Health and Care Jersey

Report to:	Health and Care Jersey Advisory Board - Part A – Meeting in Public		
Report title:	**Treatments and Interventions Prioritisation Policy**		
Date of Meeting:	25 September 2025	**Agenda Item:**	**6**

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Purpose of Report:	Endorsement
	This paper along with the attachments, follows previous presentations and discussions with the HCJ Advisory Board on 29th May and 31st July 2025. Since the last meeting, the Treatments and Interventions Prioritisation Policy (TIPP/the Policy) has been finalised and was ratified internally by the Policies and Procedures Ratification Group on 8th August, subject to receiving HCJ Advisory Board and Ministerial endorsement before implementation commences. The Policy is now presented to the HCJ Advisory Board for endorsement.
Summary of Key Messages:	1. TIPP is an overarching policy framework that sets out the principles HCJ will use to decide whether new treatments and interventions should be publicly funded. 2. TIPP will be implemented through condition-specific and topic-specific subset policies, such as a High-Cost Drugs Policy and a Criteria Based Clinical Treatments Policy, which will provide specific guidance on HCJ services in defined areas of the TIPP, ensuring aligned, transparent and robust decision-making. 3. TIPP introduces a structured, evidence-based framework that prioritises clinical effectiveness, cost-effectiveness, and feasibility to improve consistency in decisions across medicines, procedures, devices, diagnostics, and clinical services. 4. TIPP supports locally tailored, evidence-informed decisions that reflect Jersey's specific population needs, service capacity, and financial constraints. 5. TIPP promotes fairness, transparency, and accountability in supporting determinations regarding which treatments and interventions will be publicly funded, helping to manage demand and cost effectiveness within a finite healthcare budget.

	6. TIPP decisions will be made through established governance structures, including a Determination Group to ensure that decisions are balanced, evidence-informed, and clinically and financially accountable.
Recommendations:	The HCJ Advisory Board is asked to: 1. Endorse the ratified Treatments and Interventions Prioritisation Policy ahead of implementation. 2. Provide advice to the Health and Social Services Ministerial Team on implementation. 3. Support the formal adoption of TIPP as the overarching framework for decision-making on the introduction, public funding, and prioritisation of treatments and interventions within HCJ.

Link to Jersey Care Commission (JCC) Domain:		**Link to Board Assurance Framework (BAF):**	
Safe		SR 1 – Quality and Safety	Y
Effective	Y	SR 2 – Patient Experience	Y
Caring		SR 3 – Operational Performance (Access)	Y
Responsive	Y	SR 4 – People and Culture	Y
Well Led	Y	SR 5 – Finance	Y

Are any stakeholders impacted?	• Clinicians will need to adopt a more structured, evidence-based, and transparent process when proposing or using publicly funded treatments and interventions, supported by clearer guidance and criteria. • Patients may be affected where certain treatments or interventions are not publicly funded for new patients; however, TIPP ensures decisions are made fairly, transparently, based on evidence, and best use of materials. • Finance and planning teams will benefit from a consistent framework to inform service design, budget planning, and future investment decisions. • Clinical decision-making groups (e.g. Medicines Optimisation Committee and the Tertiary Referral Panel) will be required to align their processes and decision-making criteria with the overarching TIPP framework and its subset policies. • Leadership may face scrutiny on funding decisions, but TIPP provides an evidence-informed and principles-based foundation to support transparent and consistent decision-making.

Are there any associated risks?	• Public concern that publicly funded access to some treatments could become restricted. To mitigate this, TIPP is grounded in principles of equity, clinical effectiveness, and financial sustainability, and is designed to ensure fair and consistent decision-making. • Clinicians may be concerned about any perceived reduction in clinical autonomy or additional process burdens. To mitigate this, clinicians have and will continue to be actively involved in decision making, and the

	development of subset policies and decision-making tools to ensure patients achieve the best outcomes. • Inconsistent application across decision-making groups: Without oversight, different panels (e.g. Medicines Optimisation Committee and the Tertiary Referral Panel) may apply TIPP inconsistently. To mitigate this, the Determination Group will provide oversight and audit processes to ensure consistency and accountability. • Quoracy requirements for the Determination Group have been introduced to ensure that decisions are made with sufficient senior clinical, operational, and financial input. This supports fairness and mitigates the risk of unilateral or under-informed decision-making. • Delays in implementation of subset policies: Delays in developing and endorsing subset policies could limit the operational impact of TIPP. To mitigate this, a phased implementation plan with clear governance and timelines will support timely rollout. This work will be coordinated and led by a Technical Working Group. • Perspective amongst prospective clinicians: some clinicians considering roles within HCJ may be cautious if they perceive that publicly funded access to innovative or high-cost treatments is limited. To mitigate this, TIPP emphasises transparent routes for considering such treatments through structured Individual Patient Funding Requests (IPFRs), subset policy development, and active clinical engagement in decision-making.

Are there any workforce implications?	The implementation of TIPP does not create new workforce requirements. However, it will require existing staff, particularly analysts, clinicians, and service managers, to adapt to and manage new processes for proposing, evaluating, and making funding decisions on treatments and interventions. The introduction of subset policies under TIPP, such as the *Criteria Based Clinical Treatments* Policy, is expected to support workforce planning and relieve activity pressures by helping to prioritise high-value care.

Are there any financial implications?	The implementation of TIPP is expected to support financial sustainability by ensuring funding is directed toward treatments and interventions that provide the greatest clinical benefit and cost-effectiveness for the population. TIPP also provides a transparent framework to support future prioritisation decisions in the context of growing financial pressures and increasing demand. There are no direct financial requirements to support the implementation of this policy.

Are there any Digital systems implications?	There are no immediate digital system requirements, as TIPP will initially be implemented using existing tools and processes.

	As the Policy and its subset policies mature, there may be a need for better integration with digital systems, particularly to embed TIPP criteria into referral pathways, prescribing platforms, and funding approval workflows. This will support consistency, efficiency, and auditability.

Next steps?	The TIPP Determination Group is scheduled to meet for the first time on 8th October.

Boards / Committees / Groups where this report has been discussed previously:		
Meeting	**Date**	**Outcome**
Minister for Health and Social Services, Chief Officer, Chief Operations Officer – Acute Services, Public Health Director, Finance Director, Health Policy Director, & the Private Patient and Commercial Lead.	12/2/2025 and 25/3/2025	Supportive.
HCJ Senior Leadership Team	8/5/2025	Supportive.
HCJ Advisory Board	29/5/2025	Supportive.
HCJ Patients and Users Public Engagement Panel	17/06/2025	Supportive.
Primary Care Body	03/07/2025	Supportive.
Medicines Optimisation Committee	09/07/2025	Supportive.
Medical Services Committee	11/07/2025	Supportive.
HCJ Advisory Board	31/07/2025	Supportive.
Policies and Procedures Ratification Group	08/08/2025	Policy ratified subject to conditions as explained above.

List of Appendices:	
1.	Treatments and Interventions Prioritisation Policy

MAIN REPORT

See appendices.

END OF REPORT