Health and Care Jersey

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| **Report to:** | Health and Care Jersey Advisory Board – Part A – Meeting in Public | | |
| **Report title:** | **Update on Strategic Relationships** | | |
| **Date of Meeting:** | 27 November 2025 | **Agenda Item:** | **7** |

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| **Executive Lead:** | Tom Walker, Chief Officer |
| **Report Author:** | Philip Housden – Commercial and Private Patient Lead<br>Harry Hambrook – Principal Officer |

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| **Purpose of Report:** | For Noting and Endorsement |
| | To update the Health and Care Jersey Advisory Board on progress in developing strategic relationship partnerships and seek endorsement of next steps toward formalising these arrangements. |
| **Summary of Key Messages:** | Jersey is reliant on off-Island healthcare organisations for services not provided in Jersey. Currently £17.3 million is forecast to be spent on off-Island medical and surgical services in 2025 (including £2.4million relating to prior years spend), covering an estimated 2,841 referrals.<br><br>Following increased financial oversight during 2024 and 2025, and in line with recommendations from the Comptroller and Auditor General (C&AG), HCJ identified that consolidating relationships with fewer, high-quality providers should improve patient experience and the supporting processes, for example, exchange of patient information.<br><br>To strengthen Health and Care Jersey's (HCJ's) resilience, the present pattern of spend with UK providers has been reviewed. This review has identified advantages to be achieved from:<br><br>a) Consolidating a greater proportion of off-Island patient services spend with fewer specialist centres.<br>b) Choosing one organisation with which to explore joint work on improvements across the breadth of the organisation, not just patient services.<br><br>Five organisations have been identified as Strategic Delivery Partners that could over time provide an increasing proportion of Jersey's tertiary services. These providers were selected through a structured assessment of quality, breadth of services, cost-effectiveness, and proximity to Jersey.<br><br>During the assessment of preferred Strategic Delivery Partners, it was identified that a relationship with one organisation to also work on improvements across the breadth of the organisation, not just tertiary services, would be likely to deliver further benefits. A major London based hospital has been identified as HCJ's proposed Strategic Relationship Partner, due to its scale, international reputation and commercial activities, and breadth of capability across acute, specialist, and academic services. |

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| | Since the last Board meeting HCJ and the preferred major London based hospital have now agreed to co-develop a proposal for a longer-term relationship. This joint work will take place over the next three months. The output of that joint work will be reviewed by the Advisory Board in February 2026.<br><br>In this way, the development of Strategic Partnerships aims to deliver more consistent care, improved patient experience, and greater long-term resilience for Jersey's health system. |
| **Recommendations:** | The HCJ Advisory Board is asked to note:<br><br>1. The development of Strategic Delivery Partnerships.<br>2. The plan to return to the Board in February 2026 with a proposal for a longer-term Strategic Relationship Partnership with a major London based hospital. |

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

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| **Are any stakeholders impacted?** | • **Patients:** Clearer and consistent pathways, higher-quality care, better follow-up coordination through improved clinical partnerships, and improved access to innovation.<br>• **Clinicians and referring teams:** Clearer referral protocols, strengthened collaboration with tertiary partners, secondments, academic networks, shared governance, and opportunities for joint appointments and knowledge exchange.<br>• **Existing tertiary providers not selected:** May experience reduced referral volumes as HCJ activity consolidates.<br>• **Strategic Delivery Partners:** Closer relationships with HCJ.<br>• **Strategic Relationship Partner (With a major London based hospital):** Opportunities for collaboration across workforce, procurement, research, and innovation.<br>• **Finance and Procurement teams:** Partnerships may offer new options that provide improved value for money for non-pay spend.<br>• **Wider Island system:** Opportunities for enhanced private patient services, research, education, and digital innovation. |

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| **Are there any associated risks?** | • **Provider concentration risk:** Fewer partners could reduce flexibility; mitigated by maintaining access to specialist centres.<br>• **Transition risk:** Service changes may disrupt pathways; mitigated by phased implementation and early engagement.<br>• **Relationship risk:** Misaligned expectations could limit benefits; mitigated through clear governance and a defined exploratory phase with a major London based hospital. |

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| | • **Reputation:** Public concern about choice; mitigated by transparent communication and endorsement via Board and Minister.<br>• **Financial risk:** Minimised through ensuring services delivery at Tariffs. Cost and contract management risks should be more easily overseen with fewer providers therefore increasing grip and control.<br>• **Patient choice and perception:** Concerns that consolidation limits hospital choice; mitigated by maintaining patient access to specialist centres where clinically appropriate. |

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| **Are there any workforce implications?** | Yes. Director of Workforce has confirmed that consolidation and partnership with a major London based hospital will create opportunities for joint workforce planning, training, research, and recruitment initiatives, supporting HCJ's ability to attract, develop, and retain staff. At the same time, changes in referral patterns may affect how certain specialties are configured within HCJ, requiring careful planning to maintain service continuity. The Director of Workforce will ensure that staff engagement and consultation will take place, should any proposed change require it. |

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| **Are there any financial implications?** | Consolidating referrals to a smaller number of partners should increase grip and control through improved contracting arrangements and security over provision of services at NHS Tariffs. Where any such change requires future spend or contracting change then Care Groups and Finance will be involved. |

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| **Are there any Digital systems implications?** | Director of Digital/CIO has confirmed the potential for strategic partnerships to support the digital strategy and that any future digital integration will need to comply with Jersey and UK data protection laws and would be supported by clear data-sharing protocols before implementation. |

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| **Next steps?** | <u>Strategic Relationship Partnership with a major London based hospital</u><br>1. Nov 2025 – Jan 2026: Co-develop a proposal for Strategic Relationship Partnering with a major London based hospital.<br>2. February 2026: Present proposal to the HCJ Advisory Board for review and Ministerial consideration.<br>3. March 2026: Subject to approval, commence implementation of the Strategic Relationship Partnership with a major London based hospital.<br><br><u>Strategic Delivery Partnerships</u><br>1. From December 2025: engage with clinical and operational teams to identify opportunities for consolidating services<br>2. An exemption to cover 2026 HCJ spend with UK tertiary care providers is in production. This exemption, as with prior year exemptions, is from normal commercial competitive processes to enable HCJ to establish effective patient care arrangements for future years. |

| **Boards / Committees / Groups where this report has been discussed previously:** | | |
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| **Meeting** | **Date** | **Outcome** |
| Finance and Performance Committee | 30 April 2025 | Supportive |
| Medical Services Committee | 21 May 2025 | Supportive |

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| Minister for Health and Social Services | 10 June 2025 | Supportive |
| Reference Group (Senior Consultants and Directors) | 1 - 9 July 2025 | Supportive |
| HCJ Executive Leadership Team | 1 September 2025 | Supportive |
| Reference Group | 17 September 2025 | Supportive |
| Private Patient - Medical Advisory Committee | 18 September 2025 | Supportive |
| Medical Services Committee | 18 September 2025 | Supportive |
| Chiefs of Service | 19 September 2025 | Supportive |
| HCJ Executive Leadership Team | 22 September 2025 | Supportive |
| HCJ Advisory Board – Part B | 25 September 2025 | Supportive |
| HCJ Senior Leadership Team | 9 October 2025 | Supportive |

| **List of Appendices:** | |
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| None. | |

**MAIN REPORT**

Jersey relies on off-Island centres for a wide range of specialist healthcare services. These account for c. 5% of HCJ's overall budget spend and of this, 13% of non-pay spend. It is therefore a key focus of the Financial Recovery Programme.

The review of off-Island arrangements found that concentrating activity with a smaller number of high-quality providers would strengthen quality, consistency, and value for money, while improving patient experience.

Jersey is reliant on off-Island healthcare organisations for services not provided in Jersey. £17.3 million is forecast to be spent on off-Island medical and surgical services in 2025, covering an estimated 2,841 referrals. This is versus the budget of £14.5 million and includes £2.4 million of prior years activity and spend.

Following increased financial oversight during 2024 and 2025, and in line with recommendations from the Comptroller and Auditor General (C&AG), HCJ identified that consolidating relationships with fewer, high-quality providers will improve patient experience and supporting patient services management processes, for example, exchange of information.

Through 2025, HCJ engaged with a number of healthcare providers to identify large, high-quality Strategic Delivery Partners. It is proposed that five current providers organisations will over time provide an increasing majority of Jersey's tertiary services.

During this process, it became clear that there were potential benefits of identifying one organisation with which to explore the benefits of a Strategic Relationship Partnership. This would involve collaborating with HCJ to work on improvements not limited to patient service delivery, for example workforce, procurement, and service innovation.

On 17 September 2025, the Strategic Partnerships Reference Group (comprised of Senior Consultants and Directors) endorsed the recommended five Strategic Delivery Partners and one Strategic Relationship Partner. These recommendations were further endorsed through multiple governance forums, including the Medical Services Committee, Executive Leadership Team, Advisory Board, and Senior Leadership Team.

Providers were assessed against agreed criteria including clinical quality, range of specialisms, research capability, governance standards, patient outcomes, and geographical accessibility to Jersey. The five proposed organisations are all recognised national or international leaders in their fields.

The selection process and recommendations were shaped through engagement with senior consultants, directors, and service leads via the Strategic Partnerships Reference Group. Their feedback ensured that clinical quality and patient outcomes remained central to the approach. Further engagement with patients will take place during the next phase.

From this group, a major London based hospital has been identified as HCJ's proposed Strategic Relationship Partner. HCJ and the major London based hospital will now enter a three-month exploratory period to test areas of mutual benefit and co-develop a proposal for longer-term collaboration. This will be presented to the Advisory Board in February 2026 for consideration and recommendation to the Minister for Health and Social Services. If the Strategic Relationship Partnership fails to demonstrate clear benefits, HCJ will retain the flexibility to revise or withdraw from the arrangement.

The Strategic Relationship Partnership will extend beyond patient pathways to explore collaboration in research, workforce development (e.g. training & education, clinical rotations) recruitment, procurement, governance, and a range of innovation opportunities (e.g. from policy and process to digital and service improvements).

**Summary of Next Steps**

Strategic Relationship Partnership with a major London based hospital

- Nov 2025 – Jan 2026: Co-develop a proposal for Strategic Relationship Partnering with the preferred major London based hospital.
- February 2026: Present proposal to the HCJ Advisory Board for review and Ministerial consideration.
- March 2026: Subject to approval, commence implementation of the Strategic Relationship Partnership with the preferred major London based hospital.

Strategic Delivery Partnerships

- From December 2025: engage with clinical and operational teams to identify opportunities for consolidating services.
- An exemption to cover 2026 HCJ spend with UK providers is in production. This exemption is from normal commercial competitive processes to enable HCJ to establish effective patient care arrangements.

**Rationale and Benefits**

The primary objective of both the Delivery and Relationship Partnerships is to improve and accelerate organisational effectiveness and ultimately patient experience and outcomes. The approach responds directly to recommendations from the C&AG for clearer accountability and improved patient outcomes, not to reduce access or entitlement.

With Delivery Partners, HCJ will work on dedicated referral pathways to reduce delays, improve communication, and reduce the need for repeat appointments or unnecessary travel. Where possible, these partnerships will also expand access to virtual consultations, reducing the number of off-Island trips required.

Consolidation with fewer providers over time strengthens Jersey's clinical partnerships while maintaining referrer and patient choice. The anticipated benefits include improved quality and safety through consistent clinical governance and streamlined referral pathways and reduce variation; with our Strategic Relationship Partner additional potential benefits are to be explored including: increased access to innovation, research, and virtual multidisciplinary teams; support for local workforce training and joint recruitment through UK academic networks; and the delivering of greater economies of scale.

Looking further ahead Partnership development also forms part of HCJ's broader transformation agenda to modernise services ahead of the delivery of the new hospital, ensuring Jersey's clinical pathways and partnerships are resilient and future ready.

**Governance and Oversight**

Governance of the clinical services spend with Strategic Delivery Partners will be managed thorough the overarching exemption now being sought, together with improvised contracts and monitoring through the contract period.

The separate proposed Strategic Relationship Partnership with a major London based hospital will be governed through establishing a project oversight group reporting regularly to the HCJ Executive and Advisory Board. Jersey will retain full commissioning control and decision-making authority.

**Protecting Jersey's Interests**

All arrangements will be designed to safeguard Jersey's independence, preserve patient choice, and deliver clear value for Islanders, while supporting system resilience and the wider Island economy. The identification of Strategic Delivery Partners marks the start of a gradual process, not an immediate change to services.

Patients will continue to have access to the same range of specialist treatments, with specialist centres remaining available for off-Island consultants to refer to when clinically appropriate. These partnerships are designed to improve the patient journey, not to remove choice.

For some patients, existing care relationships with hospitals outside the five Strategic Delivery Partners will continue where clinically appropriate. The new arrangements will simplify the majority of referrals but will not prevent referrals to other centres for rare conditions or where continuity of care requires it.

The partnerships are designed to strengthen local capacity, not reduce it. By improving access to specialist expertise, Jersey can deliver more care locally through shared models, visiting consultants, and staff development supported by partner organisations.

Jersey will retain full control over commissioning decisions and referral policies. A proposal for a Strategic Relationship with a major London based hospital will be reviewed by the Advisory Board in February 2026, with the Minister for Health and Social Services making the final decision.

**Acknowledgement**

We extend appreciation to HCJ Consultants, Reference Group members, and colleagues for their contribution to this work. Their insight and commitment have been central to ensuring the recommendations are robust, evidence-based, and in Jersey's best interests.

**Terminology**

- *Strategic Delivery Partners* are the hospitals that have been identified to deliver the majority of Jersey's tertiary clinical services through agreed referral arrangements.
- The *Strategic Relationship Partner* (A major London based hospital) will work with HCJ across wider areas such as workforce, procurement, digital innovation, and shared governance, going beyond individual patient pathways.

**END OF REPORT**