2024).

As an independent jurisdiction, Jersey is uniquely positioned to make informed, evidence-based decisions, leveraging the best recommendations and technologies available internationally to deliver tailored, high-quality services that best meet the needs of Jersey's population.

While many committees, panels and groups have terms of reference and processes to guide their work, there is limited alignment in decision-making processes and governance across groups. The NICE Guidelines Adoption Policy (June 2023) supports best practice care but does not cover areas such as transferability, feasibility, affordability or implementation within the Jersey population and healthcare funding structure, among others. TIPP aims to complement existing structures by providing a more consistent and coordinated approach.

This policy paper has been prepared following recent Ministerial briefings concerning a portfolio of proposed policy changes aimed at supporting HCJ in delivering sustainable services within available resources. The Minister has expressed support for the development and introduction of a suite of policies to underpin this objective. Among these, the formulation of this Policy is a key component.

The TIPP will provide a structured approach to decision-making in HCJ. Given finite resources, it will ensure that the decision-making process is evidence-based, equitable, transparent, and aligned with public values.

The goal is to achieve the best possible health outcomes for the population while ensuring sustainability and fairness in resource allocation.

1.2 Scope

This policy will affect how HCJ makes decisions about the treatments and interventions that HCJ will fund, including:

- Services delivered in Jersey by and on behalf of HCJ
- Services delivered by tertiary and quaternary centres on behalf of HCJ
- Medicines
- Surgical Procedures
- Diagnostics
- Devices
- Clinical Products

Excluded:

- Adult Social Care services
- Public Health services

1.3 Principles

This policy is guided by principles ensuring fairness, effectiveness, and public trust during the decision-making process. These principles are crucial for maintaining consistency and accountability, reflecting Jersey's local context and public values.

Inspired by NICE wide-topic prioritisation principles (NICE, 2024), our prioritisation and funding decisions are made in accordance with the principles set out below:

Equity and Inclusiveness: Ensuring that treatments and interventions assessed reduce health disparities, addresses the needs of vulnerable and disadvantaged populations, with resource allocation aligned to the real needs of Jersey's diverse community.

Transparency: Clearly communicating how and why decisions are made, providing detailed justification to stakeholders and the public, promoting trust and confidence in the health system.

Evidence-based Decision-Making: Improving our current methods and processes (or developing new ones), using rigorous, impartial, and up-to-date evidence ensuring decisions lead to predictable and positive health outcomes.

Efficiency and Sustainability: Ensuring maximum benefit from limited resources by selecting interventions that provide significant health gains relative to their cost, with a clear route to effective implementation and promoting long-term sustainability of Jersey's health services. Also including aspects of environmental sustainability, particularly in medicines and low clinical value interventions and treatments.

Stakeholder and Patient Engagement and Involvement: Developing processes and methods to incorporate stakeholders and patients' views ensuring the chosen priorities reflect diverse perspectives and local values.

Working collaboratively: Fostering meaningful collaborations and partnerships, recognising that improving health outcomes require coordinated efforts across services and the wider system. Evaluating approaches that strengthen relationships, share resources and expertise.

Accountability: Implementing clear governance and oversight structures, which will build trust and supports continuous improvement across HCJ.

Monitoring and Evaluation: Ensuring the Policy meets its objectives and adapts to evolving health needs and changing contexts.

2 POLICY / GUIDELINE PURPOSE

The TIPP provides a transparent, evidence-based framework for determining which health treatments and interventions HCJ will fund.

Developed through consultation with key stakeholders and aligned with best practice, the TIPP ensures that funding decisions are equitable, sustainable, and responsive to public health needs. This policy establishes clear decision-making structures, monitoring processes, and a phased implementation plan to improve health outcomes and manage resources effectively for the benefit of the Jersey population.

3 CORPORATE PROCEDURE

3.1 Decision-Making Framework

The decision-making framework includes a set of specific criteria to support the decision-making process and is informed by evidence (NICE, 2024; WHO, 2024; Moberg, 2018).

Although the criteria included in the framework will be adapted depending on the treatments or interventions assessed by different Subset Groups, they will generally include:

- Effectiveness: Evaluating the expected improvement in patient centred outcomes and overall population health, considering both short-term and long-term benefits and the confidence in the evidence supporting these outcomes.
- Cost effectiveness: Assessing whether an intervention provides value for money.
- Equity impact: Considering the potential of an intervention to reduce health inequalities and improve access and outcomes for underserved or disadvantaged groups within the population (Norheim, 2014).
- Feasibility (availability and access) and affordability (budget impact): Assessing the practical aspects of delivering the intervention, such as available infrastructure, staffing needs, and the support required to make it work effectively. It also involves checking whether the intervention is financially sustainable and affordable within the health budget, without taking resources away from other essential services.

- Strategic Alignment: Evaluating how well the intervention aligns with Jersey's current strategic health priorities, policies, and statutory obligations to ensure cohesive and focused efforts.
- Urgency: Reflecting the immediacy or critical nature of the health need addressed by the intervention, prioritising urgent public health threats or significant unmet healthcare needs.

This policy applies to new treatments and interventions, for example, those assessed through NICE guidance products – such as technology appraisals, highly specialised technologies, interventional procedures, and medical technologies- and establishes a structured framework for assessing their suitability for local adoption.

While some of these products have been previously been implemented under the broader scope of the HCJ NICE Guidelines Adoption Policy, that policy is primarily intended to govern the adoption of NICE guidelines (clinical guidelines, cancer service guidelines, etc.).

TIPP introduces a framework to assess the transferability and contextualisation of NICE guidance products (guidance products develop by other relevant institutions). This ensures that any proposed new treatment or intervention is appropriately contextualised to Jersey's specific needs before approval. Where existing NICE guideline adoption decisions are impacted, we will collaborate with relevant partners to review and update associated policies, maintaining consistency and alignment across the system.

This policy and its subset components will be regularly reviewed and updated where necessary, ensuring that both the overarching framework and its specific applications remain current and effective.

Where treatment with a particular intervention, was initiated prior to the publication of relevant decision made under TIPP, existing funding arrangements will remain in place. Individuals already receiving such treatments may continue without disruption until they, in consultation with their healthcare professional, decide it is clinically appropriate to stop. These provisions ensure continuity of care and respect for decisions made under previous policies or clinical circumstances.

Decision-making will be led by objective clinical and cost-effectiveness evidence and each subset of this policy will have its own decision-making matrix led by these principles.

3.2 Subset Group Decision-making Matrices

Each Subset Group, with support from the Technical Working Group, will refine existing structured decision-making tools or develop new ones as needed. These tools will be applied consistently when assessing treatments, interventions, medicines, diagnostics, devices, or other health-related products, ensuring alignment with the principles and criteria set out in the TIPP framework.

This means that, for example, when a NICE Technology Appraisal with a positive recommendation is published, it will not be automatically adopted by the system;

instead, it will be reviewed through the TIPP framework to ensure all relevant factors are considered before final approval.

Each criterion will be scored or ranked according to a consistent methodology developed between the Subset Groups and the Technical Working Group and ratified by the Determination Group, ensuring fairness and transparency across all subsets. Where necessary, weighting of criteria may be used to reflect the relative importance of clinical outcomes, cost, or population impact.

All subset matrices must be reviewed and approved by the Determination Group prior to application to ensure consistency with the overarching TIPP.

3.3 Appeals

If an individual patient or their treating clinician believes that a decision made under this policy or its subsets is unfair or inconsistent with the principles and criteria outlined in this policy or its subsets, they may submit an appeal.

Appeals will only be considered if they clearly meet one or both of the following grounds:

- Ground 1 – Procedural Error: A breach of the process defined in this policy or its subsets.
- Ground 2 – Material Factual Error: a material factual error or omission of fact that may have influenced the outcome.

The appeals process is not intended to revisit or overturn decisions made by the Determination Group or its Subset Groups which is based on careful consideration of the evidence and relevance for our context. Differences in clinical opinion or judgement are not considered valid grounds for appeal unless they result in a clear process breach or factual inaccuracy. For example, if a cost estimate used in the decision was miscalculated or based on incorrect data, this would constitute a factual error. However, if a particular piece of evidence was prioritised over others based on expert discussion, this would reflect professional judgement, not grounds for appeal.

3.3.1 Appeals Submission

Appeals to a Subset Group or Determination Group decision must be made in writing, with a limit of 2 A4 sides, to TIPP@health.gov.je within 21 calendar days of receiving the initial decision. The appeal letter needs to present in explicit and succinct way the reasons for appeal. It is essential that the letter is:

- correctly submitted;
- clearly states the grounds for appeal;
- clearly structured, succinct and evidence-based; and
- contains all necessary information

If the appeal is incomplete or unclear (for example, lacking supporting evidence or with unclear relevance reasons of appeal), it may be rejected as invalid.

3.3.2 Appeal Handling

- Subset Group decision appeals will be triaged by the Chair of the Determination Group
- Determination Group decision appeals will be triaged by the Chair of the Independent Appeals Panel

The appropriate Chair will confirm the validity of the appeal within 7 calendar days of receiving the appeal. If valid, an appeal meeting will be scheduled within 21 calendar days after the Chair confirms validity.

- for appeals of Subset Group decisions, the Determination Group (excluding conflicted members) will review and decide
- for appeals of Determination Group decisions, an Independent Appeals Panel will review and issue a final decision

The outcome will be communicated in writing within 7 calendar days of the appeal meeting. In making the decision, the Chair of the Determination Group or Independent Panel may seek legal advice.

The independent panel decision is final and there are no further opportunities for redress.

See Appendix 10.2 for more information.

3.4 Re-Application

Once a final decision has been made then a further application for the same medicine, device, clinical intervention cannot be submitted unless:

- significant new clinical evidence becomes available, or
- there are significant changes in costs associated with the innovation

3.5 Individual Patient Funding Requests

Individual Patient Funding Requests (IPFRs) are requests to fund treatments or interventions for individual patients where:

- the treatment is not routinely commissioned under subset policies;
- the patient is considered to have exceptional clinical circumstances; or
- an existing treatment is requested outside approved criteria

IPFRs will initially be reviewed by the relevant Subset Group, who will apply the TIPP framework and relevant subset policy to assess the request against established criteria.

Each Subset Group will have a defined IPFR decision-making threshold, developed collaboratively between the Technical Working Group and the Subset Group, and ratified by the Determination Group. If an IPFR:

- has significant cost, resources, reputational or equity implications; or
- raises uncertainty regarding the application of the policy;

then the request must be escalated to the Determination Group for decision.

The Determination Group will retain ultimate oversight of all IPFR decisions and will review a sample of Subset Group IPFR outcomes quarterly to ensure consistency and quality.

The appeals process outlined above applies to IPFR decisions. The application of the TIPP policy together with clarity about clinical treatment and a consistent approach should reduce the need for clinicians to submit an appeal to an IPFR.

4 SUBSET GROUPS

The TIPP provides a clear and systematic methodology for deciding which treatments and interventions HCJ will fund in different areas. As a result, this policy applies to a group of subset policies which provide specific guidance in specific areas.

The subset policies and Subset Groups will operate under the principles and criteria of this policy and provides domain-specific expertise and recommendations to the Technical Working Group.

Subset Group	Subset Policy(s)
Medicines Optimisation Committee	To be enhanced / developed.
Tertiary Referrals Panel	To be developed.
Diagnostics Steering Group (to be established)	To be developed.
Medical Devices and Equipment Oversight Group	To be developed.
Clinical Products Procurement Group	To be developed.
Surgical Procedures Group (to be established)	Criteria Based Clinical Treatments Policy
Individual Patient Funding Request Panels	To be developed.

5 DETERMINATION GROUP

The Determination Group oversees the application of the TIPP, making decisions on escalated IPFRs, appeals to Subset Group decisions, policy exceptions, compliance, and reporting. To clarify, the TIPP Determination Group can also review cases escalated by Subset Groups in situations involving significant resource implications, contentious issues, or uncertainty in policy interpretation (see section 5.5 Subset Groups and alignment with TIPP). It consults with clinicians and technical experts as needed and reports to the Quality, Safety and Improvement Committee and Finance and Performance Committee quarterly to ensure fair, consistent, and sustainable funding decisions.

The TIPP and subsets will set out what HCJ will fund, but in some circumstances decisions as to how the policy is to be applied will need to be made; the Determination Group will make these decisions, as well as having oversight of the decisions made by the Subset Groups and ensure compliance to policy.

If the Determination Group is unable to reach a decision, they will inform the Quality, Safety and Improvement Committee and the Finance and Performance Committee, as appropriate, to seek guidance and advice. The Chairs of these Committees may, in turn, seek guidance and advice from the HCJ Advisory Board and communicate any recommendations from their Committees and the HCJ Advisory Board to the Determination Group. The decision will be made and confirmed by the Determination Group. The Quality, Safety and Improvement Committee, the Finance and Performance Committee, the relevant Subset Groups and the HCJ Advisory Board will all be informed of the outcome by the Determination Group.

To make escalated decisions in exception to the policy, the Determination Group will review the completed 'Individual Patient Funding Request' form from the referring Consultant and seek advice from the Subset Group and Technical Working Group.

The Determination Group will meet quarterly but will make decisions on Individual Patient Funding Requests as required via email. See the 'Appeals' section for details.

5.1 Determination Group Responsibilities

- overseeing the application of the TIPP
- reviewing and making decisions on cases escalated by Subset Groups in situations involving significant resource implications, contentious issues, or uncertainty in policy interpretation
- making decisions on escalated IPFRs
- reviewing and deciding on appeals to Subset Group decisions
- policy exceptions
- compliance, and reporting

5.2 Determination Group Membership

- Medical Director (Co-Chair)
- Medical Officer for Health (Co-Chair)
- Chief Operations Officer – Acute Services
- Director of Adult Mental Health and Adult Social Care
- HCJ Finance Director
- Chief Pharmacist
- General Practitioner (non-voting)

5.3 Quoracy

The Determination Group will be quorate when at least 4 of the 6 voting members are present, including at least one co-chair and the Finance Director. Non-voting members, including lay participants and invited experts, do not count towards quoracy. Where a member is unable to attend, a suitably qualified deputy may attend in their place, with prior approval of the Chair.

Urgent escalated IPFRs will be considered via email, a minimum of 4 responses, including a Co-Chair and Finance Director, must be received. Responses from suitable deputies will be accepted if a voting member is unavailable.

The Determination Group can seek professional input from relevant treatment or intervention specialists, providers, or experts in the subject area, including clinical specialists, pharmacists, and diagnostic professionals, where appropriate, to support the decision-making process.

Patients can also be included as lay members, contributing by sharing their personal perspectives and assisting with the interpretation of clinical evidence within the context of lived experience. In addition, where decisions may impact other areas of the system, such as Adult Social Care or Public Health, the Group can invite relevant stakeholders to participate in discussions.

6 TECHNICAL WORKING GROUP

A Technical Working Group will work together with relevant established, and to-be-established panels and Committees (such as the Medicines Optimisation Committee, the IPFR Panels, the Tertiary Referrals Committee, among others) to develop the sub-set policies. In case such groups do not exist, the Technical Working Group will create a task and finish group to support the development of the policies, if required.

In working with the relevant established panels and Committees, the Technical Working Group will align the different methods and processes used by the different groups, so there is a consistent process for decision-making across them.

Given that developing and implementing a new process will require time and resources, the Technical Working Group will initially focus on those areas or policies requiring urgent attention (e.g., high-cost drugs, treatments with low clinical value). This phased approach will help manage workload effectively while allowing for a more comprehensive scope over the time.

The Technical Working Group following clear and systematic processes and methods agreed by this policy and will be accountable to the Determination Group.

Given the complexity of data and evidence required to support decision-making, it is expected that the technical working group and Subset Groups will have to rely on some evidence gathered from outside of Jersey i.e. published academic studies or technology appraisals from other jurisdictions. The identification, selection, assessment, and summary of the evidence will follow explicit processes that will be clearly described. Where possible evidence gathered from elsewhere will be localised to a Jersey context i.e. scaling to Jersey demographics or cost inflations.

For example, NICE technology appraisals are formulated based on drug costs and rebates that Jersey is not privy to, it is these lower costs that result in positive value for money assessments. HCJ must reassess value for money based on the costs to HCJ procure or provide treatments. Where local evidence cannot be provided due to a lack of current HCJ data collection and analytical methodologies, improvement programmes will be put in place to close this gap.

The Technical Working Group will include:

- Topic-specific representatives: Includes specialists, providers, and experts related to the treatment or intervention being considered—such as general practitioners, clinical specialists, pharmacists, diagnostic professionals, and others with relevant expertise
- Public Health Consultant
- Lead Finance Analyst
- Lead Informatics Analyst
- Deputy Head of Finance
- Health Policy Officer
- Library and Knowledge Manager as required

7 SUBSET GROUPS AND ALIGNMENT WITH TIPP

TIPP does not aim to replace existing governance routes, such as the Medicines Optimisation Committee (MOC) or the medicine Individual Patient Funding Request (IPFR) process but complement them by serving as an overarching framework that integrates and aligns decision-making across all types of treatments and interventions.

Existing panels, groups and committees (Subset Groups) will continue to make their decisions within their respective areas of expertise. These Subset Groups will align their decision-making process with the principles and framework outlined in the TIPP. While maintaining autonomy in the day-to-day operations, Subset Groups will refer to TIPP to guide consistent, transparent, and evidence-based decision-making.

However, in certain circumstances, i.e. where decisions involve significant costs, resources, reputational or equity implications or raises uncertainty regarding the application of the policy, Subset Groups will escalate the matter to the Determination group.

Clear threshold and escalation criteria will be established by the Technical Working Group and agreed by the Subset Groups, to support them in identifying when a decision requires Determination Group review. Those thresholds will be reviewed and approved by the Determination Group. This ensures a proportionate and coordinated approach, while maintaining responsiveness and local expertise within the Subset Groups. The Determination Group will retain oversight of these escalations and provide guidance where needed to ensure the policy compliance and system wide alignment.

8 MONITORING AND EVALUATION

HCJ is committed to ongoing evaluation of the TIPP and its subsets. Monitoring activities, performed by the Technical Working Group and Determination Group will include:

- tracking compliance with policy across Subset Groups
- auditing a sample of individual funding decisions annually
- reviewing equity impacts annually
- assessing financial sustainability and impact
- gathering relevant feedback from patients and clinicians via PALS
- reviewing appeals for themes and outcomes that would suggest gaps in the subset policies or decision-making processes

The Policy (and subsets if needed) will be formally reviewed every year or earlier if major changes in clinical practice, cost pressures, or new evidence require urgent revision.

9 RISK MANAGEMENT

The implementation of the TIPP carries inherent risks, including service changes, clinical decision-making, and reputational risks. A risk management plan, aligning to corporate approaches, will be developed alongside the implementation plan, identifying:

- key risks
- risk owners
- mitigation strategies
- risk monitoring mechanisms

The risk management plan will be owned by the TIPP Determination Group, being reviewed and updated at every meeting. Risks and issues will be reported to the HCJ Advisory Board via the Quality, Safety and Improvement Committee and the Finance and Performance Committee.

10 CONSULTATION AND DEVELOPMENT PROCESS

A record of who is involved in the development of this document. This may include HCS committees, service users and other agencies.

10.1 Consultation Schedule

Name and Title of Individual	Date Consulted	Response received (Y / N)
Chief Officer	08/5/2025	Yes
Finance Lead	08/5/2025	Yes
Chief Operating Officer – Acute Services	08/5/2025	Yes
Director of Adult Mental Health and Social Care	08/5/2025	Yes
Medical Director	08/5/2025	Yes
Chief Nurse	08/5/2025	Yes

Director of Digital Health and Informatics	08/5/2025	Yes
Director of Strategic Planning and Projects	08/5/2025	Yes
Workforce Director	08/5/2025	No
Medical Officer for Health	08/5/2025	Yes
Director of Health Policy	08/5/2025	Yes
Chief Pharmacist	26/6/2025	Yes
Associate Director of Quality and Safety	26/6/2025	No
Associate Director of Improvement and Innovation	26/6/2025	
Associate Chief Pharmacist – Medicines Optimisation	26/6/2025	Yes
Head of Financial Governance (Treasury and Exchequer)	03/07/2025	Yes
Head of Finance Recovery Project Management Office	26/6/2025	No
Head of Pharmacy Services	09/07/2025	Yes
Head of Access	26/6/2025	No
Head of Operational Resilience	26/6/2025	No
Deputy Head of Finance	26/6/2025	Yes
Chief of Service – Women and Children Services	26/6/2025	Yes
Chief of Service – Surgical Services	26/6/2025	Yes
Chief of Service – Medical Services	26/6/2025	No (post vacant at time of consultation)
General Manager – Adult Mental Health	26/6/2025	Yes
General Manager – Community Services	26/6/2025	No
General Manager – Medical Services	26/6/2025	Yes
General Manager – Surgical Services	26/6/2025	No
General Manager – Women and Children Services	26/6/2025	No
Quality and Practice Assurance Senior Nurse	09/07/2025	Yes
Lead Nurses – Surgical Services	26/6/2025	No
Lead Nurses – Medical Services	26/6/2025	Yes
Lead Nurse – Women and Children Services	26/6/2025	No
Lead Midwife	26/6/2025	No
Law Officers Department	26/6/2025	Yes
Primary Care Body	03/07/2025	Yes
HCJ Patients and Users Public Engagement Panel	17/06/2025	Yes
Medical Services Committee (HCJ Medical Consultants)	09/07/2025	Yes
Consultant Psychiatrist	11/07/2025	Yes
Consultant Radiologist	11/07/2025	Yes
Consultant Cardiologist	11/07/2025	Yes
Consultant General and Colorectal Surgeon	11/07/2025	Yes
Oral and Maxillofacial Consultant x2	11/07/2025	Yes
Consultant Paediatrician	11/07/2025	Yes
Consultant General and Oesophagogastric Surgeon	11/07/2025	Yes

Consultant Obstetrician and Gynaecologist	11/07/2025	Yes
Medicines Optimisation Committee	09/07/2025	Yes
Lead Pharmacist for Medicines Safety Governance	09/07/2025	Yes
A&E Consultant	10/07/2025	Yes
Private Secretary of the Minister for Health and Social Services	26/6/2025	No

Name of Committee / Group	Date of Committee / Group meeting
HCJ Advisory Board	29/05/2025
HCJ Advisory Board	31/07/2025
Policies and Procedures Ratification Group	08/07/2025
HCJ Advisory Board	25/09/2025

10.2 Development

Applicable NICE guidance	Details of deviations
n/a	

If the operational practice outlined in this procedural document deviates from NICE or Royal College guidelines you must complete this form: https://forms.office.com/e/aJ4PLC3fZs

11 REFERENCE DOCUMENTS

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Norheim, O.F., Baltussen, R., Johri, M., Chalkidou, K., Fleisher, L., Jain, M., ... & Verguet, S. (2014) *Guidance on priority setting in health care (GPS-Health): the inclusion of equity criteria not captured by cost-effectiveness analysis*. Cost Effectiveness and Resource Allocation, 12(1), p.18. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4171087/

12 GLOSSARY OF TERMS, KEYWORDS AND PHRASES

Definitions of technical or specialised terminology used within your document.

Term	Definition
Affordability	Affordability refers to whether the total cost of an intervention can be managed within the health system's budget or by the relevant payer(s).
Appeal	A formal request made by a patient or clinician to review a funding decision under this policy.
Clinical Products	Consumables and supplies used in patient care (e.g., dressings, syringes) that are not classified as devices or medicines.
Cost Effectiveness	An assessment of whether an intervention provides good value in terms of health outcomes achieved per unit of cost, typically expressed as cost per QALY, DALY, or life-year gained.
Diagnostics	Tests and procedures used to identify diseases or conditions (e.g., blood tests, imaging, biopsies).
Devices	Medical equipment or instruments used in diagnosis, prevention, or treatment of illness or disability.
Effectiveness	The extent to which an intervention produces anticipated health benefits (desirable effects) such as reduced morbidity, mortality, or improved quality of life, while minimizing harms or burdens (undesirable effects), based on the magnitude and certainty of the evidence. Effectiveness in GRADE is assessed by weighing the desirable and undesirable effects to determine the overall balance of outcomes and the net clinical benefit of an intervention.
Equity impact	The potential for a treatment or intervention to address health inequalities or improve access for underserved populations.
Feasibility	Feasibility refers to the likelihood that an intervention can be successfully implemented in a specific

	setting. Practical considerations around the implementation of an intervention, including available infrastructure, workforce, and budget.
Finance and Performance Committee	Finance and Performance Committee — receives reports on policy compliance, appeals, and monitoring outcomes from the Determination Group.
Health and Care Jersey (HCJ)	The Government of Jersey department responsible for delivering publicly funded health and care services in Jersey.
Health Technology Assessments	Health Technology Assessment (HTA) refers to the systematic evaluation of the properties, effects, and impacts of a health technology. It is a multidisciplinary process that examines the social, economic, organisational, and ethical implications of a health intervention or technology. The primary aim of such an assessment is to inform policy and decision-making (HTA glossary).
Individual Patient Funding Request (IPFR)	A formal request made by a clinician for funding an intervention not routinely provided by HCJ, typically based on exceptional clinical need.
Medicines Optimisation Committee	A Subset Group responsible for evaluating and prioritising pharmaceutical treatments under the TIPP framework.
Monitoring and Evaluation	The processes of reviewing how effectively the policy is being implemented and whether its objectives are being met.
NICE	The National Institute for Health and Care Excellence — a UK body providing evidence-based guidance on health interventions.
Patient Important Outcomes	Outcomes that have a direct impact on how patients feel, function, or survive, and that reflect what patients value in their health care. These include measures such as mortality, symptom relief, quality of life, functional status, and treatment burden. In the GRADE approach, evidence is assessed and prioritised based on its relevance to patient-important outcomes, rather than surrogate or intermediate markers.
Public Health Services	Services aimed at improving population health (e.g., vaccinations) which are excluded from this policy.
Quality, Safety and Improvement Committee	Quality, Safety and Improvement Committee — receives reports on policy compliance, appeals, and monitoring outcomes from the Determination Group.
Quaternary Referrals	Referrals made by tertiary centres for specialist care not available in the tertiary centre, typically to UK providers.

Strategic Alignment	Assessment of how well an intervention supports existing health strategies, policy priorities, and statutory obligations.
Subset Group	Specialist groups that evaluate a defined category of treatments or interventions and develops domain-specific subset policies.
Subset Policy	Subset policies will provide specific guidance in defined areas of the TIPP, ensuring aligned, transparent, and robust decision-making. They interpret the principles of TIPP in greater detail for particular areas, enabling consistent application and reducing ambiguity.
Surgical Procedures	Operations or invasive procedures performed to treat or diagnose a condition.
Tertiary Referrals	Referrals for specialist care not available in HCJ, typically to UK providers.
TIPP Determination Group	The body responsible for applying this policy, making exception decisions, and ensuring compliance.
Technical Working Group	A multidisciplinary group that supports the development, alignment, and implementation of subset policies under TIPP.
Transparency	The principle of making decision-making processes open and understandable to stakeholders and the public.

13 IMPLEMENTATION PLAN

All clinical staff treating patients and management staff planning services are expected to implement this policy and its subsets.

The TIPP will be implemented through a phased approach over 2025 and 2026, beginning with high-priority areas such as high-cost medicines, tertiary care referrals and surgical procedures of limited clinical value. The implementation will be led by the Determination Group, through the Technical Working Group.

Key activities will include:

- Communication: Policy launch communications to all HCJ staff and key stakeholders, including briefings and publication on the HCJ intranet;
- Training: Targeted training for clinical, management, and administrative staff to ensure understanding of the policy, subset processes, and funding decision pathways;
- Resource Alignment: Establishment of the TIPP Determination Group and Technical Working Group, with Terms of Reference confirmed and Subset Groups membership reviewed to ensure expertise and capacity;
- Development of Subset Policies: Initial focus on developing and aligning subset policies within the first three months, supported by task-and-finish groups where needed;

- Monitoring: Regular progress updates will be provided to the HCJ Advisory Board via the Quality, Safety and Improvement Committee and Finance and Performance Committee every quarter during the first year of implementation; and
- Evaluation: A formal review of the implementation process, lessons learned, and any required refinements will be completed at 12 months, feeding into continuous improvement of the policy.

Implementation risks, resource needs, and mitigation strategies will be actively monitored by the Technical Working Group and reported to the Determination Group.

14 ASSURANCE

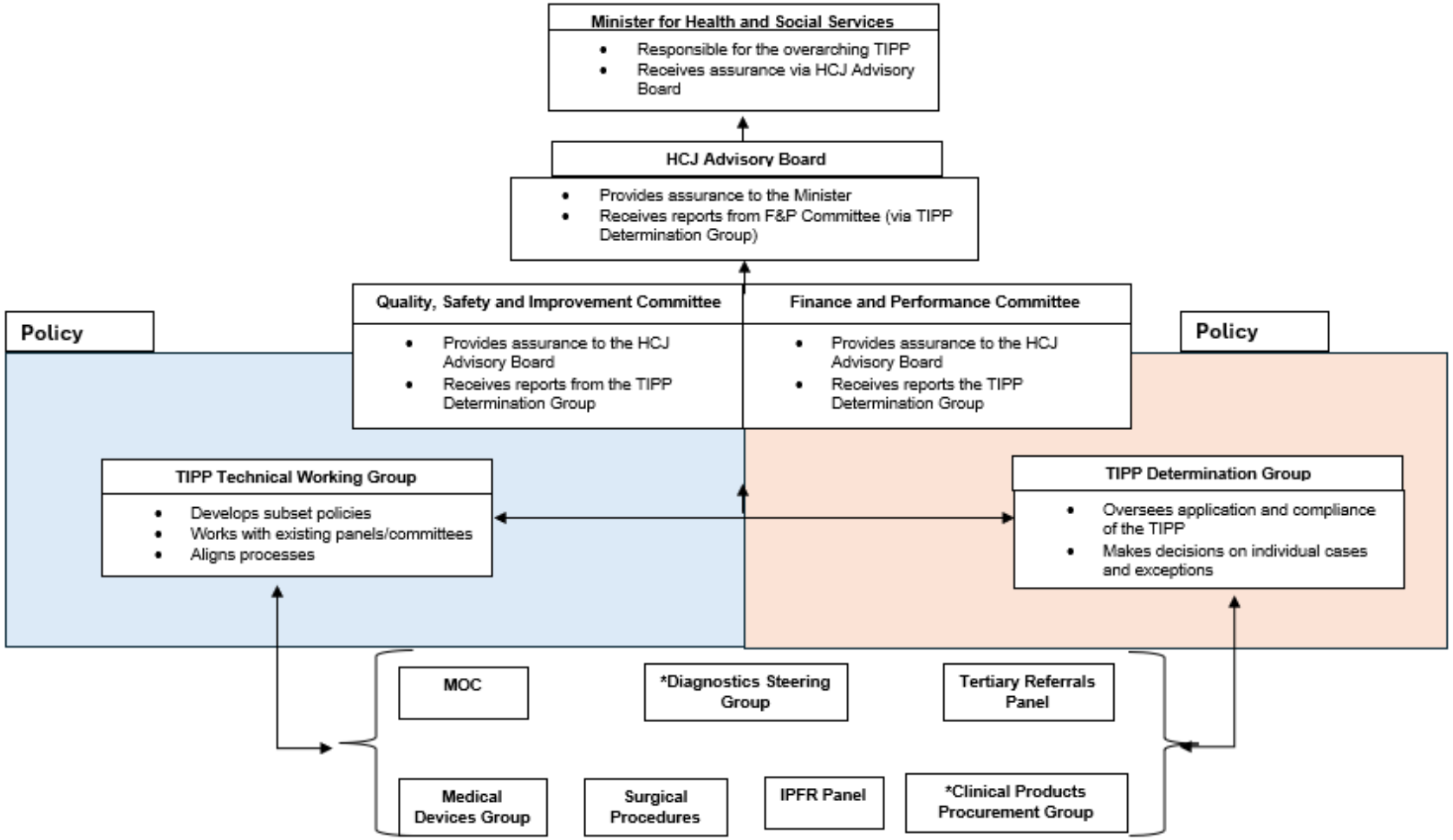
A summary of how the implementation and compliance will be monitored.

Minimum requirement to be monitored WHAT elements of compliance will be monitored	**Responsible individual** WHO is going to monitor this element	**Process for Monitoring** How will this element be monitored	**Frequency for monitoring** WHEN will this element be monitored / how often	**Responsible individual or committee** WHERE - which individual / committee will this be reported to
Compliance with principles and decision-making criteria across Subset groups.	Chair, Determination Group	Determination Group oversight of Subet Group decisions.	Review of Subset Group decisions and matrices; annual audit sample	Quarterly and annually
Adherence to appeals process and timeliness of responses	Chair, Determination Group and Chair, Independent Appeals Panel	Monitoring of appeals received and handled	Tracking appeals submissions, outcomes, timeliness, and reasons	Quarterly
Monitoring of Individual Patient Funding Requests (IPFRs)	Subset Group Chairs; escalations to Determination Group	Subset Group IPFR thresholds; Determination Group oversight	Case review, escalation logs, quarterly sample checks	Quarterly
Financial sustainability and budget impact of funded interventions	HCJ Finance Director	Finance analysis via Technical Working Group	Financial monitoring, cost–benefit and budget impact analysis	Quarterly and annually
Equity impacts of decisions	Public Health Consultant in Technical Working Group	Technical Working Group	Annual equity review and analysis of access and outcomes	Annually

Patient and clinician feedback	Chair, Determination Group	Technical Working Group collation of feedback	Review of feedback from PALS, clinician engagement	Quarterly
Monitoring of subset policy updates and alignment with TIPP	Technical Working Group	Determination Group oversight	Tracking subset updates, policy reviews, consistency checks	Annual

15 APPENDICES

15.1 Appendix 1: Governance Structure



Abbreviations: Abbreviations: TIPP - Treatment and Interventions Prioritisation Policy; HCJ - Health and Care Jersey; F&P Committee – Finance and Performance Committee; MOC - Medicines Optimisation Committee; IPFR Panel – Individual Patient Funding Request Panel.

15.2 Appendix 2: Appeals

This appendix outlines the appeals process for decisions made under the TIPP, including:

- Appeals against a decision, including an IPFR, made by Subset Groups, and
- Appeals against decision, including an IPFR, made by the TIPP Determination Group.

Appeals provide a route to challenge decisions where there has been a breach of process or a material factual error, ensuring fairness and transparency in decision-making.

15.2.1 Grounds for Appeal

Appeals will be considered only on the following grounds:

- **Ground 1 - Procedural error**: a failure to follow the decision-making process as set out in this policy or relevant sub-policies.
- **Ground 2 - Material Factual accuracy**: a demonstrable mistake or omission of a fact that may have influenced the decision (e.g. miscalculated cost, misrepresented data).

Note: disagreement with the outcome of differences in clinical judgement are not valid grounds unless they clearly relate to grounds 1 or 2.

15.2.2 Appeals Process Overview

Step	Appealing a Subset Group decision	Appealing a Determination Group decision
Submission format	A clearly structured letter, no longer than 2 A4 sides, that explicitly and succinctly presents the reasons for the appeal, containing all the necessary information, including supporting evidence and clear reasons.	A clearly structured letter, no longer than 2 A4 sides, that explicitly and succinctly presents the reasons for the appeal, containing all the necessary information, including supporting evidence and clear reasons.
Submission deadline	Appeal submitted within 21 days of the Subset Groups decision to TIPP@health.gov.je.	Appeal submitted within 21 days of the Determination Groups decision to TIPP@health.gov.je.
Triage	Chair of Determination Group assesses whether the appeal is valid and within scope. The Chair will confirm validity of the appeal within 7 days of receipt.	Chair of the Independent Panel assesses whether the appeal is valid and within scope. The Chair will confirm validity of the appeal within 7 days of receipt.
Review	The Determination Group reviews documents and makes decision.	The Independent Panel reviews documents and makes final decision.

Managing conflicts	Panel members, from the Determination Group, must not have been involved in the original Subset Groups decision.	Panel members must not be conflicted.
Panel meeting	To meet within 21 days of the Chair confirming validity of the appeal submission.	To meet within 21 days of the Chair confirming validity of the appeal submission.
Decision	To be communicated to the appellant within 7 days of the panel meeting.	To be communicated to the appellant within 7 days of the panel meeting.
Finality	Able to appeal the Determination Groups decision, by appealing to the Independent Panel.	The Independent Panels decision is final and there is no further route of appeal.
Reporting	All appeals (valid and invalid) will be recorded, with quarterly reports being made to the Finance and Performance, and the Quality, Safety and Improvement sub-committees of the HCJ Advisory Board.	All appeals (valid and invalid) will be recorded, with quarterly reports being made to the Finance and Performance, and the Quality, Safety and Improvement sub-committees of the HCJ Advisory Board.

16 VERSION CONTROL TABLE

Version	Section	Paragraph	Rationale
V001			Document drafted for Health and Care Jersey Senior Leadership Team – 01/05/2025
V002			Updated draft HCJ Advisory Board July 2025 - 16/07/2025