



PARLIAMENT
OF THE CAYMAN ISLANDS



PARLIAMENT OF THE CAYMAN ISLANDS
STANDING PUBLIC ACCOUNTS COMMITTEE

HSA OUTPATIENT PHARMACY SERVICES
(NOVEMBER 2021)

*Official transcript relating to the Official Report of the
Standing Public Accounts Committee Meeting
held on 12 January, 2022*

CONTENTS

PAC Members present	1
Witnesses present	1
Others in attendance	1
Mrs. Sue Winspear, Auditor General	2 - 4
Dr. Courtney Cummings	4 - 13
Mr. Colin Medford	14 -22
Mrs. Dawn Cummings	23
Mr. Ronnie Dunn	23, 25
Ms. Lizzette Yearwood	26 – 31
Undertakings	13, 27

PRESENT WERE:

PAC Members: Hon. Roy M. McTaggart, JP, MP, Chairman
Hon. Katherine Ebanks-Wilks, MP, Member
Ms. Heather Bodden, OCI, Cert. Hon., JP, MP, Member
Mr. Isaac Rankine, MP, Member

In attendance: Mr. Michael Nixon, Senior Assistant Financial Secretary
Ministry of Finance and Economic Development

Mr. Matthew Tibbetts, Accountant General
Ministry of Finance and Economic Development

Audit Office: Mrs. Sue Winspear, Auditor General
Ms. Angela Cullen, Deputy Auditor General (Performance Audit)
Ms. Jasmine Williams – Audit Project Leader
Mr. Ruel Huet – Audit Project Leader

Witnesses: Dr. Courtney Cummings
Acting Medical Director
Cayman Islands Health Services Authority

Mr. Colin Medford
Chief Pharmacist
Cayman Islands Health Services Authority

Mrs. Dawn Cummings
Former Chief Financial Officer
Cayman Islands Health Services Authority

Mr. Ronnie Dunn
Deputy Chief Executive Officer,
Cayman Islands Health Services Authority

Ms. Lizzette Yearwood
Chief Executive Officer
Cayman Islands Health Services Authority

Apologies: Ms. Barbara E. Conolly, JP, MP, Member
Mr. Dwayne S. Seymour, JP, MP, Member

PAC Clerk: Mrs. Patricia Priestley

**OFFICIAL VERBATIM REPORT
STANDING PUBLIC ACCOUNTS COMMITTEE
WEDNESDAY
12 JANUARY 2022
10:38AM**

Meeting with witnesses

**OFFICE OF THE AUDITOR GENERAL CAYMAN ISLANDS –
HSA OUTPATIENT PHARMACY SERVICES – NOVEMBER 2021**

Verbatim transcript of the Standing Public Accounts Committee Meeting held 12 January 2022, at 10:38am, in the Chamber of the Cayman Islands Parliament, George Town, Grand Cayman

[Mr. Roy M. McTaggart, Chairman, presiding]

The Chairman: Good morning to everyone.

I want first of all to welcome you to this first Hearing of the Public Accounts Committee for the New Year.

I want to apologise for the late start, we just had a few logistical issues. We have got those all sorted out and we are quorate, so that the Committee can proceed to do its business today and conduct the Hearing.

Before we actually get on the way, I would like to ask Mr. Isaac Rankine if he would lead us in prayer.

PRAYER

Mr. Isaac D. Rankine: Let us pray.

Almighty God, as we deliberate the proceedings of the Public Accounts Hearing, help us to be united in the same way you are in unity with your son, Jesus, and the Holy Spirit.

May we be of one spirit and have a common purpose as we deliberate the business of our country, for the betterment of our people; Holy Spirit of God, fill this place with your Power, and help us walk in unity in Jesus' name we pray.
Amen.

The Chairman: Thank you very much. A few house-keeping matters before we actually get started with our Hearing this morning and call our first witness. We have had apologies from Ms. Barbara Conolly who is unwell and not able to be with us this morning. We have also had apologies from Mr. Dwayne Seymour, the former Minister of Health, who has declared a conflict and has recused himself from the Hearing today. Every other member is here but we are down to a very bare minimum to make the quorum this morning, so I determined we should proceed as we had planned to for today's Hearing.

I would like to acknowledge the presence of two persons in the Chamber this morning, that's Ms. Jasmine Williams and Mr. Ruel Huet—do I have your

name right? They are two audit project leaders from the Auditor General's Office (OAG) and they have done most of the fieldwork, I believe, with regard to the preparation of, and investigation into this report, and the Auditor General inquired if I would mind if they were to sit through and observe the proceedings today. I am happy to do that; I always encourage these things so that you can understand what takes place inside this Chamber so, I welcome you both to this morning's Hearing.

The purpose of the Hearing this morning is for us to examine a report of the Auditor General that was released in November of 2021; so late last year. The title of the report is *Health Services Authority Outpatient Pharmacy Services*. This report examines the operations of the pharmacy and it is segmented into a number of key areas. It highlights a number of deficiencies and a number of good things and makes several recommendations for improvement, really, with regard to the pharmacy services that are delivered by the Health Services Authority (HSA).

I invite the Auditor General to make her opening statement and then we will invite the first witness.

Thank you Auditor General. Please proceed.

OFFICE OF THE AUDITOR GENERAL

Mrs. Sue Winspear, Auditor General, Office of the Auditor General: Thank you, Mr. Chairman.

Good morning to you, members of the Committee, official colleagues and listening public and thank you for the opportunity to make some opening remarks to the Committee.

As you mentioned, the report we are considering today is the HSA' Outpatient Pharmacy Service and, as you already mentioned, it covers three main areas. I will briefly summarise our finding in each of these three areas.

STRATEGIC DIRECTION AND GOVERNANCE

This falls more to the Ministry than the Health Services Authority because it is looking at it from a national perspective. Unfortunately, not for the first time, I am reporting that there are significant gaps at the national level, in both the legal framework and the strategic direction for health care and, by extension therefore, pharmacy services.

You will recognise much of what I am about to say is from the most recent report following up on our extensive 2017 Healthcare Performance Audit Report, and you will recall the Committee had follow up Hearings on those recommendations in September 2021.

The legal framework is significantly outdated. The Pharmacy Act dates back to 1979, there are a number of gaps in it and this creates risks for the control and regulation of medicines that are imported into Cayman. There is no National Healthcare Strategy as it expired at the end of 2017; that strategy had an objective to develop a national policy for medicines but unfortunately, was never put into place.

The Pharmacy Council was created in 2017 by the Health Practice Act and is responsible for the regulation of the pharmacy profession. The council registers and regulates pharmacists, but it needs to extend their activities to cover pharmacy technicians. It is also worth highlighting that the council does not have powers to regulate the carrying out of pharmacy business or to restrict activity.

Moving on to the HSA, I am pleased to report that they do have a five year strategy; however, the strategy makes no mention of the Government's strategic objective for health care and as the main public sector healthcare provider, we would expect the HSA to demonstrate how it plans to contribute to Government's objectives. We also found that it is not entirely clear how the pharmacy service was expected to contribute to the HSA's strategic objectives. Again, for such a key clinical service, we would expect it to have its own business plan with objectives, outcomes and performance measures. That is probably the most troublesome of the three areas to be fair.

AVAILABILITY, SAFETY AND QUALITY OF MEDICINES

As I mentioned earlier, the legal framework is outdated and does have significant gaps. However, despite this, the HSA has developed standards to ensure the quality and safety of medicines that it uses. *This is positive*. The HSA established a drug and therapeutic committee in 2008 to oversee the formulary of medicines that are able to be used and prescribed by its doctors.

Changes made to the pharmacy inventory system have significantly improved stock control, resulting

in fewer stock outs and fewer expired medicines having been written off in recent times. Again, *this is positive*.

The HSA spends around \$9 million a year on medicines, but its procurement needs to significantly improve to ensure better value for money and that essential supplies are available. During our audit, the HSA was carrying out a procurement exercise for medicines, but we found that it was not handled well and had to be abandoned in 2021—more than a year after it started.

We genuinely appreciate that the world changed during 2020 as a result of the COVID pandemic and this resulted in supply chain issues and increased prices, however, the HSA's contracts with medicine suppliers expired in December 2019, and the procurement process should have been completed well in advance of COVID hitting our shores. We have reported that the procurement exercise started far too late, took too long and the options considered were not wide enough. We found that the HSA experienced similar issues during the previous procurement in 2017, and it appears that lessons were not learnt, unfortunately.

PERFORMANCE OF THE HEALTH SERVICES AUTHORITY OUTPATIENT PHARMACY SERVICES

The third and final area that we considered was the performance of the Health Services Authority Outpatient pharmacy services. A number of improvements have been made since 2014, I am pleased to report, however, there is no formal performance measurement framework for pharmacy and therefore, no formal reporting of performance against Key Performance Indicators (KPIs) that may help inform decision making.

The Acting Medical Director, our first witness, had developed a set of key performance indicators for pharmacy, but these have not been communicated and performance against them was not being monitored or reported. We did, however, find that customers are generally satisfied with the pharmacy service, although this varied by location.

Customers are able to order their prescriptions in various ways, which is good, however, the waiting rooms and patient areas need to significantly improve as they are cramped and there is a lack of privacy. We are aware that the HSA is currently renovating the Smith Road Centre and plans to move the main pharmacy there, but that is only one location. We found that waiting times are not measured properly, which is a Key Performance Indicator, and also, despite having policies for capturing potential errors, actual errors or near misses are not monitored or reported consistently.

As previously mentioned, stock outs are monitored and are now much lower than previously, however, the pharmacy service does not measure the impact on customers. For example, *how many customers are affected by medicine being out of supply?* I have

made a total of 19 recommendations in the report—16 of these were made to the HSA, the remaining three recommendations were made to the Government.

Unusually, and for the first time in my six years' tenure as Auditor General, the Government, and in this case it is the Ministry of Health, has failed to respond to the clearly drafted report despite being given extended period, or provide management responses to those three recommendations made.

Thank you for mentioning my two colleagues who worked on producing this report. I also have with me, Ms. Angela Cullen, the Deputy Auditor General who leads on the performance audit practice who oversaw the audit.

Thank you very much, Mr. Chairman and Committee members.

The Chairman: Thank you Auditor General.

We will go ahead at this time and call our first witness into the Chamber, Dr. Courtney Cummings - Acting Medical Director of the Cayman Islands Health Services Authority.

[Pause]

HEALTH SERVICES AUTHORITY

The Chairman: Good morning, Dr. Cummings. I am sorry for the late start, but welcome to the Public Accounts Committee. You are going to be questioned by members of the Committee, I would really appreciate that when you take your mic to speak for the first time, you would please state your name and your position for the record, so that it is recorded properly. With that, I will just turn the questioning over to members of the Committee at this time. My apologies. Mrs. Katherine Wilks.

Hon. Katherine A. Ebanks-Wilks: Thank you, Mr. Chair. Good morning Dr. Cummings. How are you today, sir?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Good morning and thank you for having me here. I am fine, thank you.

LEGAL FRAMEWORK

Hon. Katherine A. Ebanks-Wilks: That's good.

I will start off with questioning in relation to the legal framework. We note from the management responses to the recommendations that were made, that the Deputy Medical Director and Chief Pharmacist have been allocated with the responsibility for the implementation of many of these recommendations.

However, as the most senior clinician, within the HSA—which I know you're acting—it is the medical director who provides the assurances to the HSA

Board. I was just wondering if you can speak of the oversight by the medical director on the implementation of these said recommendations.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you very much. My name is Dr. Courtney Cummings. I am a Consultant Physician and Deputy Medical Director, and Acting Medical Director in the absence of Dr. Jefferson.

We have looked collectively at the recommendations that were made and we have spoken with the senior management and the board about the recommendations. Maybe I need to go into specific details about the individual recommendations, but certainly we have looked at them, and should you ask me a specific one, I can then speak to that particular recommendation, if that is the case; but as the Auditor General said, there are some 19 recommendations there.

Hon. Katherine A. Ebanks-Wilks: Thank you. I guess we will speak in more detail on the particular recommendations as we get down into the performance area.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Absolutely.

[Pause]

Hon. Katherine A. Ebanks-Wilks: Thank you.

The OAG report states that the legal framework is outdated—I think the last Hearing that I participated on, I said that it was almost as old as I am—and it does not compare well with the World Health Organization's (WHO) guidelines for good pharmacy practice and it also lags behind other jurisdictions. In particular, The Pharmacy Act, going back to its age, is more than 40 years old, and this creates a number of risks for the Cayman Islands.

The report also states that during 2020, the Ministry for Health started to revise the Act and so, I am just wondering, in your view, do you see the risk to the Cayman Islands as a result of the failure to have this Pharmacy Act updated for over 40 years?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right, thank you for that question.

I do agree with the comments that were made. Medicine has progressed along the way over the last 20, 30, 40 years and that has to be taken into context because as a small country, as an example, we bring medications in, we don't produce our own medications here; and the absence of certain regulations—you will see right away—exposes the public and the Cayman Islands, in general, to medications that are not properly verified, in terms of qualities, et cetera.

An updated Law will prevent such things, so I would agree with that comment, in that, we need to update the Law now, we need to update the next five years and we need to update it again as things progress. I think in general, that is what I will say about that. Updating the Law is going to be very important, in terms of medications and in terms of equipment. Things have changed significantly over the last many years.

Hon. Katherine A. Ebanks-Wilks: So an Act, such as the Pharmacy Act, should be viewed more as a working document; going back to medicine changing and reviewed very frequently then?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right; and that needs to be changed also because we never talked about certain things many years ago. We now talk about alternative medicine. We are talking now about narcotics; those are topical issues that were not there before, so I think updating the Act and the Laws over a period time, is going to be very important.

Hon. Katherine A. Ebanks-Wilks: Thank you.

The Chairman: Dr. Cummings, I am aware that a draft of the Pharmacy Law does exist and probably has existed for a few years now. Do you know what the status of it is? Just give us an update as to what your understanding is as to where it might be.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right.

The answer to that question up front, is that I do not know the details but I am aware, according to my Chief Pharmacist that an updated version has been made and submitted to the Ministry; but that is as much as I know.

An updated version has been made.

The Chairman: Okay, thank you. I will ask *[inaudible]*

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: I am sorry, may I say it may be updated at that time. It may be a little bit outdated now, but certainly it was some time recently.

The Chairman: Okay; thank you, sir. I will just ask the Chief Officer later when she appears at the Committee. Thank you.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you.

Hon. Katherine A. Ebanks-Wilks: Dr. Cummings, I think the question that I am about to ask *[you]* is probably a very similar response to what you gave in terms

of a more national response, in terms of risk with not having this Act updated but, just in relation to the has: Can you just elaborate a little bit more on how not having this Act updated impacts the HSA.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right.

So, we are in a competitive field, but I want to preface my comments by stating that we have looked at the broad strategic outcomes that the Government has actually put forward, and it says there that the outcome that they are looking for is *equitable, sustainable and successful healthcare system* and we want to make sure that is available to the public.

Now, many years ago, there were not many competitors; now we have competitors. We are interested in delivering service to the people. One of the issues now, is that when medications or equipment should come in and there is no law or something prescribed as to what can come in, then it makes it a bit more difficult for us to compete with others and I am going to explain why I say that.

We at HSA only purchase medications—and I am going to stick to medications for now—from jurisdictions that actually do quality checks on the medications. Medications cost a certain amount to produce, but then certain jurisdictions will have quality checks. For example, the Food and Drug Administration (FDA) and the European Medical Association (EMA) will do that; making sure that what is said to be contained in those medications is contained. There are other jurisdictions where that is not done, and you will understand, therefore, medications can be obtained from some areas much, much cheaper.

I know persons have complained about the HSA's medications being costly, well, it is because of that. Because when we give medications, when I use medications, I want to make sure it is coming from the right source, it has what it says it has and the quality checks are made. I am not saying that the ones that are coming from other sources are not good, or have problems. I am simply saying that we want the quality checks and we have to pay for the quality checks.

Hence to your question, so it makes it less... We can't compete so well with those persons because that Law leaves it open for people to do what they want, but we have decided that we will deliver medications that are of certain quality only. In fact, when we purchase, we purchase from very few jurisdictions; not that we cannot buy it from other places also, *[but]* for that reason—because of the quality aspect.

Hon. Katherine A. Ebanks-Wilks: Thank you very much, Dr. Cummings.

I would just like to highlight what you just said. I guess it is assuring to know that once we get to that stage of revising this Act, there will be more affordable

medication available to the people in the Cayman Islands. Again, that should give us, as the Government, the indication to press this along.

Thank you.

The Chairman: Mr. Cummings, I want to expand on your comments with regard to the availability, safety and the quality of medicines available through the HSA. The report highlighted that despite the legal framework being out of date, the HSA has adopted higher standards to ensure the safety and quality of medicines.

Can you speak to the Committee about what those higher standards are? What are some of the things that you are doing to strictly ensure that medicines are meeting these higher standards?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: So the Drugs and Therapeutic Committee—which is a committee that we have that looks at what medications should come in, et cetera—is comprised of physicians, pharmacists and other persons.

That committee also researches the literature and they are up to date as to, for example: *Are there problems with this particular drug? Are there any side effects of this drug?* And not only that the drug is good to be used with minimal side effects, but that as we had—I would say about four years ago—one of the very popular medications that we used for hypertension, it was found that that medication had some contamination with cancer forming drugs. Many places around the world had to withdraw those medications and that was because the FDA and the European Medical Agencies, et cetera, were checking.

Now, those same drugs are available in other places and I want to refrain from calling names, but they are available from other sources, other jurisdiction, other countries, but because we now know that the agency that we work through does check these things and they said, *look there is a problem here*, we were able to stop it, and in fact we pulled those medications away from the public. So the first thing is that we want to work with places that have a robust system of examination of medications.

Also, when we bring our medications in, from time to time, the Chief Pharmacist may also send some samples off to Jamaica for evaluation; so it is a sort of second or third check, if you will, to make sure what we are saying we are getting is what we are getting, and that not only we have the right contents, but it is safe and the quality is okay. Those are things we do in general.

The Chairman: Does the HSA or the Pharmacist Council maybe, maintain a list of countries or entities that you will not procure from?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: In terms of getting medication into the HSA, it's a group.

It involves the pharmacy stores—the pharmacy stores is run by a pharmacist and that person is in contact with a number of suppliers around the world at key areas, in the UK in the US and other places, and is quite aware of the sources that we should preferably get medications from.

We have the Drugs and Therapeutics Committee (D&TC)—that comprises a number of those persons also, and then we have the Procurement Body. The three work in tandem to select where and how we get medications.

We do have online suppliers who we deal with often and they know what principles we stand by and where to get our medications from, so hopefully I answered the question by saying that, *yes, the collective of that group*—the Pharmacy Stores Group, the Drugs and Therapeutics Committee with all having a say as to where, how and why that medication is actually obtained.

With that information, the procurement will make a request, and it is purchased from a preferred site because of all that input that comes in from these different sources.

The Chairman: How do you all monitor the entities that you source these drugs from, and ensure that they too are doing their work to give you safe and effective drugs?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right. That is a good question, thank you.

Recently we had shortage of a drug used for anaesthesia that we had been using for many, many years, and I think the Auditor General put that in the report. It is produced in Europe, and that group that produced that drug lost their good standing with their local monitoring agency. That sort of information is never secret; when we learned that, clearly we could not purchase from them anymore. In fact, they lost their ability to produce the drugs—period—and there was a shortage.

So, to answer your question, sir, what we do is keep on top of the literature to know what is going on, who is doing what, and of course, our suppliers work with these persons to know, *Are they still accredited?* For example, as a physician: I am accredited to work here in the Cayman Islands, but if I do not do what is necessary, my continuing medical education, then I lose my accreditation and that has to be publicised so you are going to be aware, *hold on this person is no longer accredited.*

I think it's the same sort of thing where, to maintain their good standing, they these companies have to be doing certain things and we are going to be aware of it once it happens.

The Chairman: I think the issue of [the] pricing of your drugs was highlighted in the report—that quite often, your prices seem to be higher than those that are available through the private sector. What are the challenges you face, then? Is there a competitive disadvantage in that you are not able to source drugs for the same or competitive prices, compared to the private sector?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right, thank you, sir.

It is a disadvantage but at the end, when we deliver to the public we want to make sure [that] we deliver safe, quality medication, so we are always going to be in the position or are always going to say, *buy from a source*. It is not about funding anymore, and I know, the pharmacy is supposed to be fiscally responsible, I am aware of that—we are all aware of that—but at the end, we think quality and safety overrides that aspect.

So, yes we do have a problem with pricing from that perspective, because customers do have the ability to buy at cheaper prices outside for the reasons I have given before, that they can they can buy it outside and it comes from areas that are not subject to quality checks. We are aware of that. I don't know if there is anything else we can do about that, but I assure persons that when we sell medications, we sell medications of the highest quality.

The Chairman: Are there any restrictions on where private sector importers, or even within the HSA, may source drugs from?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: No, there are none. As far as I am aware, there are no restrictions at all.

The Chairman: So it really is up to each individual importer, whether it is a medical supply company or HSA, as to the standards they employ with regard to where they will source their medications [from]?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Absolutely. And this is where I think the first question came in; the need for the legislation or the laws. Those things need to be put in place to make that restriction that you are talking about.

The Chairman: So, in my thinking as a lay person, if I were prescribed a brand of drug, the risk probably is much less with dispensing and getting that brand, rather than a generic; would that be a fair [statement] in terms of the sourcing of the drugs?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you. May I clarify that?

So, brand and generic; let us clarify that. The brand drugs are the drugs that are produced initially by the drug company that discovers it and first produced that drug. Because, over a period of time, they put millions and millions of dollars to produce the drug, it comes out with their brand name only and they are allowed a particular time for that drug to be used when no one else can make it.

After that period of time has elapsed, then others can apply to the FDA or wherever, in whichever country—whether it is Canada or wherever—to make it now, so then you get the generic, but the truth is that in these countries the generic has to have exactly the same thing.

The point I am trying to make for the Committee and for the public is that the generic is, or should be, just as effective; the quality should be the same and carry everything that the brand name carries. The difference in pricing is because the brand name was from the original companies, whereas the second or third company did not invest money in trying to discover this. You see the difference there? There is a little difference.

So brand and generic should be no difference at all, really, that is about production; but sourcing now, you can get different drugs now being sourced in different areas, and of course, for different prices. All I wanted to clarify is that the brand name is more expensive not because it is better, but because it is produced by the original makers. The generic could be equally effective, but produced by a company that did not have to put much money into investigating whatever it is.

The Chairman: That concludes my line of questioning. We are now going to move on to the strategic direction and I will invite Mr. Rankine to lead the questions.

STRATEGIC DIRECTION

Mr. Isaac D. Rankine: Good morning, Dr. Cummings.

You know, as the Auditor General's Report noted, that the 2012-2017 strategic plan expired. They also referred, in that same report, that one of the strategic objectives was **to ensure access to and rational use of high-quality and efficacious medicines and other health technologies but this was never put in place**. Would that have had an impact on the HSA since 2017?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: I sort of missed the question. Could you repeat it for me, please?

Mr. Isaac D. Rankine: I said that the strategy expired, but the Auditor General reported that one of the strategic objectives, which was, **to ensure access to and the rational use of high quality medicines and other health technologies**, was never put in place. I am saying, what kind of impact did this have on the HSA?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Hopefully I understand the question. I am not sure if it is about the procurement aspect we are on here now. I think there was some issue where...because of a number of things—COVID, et cetera—we couldn't get the procurement done in a timely manner, but I think what we did in that case, was that we extended our agreements with our suppliers.

I do not know if that answers that particular question, but at no time were we, say, left without medications for our patients. I think that is the important point I would like to make here now. Yes, you always want to have your contracts in order, it makes for a better working relationship, et cetera, but our point here is that at no time were the patients left unattended in terms of not having their medications.

Mr. Isaac D. Rankine: I am sorry, Dr. Cummings, but the report stated that there was an objective in that plan but it was never carried out.

Even though the plan is expired, that particular objective, which was **to ensure access to and the rational use of high quality, safe and efficacious medicines and other health technologies**.

That was never put in place, so I am asking if that had an effect on HSA.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Again, I mean the comment is there, you have said the comment and I think we have taken into consideration what the report says, what the Auditor General has said.

I think we have to address that issue, but I wanted to say that yes, that may have been so, but we would address it by at least making sure that our patients do not suffer along the way.

Mr. Isaac D. Rankine: Following on Dr. Cummings, what role do you think the HSA was expected to play in the national strategic objective to ensure the same access? What role you saw the HSA playing in that?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you for that.

I think the HSA being the Government entity, and the HSA is going to be here forever—not prophesying, but I think it's going to be here—not only that, the HSA being the largest supplier of healthcare and pharmacy service to the Cayman Islands, I think it is very important that we maintain the public's confidence; that

we continue to be a place that the public can go to get what they need for their health care needs, et cetera.

In other words, a very pivotal role, in my view, the HSA and the HSA pharmacy that we are talking about have to play, in terms of healthcare and pharmacy services to the public, because of the volume and who we serve; we serve the majority of the nation.

Mr. Isaac D. Rankine: Thank you for that, Dr. Cummings. Can you elaborate?

The Committee hears what you are saying, but was there any particular reason why it was not actioned in the strategic objectives? I mean, you said there were some other issues that addressed those, but can you elaborate on why that particular one was not done? The lack of action on the strategic objective to ensure the access. You spoke about other methods that you guys used to ensure this, but why was that particular one not done?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: So I can be clear in my answer, can you say what page I can find that?

Mr. Isaac D. Rankine: One second.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: If I can just get that, I will be clearer in my response.

Mr. Isaac D. Rankine: Page 22 to 23 in the Auditor General's reports.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right yeah. So, I think it is recommendations number two and number that you are referring to sir, which states that, **“the Pharmacy Council should ensure that standards of practice for pharmacy technicians are finalised, published and brought into force as soon as possible.”** Is that it?

Ms. Angela Cullen, Deputy Auditor General: Through you, Mr. Chair, if I can just help the witness.

The area is around the lack of a national strategy for health care, so yes, recommendation 2, which was made to the Government, but from what I understand, Mr. Rankine is asking [about] the impact on the HSA of the lack of a national strategy; and if you had any role in developing a national strategy as an organisation. If that helps.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right, right.

Mr. Isaac D. Rankine: Thank you for that.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: I am sorry I misunderstood that.

I think our role was limited, first of all, in terms of developing a national strategy. I think our Chief Officer (CO) will speak more to that but our role was limited. Yes, the national strategies that referred to in the past, the absence of that, did impact us negatively. I have to say that, but we have recognised what needs to be done to deliver that care that is needed to patients and we have worked around that.

I think the Auditor General's report talks about what we have done, in terms of our standards at the HSA. We have put in place standards that can at least deliver what we want to deliver for the people and which will, in a way, tie in with what the Government is saying to produce sustainable, safe, equitable, outcomes for the patients, in terms of health.

Mr. Isaac D. Rankine: Thank you, Dr. Cummings; thanks for that clarification.

The Auditor General also highlights that the HSA had a five-year strategic plan, 2018 - 2023, but it never made any reference to the Government's strategic broad outcomes for health care in the 2020 - 2021 Strategic Policy Statement (SPS), and that related to seeking to use new procurement practices to reduce the cost of medicine and equipment.

What role would you have had in that—seeking to reduce the cost of medicines and equipment?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right.

Mr. Isaac D. Rankine: Just to further clarify, what role would you have in helping the HSA develop that strategic policy?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right.

Our strategic policy, or the plan that we have, was put in place by a group of persons, specifically, the Drugs and Therapeutics Committee, the pharmacy, the Medical Directorate and other physicians and clinicians, we get together to advise the HSA in terms of a strategy, that hopefully will tie up with what the Government's plan is saying.

So, to answer your question directly, it is usually a meeting of minds, a meeting of these persons—of clinicians, the Drugs and Therapeutics Committee and other senior clinicians—who feed into that document that you see there, that strategy plan that you refer to. You know, it is not one individual, it is a collection of persons in different specialties.

Mr. Isaac D. Rankine: Thank you, Dr. Cummings.

I just have a couple of more questions at this point. Again, from the Auditor General's report that was

highlighted says, the job description of the Chief Pharmacist includes strategic objectives, including the development of a business plan for the pharmacy. It further says that it appears that much of the strategic direction is provided at a higher level by the Medical Director and the Deputy Medical Director and there is no business plan for the pharmacy services.

Can you elaborate on that for me, please?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Yes, thank you.

So, let us talk about the business plan. We do have a business plan that we are working on right now, and I have to admit, we have not had a business plan for the pharmacy per se, but we have taken into consideration the comments of the Auditor General and we have sort of put together a working document for a business plan for the pharmacy as we speak right now.

So there is something, in response to the comment that has been made.

Mr. Isaac D. Rankine: Thank you. One final question: is the Chief Pharmacist part of that strategic group that helps provide the strategic direction to the HSA?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Absolutely, thank you.

We meet often in group and the Chief Pharmacist works closely—in fact, we take into consideration what he or what his group... because he meets with his other pharmacists, the clinical pharmacists, the other pharmacy leads and they will give us ideas, in terms of pharmacy issues: *what is going on around the world now, where are pharmacies moving to now, as opposed to last year.*

We meet and dialogue and those things are taken into consideration so, he is very much pivotal and central in all the decisions that are taken from a pharmacy point of view. He is pivotal in whatever recommendations come out of those.

Mr. Isaac D. Rankine: All right, thank you Dr. Cummings.

The Chairman: Are there any other questions on this area? If not, we will then move on to governance, and I will invite Ms. Heather Bodden to lead that line of questioning.

[Pause]

GOVERNANCE

Ms. Heather D. Bodden: Morning, Dr. Cummings.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Good morning, Ms. Heather.

Ms. Heather D. Bodden: Happy New Year, and I hope you are doing well.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: And to you—and everybody else here, thank you very much.

Ms. Heather D. Bodden: Just a question here regarding the HSA outpatient pharmacy services. The Public Accounts Committee (PAC) may wish to ask the [Acting] Medical Director about the assurances provided to the HSA board on the performance of pharmacy services. What update can you give us on that?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: I did not get the question, please.

Ms. Heather D. Bodden: One minute, sir.

[Pause]

Ms. Heather D. Bodden: My apologies.

The Auditor General found that regular reporting on the pharmacist services is limited to Grand Cayman dispensaries, is inconsistent, and provides limited information to assist in decision making. We wonder if you can provide assurances to the HSA board on the performance of pharmacy services.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you.

I think one of the problems that we are sort of rectifying now is the documentation aspect. We have identified several Key Performance Indicators (KPI) that we look at and—in fact, we have a document that has come out. When we report to the senior management and to the board on a monthly basis, we will be addressing those issues.

One is the waiting time; the waiting time is now 25 to 30 minutes for the different categories. Another aspect that we will be talking about is customer satisfaction, and we will be saying that, *we have looked at some of the comments that persons have sent in; customer satisfaction from the questionnaires is poor or good or whatever it is.*

We will also be talking about fiscal responsibility. So we will be looking at those KPIs. In fact, our reporting system now is that those major points... quality checks, like looking for errors; waiting time, and patient satisfaction, they will be bulleted there and they will be addressing those issues to the board every month. If there is an issue [or not,] they will still get it. So those key important points will always remain on the senior

management report on a monthly basis, and hopefully that will inform them as to how we are doing.

Ms. Heather D. Bodden: I just want to say that I noticed, during the pandemic, that at first things were a bit chaotic at the pharmacy. Patients who were waiting several hours for medication. It eventually got better as people made those comments and provided you with that information.

I also noticed that there was some sort of stipulation put in place, where the elderly were treated a little different and they were more or less getting served quite regularly and quickly, so I would like to thank the pharmacists and the staff, as well as the security, because at that point in time the security officers outside were doing the best that they could.

I gather there are plans to improve performance reporting on the pharmacy service to the HSA board. Am I correct?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Yes, you are. Thank you for your comments and we are, yes.

There are things we did at that time, such as senior pharmacy staff would take medications home for the elderly and for persons who were not able to move around as they would want to because of the restrictions on movement, et cetera, and because they were not moving around much, anyhow; so we would take medications home [to them].

We put other measures in place also, for example, requesting medication refills. So there were many things that were done; and of course, around that time we opened the Smith Road Pharmacy and I think that was a very good move, because many of the patients did say afterwards that they wanted that to be kept. In fact, when we had to fix that Smith Road Pharmacy, persons did not want us to close it down to renovate it.

I should say, that should open up in another two weeks or so, first week in February, and that is probably going to be—and I don't want to boast in public—the best pharmacy in town, I believe. It is fantastic. It is open, there is lots of room for privacy and social distancing. All the things that we want to talk about would be there and I have seen it so, thanks for your comments.

I think one of the constraints was that we saw many of these things that were happening. The facility was a problem. When you are restricted to a facility that can only accommodate let us say, 10 staff, even though we needed 15 pharmacists, you could not put 15 pharmacists there—it could not work; but now we are resolving that issue, and with the Smith Road [Centre] opening up now, we are able to expand and I think the public will be feeling much, much, much, much better about us.

Ms. Heather D. Bodden: I thank you for that, Dr. Cummings and just to say that we noticed that when the two pharmacies were open during COVID—I know they are still open—I got complaints that when they ordered the medication, they would go to the HSA pharmacy only to stand in line for 20 minutes to an hour, only to be told that the medication was supposed to be picked up at the Crew Road Pharmacy.

I think that has been sorted as well, and I do appreciate that some of the staff did take medication, because my mom was one of those to whom they hand delivered, so kudos to your staff. They are doing a fantastic job.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: And we are sorry for the misunderstanding at that time, but as you said, it has been corrected now.

The Chairman: We are going to move on now to the final area of questioning for you, Dr. Cummings and that is on Performance. I am going to call on Mrs. Katherine Wilks to lead that line of questioning.

PERFORMANCE

Hon. Katherine A. Ebanks-Wilks: Thank you, Mr. Chair.

Mr. Cummings, the next line of questioning will be in relation to performance. The OAG's Report actually highlights that the Medical Director commissioned a review of the HSA pharmacy services in 2014. That report actually provided a summary of the status of the recommendations that were made by a consultant in relation to the outpatient services.

It is pleasing to note that many of those recommendations have been implemented or partially implemented; however, there are a few that were not accepted, in particular, some of the recommendations related to improving patient services. For example, some of those services would affect the volume of medicines that were dispensed and also some of the questions that my colleague just asked, [such as] the number of times that a customer or a patient needs to visit the pharmacy.

Now, I note that the Auditor General recommended that the HSA review those recommendations that they chose not to accept, however, I note from the management response that these recommendations are still not being accepted.

I know it might take a few minutes, but just for public knowledge, I had a look at some of those recommendations, some of which hit home for me because they affected the West Bay Pharmacy. One of the recommendations was the **Main outpatient dispensary: Consideration should be given to coordinating regular supplies of medicine for each patient into a sin-**

gle monthly dispensing episode, which would reduce the patient having to go to the pharmacy frequently.

Another recommendation was to **increasing the amount of stable repeat medications to be dispensed per prescription from one month's supply to two to three months' supply.**

Another one that hit home for me was the West Bay Pharmacy. One of the recommendations was at the West Bay Pharmacy space, which is inadequate to safety [sic], **consideration should be given to expanding the pharmacy into the apparently underused laboratory situated next to the pharmacy.**

Lastly—again, I am just reading these out for public knowledge, since many people do not have the time to read through the reports—the **West Bay Pharmacy operates in an efficient model of outpatient medication prescribing and dispensing in that most patients collect all regular medication at a single visit and received two months' supply.** However, as I look at the chart I see that this model, although it was working well, has been discontinued.

My question is, Dr. Cummings, as we are now in a pandemic, can you see where there are benefits to these recommendations being accepted?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you for that question. I am going to take them one after the other.

I think the comments are well made; no issues at all with the comments, but there are some practicalities. I am going to say it this way—there are many explanations I have to give here now. In the Cayman Islands we see patients at the HSA who see many, many doctors, and I am going to give you an example because I am a physician too, and you may find that patient A sees the GP, sees somebody else, and oftentimes you will find that, medications that they are on, changes within one month. There are lots of interactions and lots of changes.

And one of the problems that we have and we were trying to work through that now, is [that] we put this patient on drug 'whatever it is'; this person gets two months' supply of a drug, then after two weeks it has changed or there is another drug that interacts with it.

What I am saying is that, because these patients don't see only one physician, and there are changes, (it is not the only explanation) made to the drug regimen over a period of time, you will find that oftentimes you are going to have to be withdrawing those medications—and once we have given a medication to a patient, we do not use it for someone else, so it has to be wasted.

That is one issue that we are thinking about how to deal with it because, again, giving them a month—and there's nothing magical about a month or two months—but giving two months or three months... Yes, it is going to decrease the number of times they

have to visit; it will decrease the amount of paperwork with financing—we are aware all of that; but the truth is: patients' medications changed very often and there is a lot of wastage.

That's one of the things we see

Hon. Katherine A. Ebanks-Wilks: I agree with you, especially if there is an individual who is probably just trying to get their condition under control; however, what about the average patient who may just be a diabetic or who may have an eye condition?

For those individuals, do you not foresee some sort of mechanism where, you know, I mean a diabetic, if you are on Metformin—I am not a clinician but... I mean, there just seems to be a high level of persons in the clinics right now, and with the pandemic, do you think that this is something that could be considered for patients who have more degenerative diseases that have been established with their doctors?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you. The answer is yes, it could be considered. We are looking at it and you are absolutely right, it could be considered, but even those diabetics you talk about, every so often we change their medications.

My answer would be that we are looking at it and we have not discarded it, and I want to say that to the Committee. I too am on medications and I do not like having to go to the pharmacy every month to get it so, to use the term, *'you are preaching to the choir'*—I agree. There are other issues also, but yes, it is been considered.

The Chairman: Members, if I could just ask us to pause the questioning here. We need to take a 2-3 minute break.

[Pause]

The Chairman: Okay, let us go ahead and call the meeting back to order. You can continue your questioning, Mrs. Wilks.

Hon. Katherine A. Ebanks-Wilks: Thank you, Mr. Chair.

This will be my last line of questioning in relation to the performance. The OAG reported that the Medical Director—and I am thinking it might be yourself.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: If it is bad, it is not me.

[Laughter]

Hon. Katherine A. Ebanks-Wilks: Well, I think this is good.

That you all developed a set of Key Performance Indicators for pharmacy service but these indicators had not been formally communicated and performance against them was not routinely monitored and reported. I was just wondering if you can provide the PAC with any assurances that all of the pharmacist staff are aware of these performance indicators.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you very much.

Yes. What we have done, is we have actually publicised it and have printed it out now. [It] is stuck on the pharmacy wall, so the answer to that is, *they all are aware now*. We have told them and we have actually printed it out. I actually got the Chief Pharmacist to print those out and stick it on the walls in the pharmacy, so everyone is aware of the KPIs that we are dealing with.

Hon. Katherine A. Ebanks-Wilks: Thank you. Is that on the wall where the public can see it as well?

[Laughter]

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: No, it's inside the pharmacy.

Hon. Katherine A. Ebanks-Wilks: Also in relation to the Key Performance Indicators: Can you say if there is any progress in developing an approach to reporting this performance for the entire pharmacy service?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: If I understand the question correctly, there are about five different things that we look at.

In fact, I did not walk with the document that I would love to have shown you. Yes, one of the issues we have had in the past was reporting the issues, so what we are doing now, is that we are publicising and not even publicising, to the senior management and to the board. Those things are taken into consideration and every month the pharmacy staff now has to produce to us—the senior management and the board—the document that addresses all these issues. *'What's up with the errors?'* *'What's up with quality?'* *'Is there a quality issue?'* *'What is the issue with regards to facility?'*

All of those key points that we talk about are going to be kept in focus and addressed on a monthly basis to the board and to the senior management.

I do not know if I answered that question.

Hon. Katherine A. Ebanks-Wilks: Yes, I guess for me, in my mind, when I think of the Key Performance Indicators and I have been doing some research, looking at the World Health Organisation and looking at how some of the international standards are around the

world, I just wondered how, as a country, are we measuring our progress, in terms of these indicators.

Who are we reporting them to and will we get to the stage where our performance will be reported? For example, there are hospitals where you can prescribe to being a part of a reporting mechanism where you can be in good standing as a hospital. I guess that is where I was going with the line of questioning: Will we get to the stage where the reporting will leave the board and go somewhere bigger?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: I think that is a good question. I think we are ending where we started. This is where the Law, rules and regulations come in.

You are absolutely right. In the States, for example, you will see a document comes out, *'the best hospital in Florida for the year'*, *the best this or the best that*. Absolutely right. I think once those regulations are put into place, you can then see that sort of information coming out. For example, hospital with the least waiting time, et cetera.

I think it's very important. We as a HSA, as a body, we can only speak about ourselves, we have no control over other things so, yes, I believe it is very important that when we talk about all these KPIs, it's okay for us to talk about it but, do we publicise it? And I think it should be publicised.

I want to say that we are going to put in a kiosk in the new Smith Road Pharmacy. There are so many things I am sure you be able to ask Mr. Medford, who is outside. We will be putting a kiosk there and we will be able to use that kiosk to do a number of things. In the near future, I think you are going to get better reports in terms of reporting of the waiting times, satisfaction. We are going to have objective information.

I am sure that Auditor General will loves us at that time, when all that comes out next round. I am sure it is going to be better.

[Laughter]

Hon. Katherine A. Ebanks-Wilks: Thank you, Dr. Cummings. That was my last line of questioning in relation to performance. I just wanted to be noted in this honourable House that, in my personal view, that is where I would like to see, not just pharmacy services but health care, taken in the Cayman Islands.

I am sure the Auditor General is making her notes as she makes her recommendations that we need to get to a place where we have some sort of benchmark as a country for our Health Services Authority.

Thank you.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you very much.

The Chairman: Dr. Cummings, I want to thank you too for your presence here this morning.

Just one request from you sir. Would you mind sharing those KPIS with the Committee?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Yes.

The Chairman: Good. I think it would be very helpful for us to understand.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: You mean physically or...

The Chairman: Yes, if you could just send a copy for us. You can send it to the Clerk and she will distribute it to us.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: I will. In fact, I think Mr. Medford may have copies with him; I will ask him to do that now.

The Chairman: All right; that would be fine, sir.

Thank you again for your presence and for your frankness in answering our questions this morning. Thank you, sir.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you for having me. Thank you very much. Good day.

The Chairman: Members, I am sure you appreciate that we are running a bit behind time, but our next witness has been waiting out there for some time. I do want us to go ahead and interview him before we break for the lunch.

If that is okay with everyone, we will do that, and what I intend to do is, rather than take an hour for lunch, I would suggest we take as little time as we can and get back here and try to get ourselves back on schedule. Hopefully we can complete the questioning of this next witness and break for maybe 20-30 minutes for lunch and get back here between 1:00-1:30 to complete the afternoon session.

I would like to go ahead and summon our next witness, Mr. Colin Medford, Chief Pharmacist at the Health Services Authority.

[Pause]

The Chairman: Good morning, Mr. Medford.

Welcome to this Hearing of the Public Accounts Committee. Thank you for your presence. I apologise that we are running a bit late.

We are going to try to make up a little bit of time here as well, so I am going to jump right into things and

we are going to move into the very first line of questioning, regarding the legal framework, in terms of pharmacy services and the Pharmacy Act; and for that, I am going to invite Mrs. Katherine Wilks to lead the line of questioning.

Before you answer your first question please just state your name and your position for the record.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Okay. My name is Colin Medford and I am the Chief Pharmacist of the Cayman Islands Health Services Authority.

Hon. Katherine A. Ebanks-Wilks: Good morning, Mr. Medford.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Good morning.

Hon. Katherine A. Ebanks-Wilks: My line of questioning this morning will be relating to the legal framework.

I will just go straight to talking about the report of the Auditor General where it was stated that the legal framework is outdated and it does not compare well with the World Health Organization's guidelines for good pharmacy practice, and it also lags behind other jurisdictions. In particular, the Pharmacy Act is... old.

[Laughter]

Hon. Katherine A. Ebanks-Wilks: I am not—the Pharmacy Act is—and this creates a number of risk for the Cayman Islands.

The report also states that the revised Act was prepared in 1991, but it was not passed by the then Legislative Assembly; and that during 2020, the Ministry for Health again started to revise the Act so, as the Chief Pharmacist, I would like to ask you your thoughts on whether there are risks to Cayman, as a jurisdiction, in relation to having this outdated and old Pharmacy Act.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Absolutely.

The Pharmacy Act, as it is right now, is woefully inadequate to serve the needs of the Island. In fact, the Auditor's report has acknowledged that the HSA has literally surpassed the Pharmacy Act by creating its own set of guidance and rules and—I could probably call them regulations—to ensure that we are in concert with the world at large, and competent authorities in pharmacy, to ensure that we are on par with the standards that are expected for us at this stage.

The thing is, mentioning the national necessity, it is very important for us in these days. There are so many things in pharmacy that are literally pushing the acquisition and the handling of drugs in the wrong direction. We have got counterfeit drugs; they look like the real thing, they are packaged like the real thing, but

they are made in sweatshops in Thailand, and so on. I was actually afforded the opportunity to see some of these at the International Narcotics Control Board and Interpol Conference where they had many of these things on display.

We are not exempt from that and, because of that, the HSA has had to put robust measures in place to ensure that when we purchase drugs, the drugs that we purchased for the general public are on par, or above par in some cases, and exactly what we are looking for.

As far as the legal framework is concerned, there was another attempt at providing a more updated law. This is actually in the hands of the Ministry of Health and it was so for some time. This was done around 2012, I believe, and we were called into a sub-committee meeting. I was actually on the committee and on the on the council at the time, when we made the amendment to the existing Law, and this has nothing to do with the 1991, I think it is that you just referred to. This was a very separate and complete document and we were asked to also include some of the legal framework from the Bermuda Law because obviously, [it is a] similar jurisdiction, similar territories.

We did not want to reinvent the wheel, so we did take into consideration a number of aspects of the proposed law. As far as where that is right now, I am not certain, but what I do know, is that it is a lot more robust than the 1979 Law, and certainly, it surpasses the attempt of the 1991 Law.

Hon. Katherine A. Ebanks-Wilks: Thank you.

Firstly, I just like to say that it is great that everybody is being proactive and trying to keep up with international best practices, even though it is not enshrined in the Law as yet. That is great.

As the chief pharmacist, I would like to ask your views, whether you envision alternative medicine and the like being encompassed into this legal framework.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: I cannot see how we can avoid it, actually. Again, you talked about being proactive. The HSA already has in place a complementary and alternative medicine clinic, as well as pharmacy. They are well-staffed, well-stocked, and in practice as we speak.

Quite a bit of international research has gone into this. The doctor who is responsible for the clinic is extremely well-read—she is Caymanian, by the way—and has quite a bit of knowledge of the interactions between traditional medicine and complementary medicine, and that was absolutely necessary. We do not have any of that information available anywhere documented officially for the Island, and it means now that when we update our formulary, we are going to have to put in not only a list of those meds, but we are going to have descriptive information, as well as patient information. This is simply because of the fact that there are many unknowns, as far as complementary medicine is

concerned, even though there is a lot more information available.

What we have done is that we have adopted something called, *'Medicines Complete'*, which is a software package and that software package lists all the current drugs actively available in the world today; all of the side effects, all of the interactions, all of the pregnancy and lactation information; but along with that software comes a package which contains complementary and alternative medicine information of the same degree. We have that in hand and right now, that is our primary reference.

As far as the national framework is concerned, it is impossible to omit any aspect of pharmacy, especially in these times when people are attending the University of Google and thinking that they have got the right information when much of it is opinionated more so than fact, so it rests on our shoulders to ensure that the truth and the most relevant information is available for the public.

Hon. Katherine A. Ebanks-Wilks: Thank you very much. I do not have any further questions.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Thank you.

The Chairman: Thank you.

Mr. Medford, we have read the report, and heard today, about the legal framework being basically, if I might describe it, *hopelessly out of date*, and also the absence of any clear established formulary and defined safety standards at a national level, with regard to the procurement and dispensing of drugs.

As Chief Pharmacist, what assurance can you give to this Committee and to the wider population who might be listening, as to the safety and the quality of the medications that are dispensed from the Health Services Authority pharmacy?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Yes, Mr. Chairman.

As I alluded to earlier, we have taken measures over the years and as the years go by and as things change, these measures are updated and revisited, either via our Drug and Therapeutics Committee or via my clinical pharmacist team. I have got a very keen group of clinical pharmacists. These are specialist pharmacists who have done medicines management in places like the United Kingdom and so on, and they bring much information from their former hospitals and so on.

Apart from that, we do not have a choice but to remain up to date as far as information and changes regarding medicine are concerned. When we purchase drugs, we do a lot of research not just into the drugs, but we ensure that these drugs are actually in use on the market by an established body, whether it be Medicines Canada, the FDA, or the European Agency for

Medicines; we pay attention to those places.

There are other places that purport to have the same information and so on, but for reasons of uncertainty and doubt we prefer not to go that route and to stick to the established routes where we have been getting credible information long standing for years. That would also include places like Jamaica, Barbados, as well as South Africa. South Africa has a very robust system—I think people are unaware of that. Australia and New Zealand as well. We tend to stick to those places.

Sometimes, because of our preference and because of our diligence, in order to ensure that what we are getting is what we want our patients to have, they may be more expensive and as a result of that, we find ourselves in a situation where our prices are higher than the market place; but I think it is incumbent upon us to ensure that the quality of meds that we give to the general public, especially considering that we are treating literally 90 per cent, if not more, of our population.

I think it is necessary for us to swallow that cost sometimes, as much as possible, and ensure that we are giving them good quality drugs.

The Chairman: I am glad you mentioned those things with regard to the price competition. So, in terms of the policy of the HSA, they do have and they do exercise judgement with regard to meeting price competition in order to ensure that those drugs are made available to the public at the best price.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Yes; and you know, it is not a careless thing, Mr. Chairman.

We sometimes do find drugs that are within the cost that we would want them to be, generics as well. This year is the first that we have selected perhaps, I think, about 30 per cent more generic drugs, as opposed to brands.

What has happened in the past is that we have had good track record with our suppliers, and we have been able to negotiate—I would not say aggressive negotiation—but because we pay, and because we are an assured market for them, even though the Island is small, what they do is that they will sell us the brand at the nearest cost to the generic item; and because of that, we have been able. Then people wonder, *'you are selling the brand, how come you don't have the generic?'*, but there is much consideration that goes into it.

Also, what has happened in the past is that, because of these relationships with many of the suppliers, they sell us the brand at prices which are very near to market price, even though it may be above— plus or minus maybe five or 10 per cent sometimes— but the price, when you compare it to the private sector, what they are selling it at, our prices are way better even though it's a branded product.

One product that comes to mind right now is Losartan, which is a very popular antihypertensive, and the other one is Humira, which is a very popular, but also very highly specialised, drug. It is called a monoclonal antibody and it is used for rheumatoid arthritis—very effective, but very expensive. Our price is probably on par with what it is being sold for, even below Jamaica, I believe.

The Chairman: Thank you, sir.

Apart from the George Town Hospital and Faith Hospital in the Brac, what other locations do you dispense drugs from?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Multiple locations; in the George Town Hospital alone, we've got 4 pharmacies. We have the main pharmacy, where everybody knows and comes—our hospital pharmacy.

We dispense drugs for the in-patient pharmacy, which is a specialised pharmacy where we have our clinical pharmacist operating.

We have the General Practice pharmacy which is strategically placed in general practice to reduce the mileage, especially for elderly patients coming from the GP, to the main pharmacy and having to wait in line there with mixed populations, and this works out very well for us, especially in times like flu season.

The GP tends to have lesser waiting time. It is actually supposed to be an express pharmacy, so we do not do refills there on purpose. The waiting times there are probably the best within the hospital. Persons who go to the GP clinic can be assured 15 to 20 minutes' waiting time most of the time, as opposed to 20 to 25 minutes' average waiting time.

Along with that we are also very instrumental with the Oncology Unit and as a result of that, we dispense all of those oncology medications from pharmacy as well, with the Unit.

The Chairman: Is there a pharmacy in West Bay or in other areas?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: I am so sorry, Mr. Chairman.

Yes, we do have. I forgot you asked about all of them. West Bay, Bodden Town, East End and North Side clinics, yes. All presently active.

The Chairman: Just for my general knowledge, how many pharmacists do you have working with you; and how many pharmacy technicians?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Currently we have a total of 12 pharmacists at the main pharmacy in George Town. We have one pharmacist each at the district clinics, so that would be one in each of those clinics I just mentioned, and then we got one at General Practice.

On a given day, split between shifts, we have got 12 pharmacists in the main pharmacy—that is between two shifts, morning and evening—and then, on the in-patient pharmacy, we have two regular pharmacists and two clinical pharmacists. Our total pharmacists at present is 22.

The Chairman: Okay, thank you very much. That is very interesting and enlightening.

In the interest time, I am going to move on next now to the questions with regard to the strategic directions for pharmacy services. I am going to call upon Mr. Rankine to lead that line of questioning.

Mr. Isaac D. Rankine: Good afternoon, Mr. Medford. How are you?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Good afternoon and I am well, thanks.

Mr. Isaac D. Rankine: We had some discussion with the witness earlier on this. The Auditor General's report highlighted the Chief Pharmacist job description, (your job description) and, based on your job description, what is your role in providing strategic direction for the pharmacy services?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: It is on a number of levels.

Mr. Isaac D. Rankine: Not just in the job description but what is your role, what do you actually do?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Okay. You want to know what I currently do, in relation to the job description and in relation to the...

Mr. Isaac D. Rankine: Strategic direction.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Thank you, okay.

My job is pretty much at varying levels.

First of all, my initial role at the HSA is that of the Chief Pharmacist of the Cayman Islands Hospital and by extension, I think, the Chief Pharmacist of the Cayman Islands Government. That means that I am responsible for procuring and advising on the acquisition of drugs and also ensuring that, in doing so, we are getting the best quality drugs for our clients, nationally as well as economically.

Along with that, my job also entails things like policy development. Right now we are working towards JCI's accreditation, which is the Joint Commissions Accreditation, and the role has pretty much transcended into one where I am actually giving advice now on things like hazardous drugs' storage, handling, as well as administration because of JCI, that has added some

expansive roles to what I would normally be doing; obviously because we need to meet the criteria that is set out by the Joint Commission.

Further to that, I also work at the national level providing information for all the pharmacies on the Island as necessary. We do a lot, as far as drug recalls are concerned. Sometimes we get drug recalls from either the FDA or from a specific company and those recalls have to be handled in a certain way. They also expect us, if necessary, to supply the drugs that we have [in stock] that are recalled. That has to be done efficiently and it has to be recorded in a very specific way.

As a result of that, we will communicate with the private sector and mitigate the movement of the item(s) back to the manufacturer, where it is supposed to go. That happened on two occasions recently with Ranitidine and Valsartan, two very popular drugs. For some people it was a national issue, as far as getting those drugs back to the manufacturers concerned.

In addition to this, I am responsible for the movement and acquisition of controlled drugs.

[Pause]

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Into the Cayman Islands.

This duty is really and truly not necessarily the duty of a Chief Pharmacist of a hospital. Because we are also ordering the drugs, I am ordering on behalf of the Cayman Islands Hospital or Government, and in the national sense, it should really be a separate office dedicated to the movement of drugs in accordance with the International Narcotics Control Board.

All countries—they call them ‘Competent Authorities’—have an office set up for that purpose. Unfortunately, we don’t, so it has fallen on the office of the Chief Pharmacist and, as a result, that is one of the duties in collaboration with the Chief Medical Officer. His/her office will approve importation certificates and we also report every quarter and nationally, as well as provide quotas to the International Narcotics Control Board which is an arm of the United Nations in Austria and we provide them with accurate details of drug movement from the purchase to the patients on an annual basis.

Beyond that, I work with other organisations such as the Caribbean Public Health Agency (CARPHA), and they assist us with analysing random samples of drugs free of cost. So, what I will do is take random samples of drugs that we procure and send them to CARPHA and they will do the analysing to see whether or not they contain what they purport to have in them, especially the active ingredients.

We have had issues in the past. There was a situation with a drug that we purchase normally for our patients with hypertension. We got it from one of the countries that we do not normally deal with because they were the only people who had it. The information

that they sent to us said that it was what we were supposed to get, so we took it and realised that immediately patients were having concerns. Upon checking, we realised that it contained a different salt to the one that we normally get. The drug had the same name, but they have two different salts; we had to discontinue them and start all over again. As a result of that, CARPHA has been very helpful with our analysing.

That pretty much places my job at the regional level. Then I work quite a bit with the Caribbean Public Health Agency itself, to see whether or not there are any drugs that they can sell to us cheaply out of the United Nations or the Pan American Health Organization (PAHO) Strategic Plan.

Mr. Isaac D. Rankine: Thank you, Mr. Medford. That sounds like quite a lot of pharmacist over there, man.

You know strategic direction involves many other elements, but one of the questions I have is: Are you having issues recruiting and retaining pharmacists? How many did you say you have?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: We have got a total of 22, including specialists.

Mr. Isaac D. Rankine: Yeah, do you have any issues recruiting and retaining?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Well, pharmacist is probably one of the best-paid professions in the world right now.

We know for a fact that the United States are scouting pharmacists out of universities at \$102,000 a year—and that is just beginning—with promises of increments by the following year; we got this information quite recently. Because of that, we hardly ever see persons applying from the United States, unless it is someone who is nearing retirement age and wants to go and live somewhere else.

Most of our recruitment is within the Caribbean or the United Kingdom. Increasingly, we have been seeing South Africa. Obviously, we can only hire from certain places where our Law gives us the permission to do so based on registrability. Outside of that, we really cannot.

We are limited as far as hiring is concerned, but as far as retaining staff, we have had that problem up until 2019. We are still having a few departures but they are mainly due to family situations. I can think about the last two which was for that reason, but we have just filled a number of posts as well, which has really helped us quite a bit, especially during this pandemic season where we are getting positives like everybody else and staff is falling ill.

Mr. Isaac D. Rankine: Thank you for that. A final question from me: of the pharmacists that you have on staff, how many are Caymanians?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: We had one and she has left us. I do not think we have any Caymanian pharmacist at the moment. We have Caymanian technicians, not pharmacists.

Mr. Isaac D. Rankine: Thank you, sir.

The Chairman: Mr. Medford, another question; it just hit me. I wanted to ask this before when I was questioning you, but in the current operating environment where you got supply chain and all sorts of disruptions, are you having any issues not just sourcing drugs, but being able to obtain them on a timely basis?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Okay, to the first part of your question, sourcing drugs is a challenge; not necessarily a big challenge at the moment, but it is a challenge for certain things.

A number of things have happened as a result of COVID. The first is that many persons who access raw materials to manufacture drugs, were placed out of work simply because the manufacturing industry closed in many places. Manufacturing shifted in the major industry to things like vaccines and treatment of COVID symptoms, and so on.

We believe that in the future we are also going to see a fall off of availability based on other countries who are in need of the same drugs, getting them and restricting them to their countries, so they are not made for export. This is happening in the United States and to a certain extent, it is happening in the UK. I think we have been very fortunate, as far as the UK is concerned, because there are companies which do something called 'parallel importing', and what happens is that the drugs are manufactured for different markets and so on and they access them and we are able to tap into those supplies. They have served us in good stead because we have been able to keep our stores of chronic meds, especially, up to par.

The problem with that is that there is always the question of uncertainty as far as supplies are concerned, because these are coming from warehouses that bought them from the manufacturer. They are not coming directly from the manufacturer, so when those warehouses run out, we hope we can find alternate sources. Also, in our recent in our recent tender, we selected secondary sources for almost every drug, so that we will be able to have a backup plan just in case. If we are getting the drug from Jamaica, we try to have a secondary source from UK or somewhere else.

You know, there is a lot to take into consideration, Hurricane season for example. Hurricanes hit the United States as much as they hit here, so if we are purchasing from the United States, our secondary source should not be a place in the United States, so we try to find a secondary source in Europe or the United Kingdom—somewhere outside of the hurricane area—that would be able to send us supplies; and we

have got arrangements with many of our suppliers, to help us at these times.

I believe we have to be very careful how we dispense, simply because of the fact that there are many unknowns surrounding the acquisition of drugs as well as the international supplies as they exist presently, but as far as getting drugs are concerned, at the moment we can highlight one or two items that we probably have trouble getting, but we have been able to get them.

The biggest problem is timeliness. Shipping out of Miami is a nightmare at the moment, because the drugs get to Miami but then they have to wait somewhere in the queue or something, just waiting to ship out to Cayman. We believe this will improve as far as delivery is concerned because we are seeing more flights. I guess the companies will put them on the next best flight to the area. When it was only one flight coming a couple of days a week or just one day a week, it was really hard; we had delays, not necessarily severe outages, so our patients would get one or two weeks' supply instead of a month's supply and obviously they were not happy, but we just wanted to ensure that everybody got some.

The Chairman: Thank you very much for that answer, sir.

Next we are going to turn to performance and I am going to invite Mrs. Katherine Wilks to lead the questioning.

Hon. Katherine A. Ebanks-Wilks: Thank you.

Before I go into performance, I just had one quick question in relation to your role with the strategic direction for pharmacy services.

I know you sound very busy, but it sounds like a lot of what you are doing is operational. I was looking at the report and it makes reference that there is no business plan for pharmacy services and much of the strategic direction is provided from a higher level, which is the Medical Director and the Deputy Medical Director rather than by the Chief Pharmacist. Can you speak on the lack of the business plan for pharmacy services?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Certainly.

What I would say is that I have not had an official business plan developed. We have several strategic plans—plans for staffing, plans for services, and inquiries into financial responsibility—and I brought some examples with me. We pretty much worked with these documents and within those processes where we had reviews. We had a number of reviews—pharmacy reviews, pharmacy financial reviews—and operated basically using that format.

We never produced a strategic plan; however, in light of this, the senior manager, a number of team leaders and I, are producing a plan going forward. It is important to note that before this, we had a retreat in

pharmacy and it was part of that retreat for us to sit down and develop not just a strategic plan for pharmacy alone, but also committees which would oversee certain aspects of our daily practice. The results of those Committees or whatever their findings are, would become a part of our strategic plan going forward. A lot of Strengths, Weaknesses, Opportunities, and Threats (SWOT) analyses took place.

We did that and arising from this document, we are actually on course to provide a strategic plan by the end of March this year.

Hon. Katherine A. Ebanks-Wilks: Thank you.

That was going to be my next question, if you could give any assurances on when it would be ready. Thank you for doing that. I will go quickly into performance, then.

I'm not sure if you were able to hear the questions that I asked Dr. Cummings, in relation to performance, so I will just sort of summarise really quickly, because it is pretty much the same question in relation to the recommendations that were not accepted or considered.

I wonder if you could speak on the potential benefits, especially during a pandemic, of these recommendations now being implemented. In particular, the recommendations that relate to patient services, medications for patients who have underlying conditions being given at least for a period of up to two months to prevent persons having to go to the pharmacy frequently, at a time where we are dealing with social distancing and trying to protect our elderly and the most vulnerable.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: It is important that we keep the elderly off the streets. I think something we did to ensure that happened, was to take the initiative and deliver meds to patients during the pandemic and we are still trying to, as much as possible.

BritCay (British-Caymanian) gracefully donated a vehicle to us, which we treat as a pharmacy baby because we use it quite a bit for this purpose—in fact, our delivery service has increased tremendously. When we last took a number, we were delivering medication to at least 15-18 patients a day.

We are doing it in concert with the public health courier, so when they are making their rounds in any district or any area of the Island they will take medications as well, either to the district clinics for help or for someone to collect, or directly to the home; whichever presents the least incumbency for the elderly patients. This is extended to persons who have other areas of incapacitation as well—shut-ins, persons who cannot or have other vulnerabilities and so we do not want them to be out in the general public. We hope to develop this a lot more and have actually put forward a request for additional staff to do just this; we're hoping that it will be approved.

As far as the meds are concerned, ideally we would really like to give at least two months' supply to each patient. This would ensure that we have, first of all, fewer footprints in the waiting areas, which means that we will have fewer people out and about coming for medication. It would also ensure that patients' supplies will be on hand, especially in times of hurricane season when we ask patients to collect an extra set of medicine to put down. It would be automatic; they would already have a two-month supply of meds to carry them forward every time they come to see the doctor.

Now, there are a number of things that happen that caused this to be a bit difficult. We just discussed one, the intermittent supply issue. Sometimes we cannot do it because we just do not have enough for one person to have two sets at home; and/or the delivery is pending and we can share just enough of what we have for patients to get a month's supply and that is it—sometimes less than a month's supply. However, like I said, the important thing is for everyone to get medication to keep them going until we get our supplies up to par.

Another thing, is that we realised that patients come back to the doctor and bring bags of medicine with them, and you ask them, *'why do you have so many of these tablets in the bag?'* and they say, *'Well, I'm just keeping these as reserve'*; but that normally, every month they come back and get a refill.

So we assume that they are taking the medicine, but when the nurses go to the homes and ask to see what they have been taking, they bring a full bottle of Metformin. Then they have a bottle of Metformin that they have been using and you look at the date, and the one they are not using says 'August' and the one that they are using says 'October'; so they have got one sitting on the shelf—a reserve, I guess—but they do not realise that that is destructive to the medicine. And we had quite a bit of that. Doctors kept calling us and asking, *'why do you give the patient so many Metformin?'* But that was not the problem. The case was that we were giving patients three months' supply of medicines, at West Bay especially, and they just had them there and were not taking them. Then we had patients coming into George Town pharmacy saying, *'we want three months' supply'* and we would say, *'but we cannot give you three months' supply because we are out of stock'*; not realising that we were sending it all to one or two places and then when other patients came, our stock was depleted to the extent that those persons can only get two weeks' supply because we were waiting to order more.

When we did our annual stocktaking—when everybody else was out celebrating New Year we were counting tablets; we just finished counting all the drugs in all the pharmacies throughout the Island this last weekend and we realised that there are much more meds available to the broader population at present. We realised that back in those times we were ordering

lots of drugs and persons were sending them back to us and we were getting lots of expired drugs, lots of returns from doctors' offices and so on, and we stopped it. We stopped it because there was no better way, really, to mitigate the wastage, and it was either we continue to do that and patients do not take them—because there was no guarantee that they would take them—or we ensure that every month we had enough for them to have a full supply of all the medicines that they need.

Now, on occasion, up to now, we still give certain patients two...and you don't have to have any special criteria. If you are home and you have a helper who just comes to be with you during the course of the day, your mental state is good, you can take your medication but you cannot leave home, you don't have anyone to collect them for you, any of those circumstances—not limited to that—but present any of those circumstance and you will get your two months' supply of medicine. Under those conditions we tend to make sure that we do a number of things.

We will give you a Dosette box—I think you know what I am talking about, it literally demarks your medicine down to each day. Each slot contains the medicine for the patient for the day, the week and a month; we will give you four Dose boxes if it is necessary. One for each week. We have been doing that, it's time consuming and so on, but we set aside time in the pharmacy and there are persons who are experts at filling the Dose boxes. They come in and do that, and the patients really appreciate it.

Hon. Katherine A. Ebanks-Wilks: Thank you.

I have a follow-up question in relation to the delivery services then, because I do not think that is something that is widely known; at least in my constituency, I do not think many people are aware of it.

I would imagine there a criteria, either you are elderly or shut-in; is there anything that you want to say while you are on this platform, to raise awareness on how individuals can access those services, because that sort of falls in line with ensuring that we have quality services provided to outpatient services.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Yes. Like I said earlier, we are asking for help with it. We deliver to whoever requests it. We are hoping that help comes along before we are overwhelmed because to be honest with you, it started when senior pharmacists were more flexible. Clinical people, including myself, we took it upon ourselves to do this in our own cars, when the Islands shut down.

On the day that the Islands shut down, we would have been the ones getting stopped by the police because we had no official car markings or anything, delivering all over the Island, we just took it everywhere. We didn't even stipulate anything, there was no stipulation about gas or anything; we just figured that to keep these people off the streets, we would have to deliver

the medicine. It has developed tremendously since then, and it has been successful.

What we are trying to do when we get our staff—well, provided that they are approved—is trying to have a zoning process where we will go to certain zones in certain days, but if there is an emergency medicine we will take it to where it is supposed to go. If there is a situation where someone has not had their medicine for a couple of days and they missed and ordered it late and they need to get it as soon as possible, we will send it any on any day, whatever day that is.

We believe the delivery service can be extended and that we will need another vehicle to do it effectively across the Island. All of that is in our plans. One of the things that we are doing right now is looking at the number of patients per area that we deliver to, so if we got 20 patients in West Bay and only five in East End, we are looking at ways in which we can either group or service them effectively, and still do our break-through orders as well.

Hon. Katherine A. Ebanks-Wilks: Thank you very much. I have no further questions.

Mr. Isaac D. Rankine: Mr. Medford, thank you for that.

You mentioned the delivery service how widely is that used in East End, because as the Member of Parliament for East End, I get many calls about assisting the seniors with getting their medications from the clinic. Are you doing that in East End currently?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: We do it all over the Island. I think in East End it is lesser known, to be honest. Just like the honourable Member just said, I don't think everybody knows that we do that. We have not advertised it simply because of the fact that we are waiting to get the right number of persons in place to do it effectively.

One thing we do not want to do is to overextend the persons who are doing it at the moment, but if a request comes in—and we have done this; we have taken medicines to the far reaches of North Side we have taken medicine to East End, but this is by extension. I think this is a situation where the clinic calls and says they do not have something up there but the patient needs it and we are going to close and we will be open tomorrow and we deliver it but not by a patient asking us to deliver it. It is not exclusive and certainly is available to anyone on the Island anywhere. We will try to get it to them.

I also mentioned that we use the public health couriers. They go to the districts every day, and they have no problems delivering it for us. If there is something that we need to send to East End then, by all means, we can ask them to do that to make the delivery on their rounds.

Mr. Isaac D. Rankine: Thank you, sir. I will certainly make the constituents and East End know that.

The Chairman: One last question Mr. Medford.

The Auditor General's report raised some very significant, I thought, shortcomings or issues with regard to the procurement processes for drugs, particularly with regard to procurement attempts I think, back in 2017 and again in 2019. I believe there was a procurement process that was actually abandoned after some two years.

In my thinking, these are cause for concern and I think you are now in another procurement process. What assurances can you give to the Committee that this procurement process itself will be successful?

In particular, what is being done differently this time around, in order to deal with the issues that have been raised in the Auditor General's Report— those shortcomings identified?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: I think one of the statements quoted by the Auditor General's report was that we had not learned from the lessons of 2017. I think this time around we certainly have taken heed.

Right now we are on schedule for the finalisation—well, according to the plan set up by finance for us to have the tender out, we are on schedule to have the final meetings on having the tender out this month. January was the deadline given for that if I am correct, I believe it is, and we were on par with all of these successive meetings and selection processes. I think I alluded earlier that we have already selected perhaps maybe about 30 per cent more generic drugs than we ever have done in the past and that is because we actually did that selection over a full week and weekend—night and day—in order to get it done on time.

What I can say, is that I do believe that we will be able to meet that deadline this month. Just this week, I saw the final draft of the tender and it is available right now. I think it has to go back to the Tenders Committee for their approval.

The Chairman: Thank you very much sir. I think that concludes—sorry. Ms. Heather, do you have a question?

Ms. Heather Bodden: Thank you, Mr. Chairman.

It is more of a comment. I just want to thank Mr. Medford for providing that information with regards to delivery services, and let him and everyone listening know, that [at] the Bodden Town Clinic, which is ably run by Miss Thelma Ebanks, several nurses are all doing a tremendous job ensuring that deliveries are made available.

I can vouch for that, because Miss Thelma delivered my mom's medication to my office yesterday. They are very much on alert regarding this service, so thank you very much, and thank the staff at the Bodden Town Clinic, for all that they do to help our elderly and everyone else.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Mr. Chairman, if I may, Mr. Rankine asked me earlier regarding Caymanians on staff. I should have told him that we have a succession plan which is geared mainly towards school leavers—we are not trying to say that we only take school leavers—who may have a very strong interest in clinical jobs. We take them in as assistants.

Most of them come through the hospital's internship programme in the summer. Out of those who come, we tend to find some bright sparks who are really interested in pharmacy, and they come and prove themselves. We have one such person working with us at the moment and she is being geared towards becoming a pharmacy technician. We also had one person who came through the ranks and has successfully gone on to become a pharmacy technician working with us, pretty autonomously, in her area.

So there is a succession plan in place for Caymanian youth, but anyone else who fits the criteria and is interested in becoming a pharmacy technician or moving through the ranks, we encourage them. We also have a pharmacist in the United Kingdom who has come through that same process. She was a former scholar at Cayman Academy and is now in the United Kingdom on her fourth year, I think; because she is quite good, she just received a scholarship from the Cayman Pharmacists' Association.

Mr. Isaac D. Rankine: Thank you, sir.

The Chairman: You just reminded me that when we interviewed Dr. Cummings, he spoke of the KPIs that you have on the wall. Do you have copies of that that you could share with the Committee, sir?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Yes, I do.

The Chairman: All right, thank you very much for that.

[Pause]

The Chairman: Thank you.

Mrs. Wilks had two quick questions before we go ahead.

Hon. Katherine A. Ebanks-Wilks: Just wrapping up with the performance area.

The Auditor General reported that the pharmacy services are intended to generate profits, but the financial information collected and reported does not allow management to determine if a profit is being made for individual pharmacy locations or the service as a whole. Can you speak on any progress on developing the financial reporting for each of the locations?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Okay. Primarily this is an area for Finance, but I can tell you that we have actually been seeking ways in which we can do this.

One is that we procured a new Cerner [Hospitals and Health Systems] computer system which can produce reports on activities per area or per cost centre and even though it is quite new to us, we have been producing reports. In fact, I saw a report yesterday produced with this software, which tells exactly all the locations where drugs were sent. We are [now] trying to extrapolate what drugs were actually dispensed at these various locations.

We have found ways to access revenue; self-paying patients, et cetera—patients who pay cash outside of the insurance collections. As far as these things are concerned, I believe that we are in route to better reporting right now; like I said, even though I know things are happening, our financial team would be better able to respond to that.

Hon. Katherine A. Ebanks-Wilks: Thank you for that answer.

I think my last question in relation to performance ties in with the delivery services. Going back to the report, where it states that policies and processes are in place to prevent dispensing errors, carrying out quality checks and reporting any near misses; however, they go on to say that due to the setup in some of the pharmacies—and I believe particularly, in the district pharmacies—it is not always possible to have an independent or second check before items are dispensed. The report also said that it is not clear if all near misses are being captured and reported.

Can you provide assurances that the quality checks are being done in all of the locations in order to prevent these errors from happening?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Well, to be honest with you, we started recording near misses mainly at the main pharmacy, and in-patient pharmacy for the simple reason that there is more staff available to do much of the paperwork necessary, et cetera.

Our situation in the district clinics—and I must be honest—does not present what is considered the best practice situation because we have limited numbers of staff; obviously there were problems or situations where we could not hire or did not have enough staff to spread around.

The other thing, is that even though we needed these people, having them work in the small spaces that exists was not healthy so we were forced to limit them to one person; however, with the introduction of the JCI accreditation process, we now have to move towards our best practice continuum, which means that we will have to have a pharmacy technician accompanying all of our pharmacists in the district clinics, and

we will have to do so irrespective of the space available. We do it every day at West Bay and that is the only place that affords it, even though it is still limited, as far as space is concerned.

As far as recording the near misses and errors is concerned, we have started to do a fairly robust process. It even tells you the person, not necessarily by name because internationally we do not accumulate persons' names who make errors unless it is a very serious situation. We know for sure the number of near misses committed by a pharmacy technician, a pharmacist, a physician, et cetera. Near-misses, by definition, are those errors which are caught before they reach the patient. Any error at all, it could be the wrong name or the wrong drug, and as long as it is caught before the patient, it is recorded as a near-miss.

We put the software together ourselves to show staff involved, the type of miss it was whether it was the wrong drug, wrong patient, wrong MRN, which is the patient's number; the wrong strength—we even go as far as saying the wrong drug strength. This will help us in the future to put mechanisms in place that will mitigate the possibility of these errors in the future.

And this is happening across both in-patient and out-patient pharmacy and, by extension, all of the district clinics as well.

Thank you very much.

The Chairman: Thank you, Mr. Medford for your presence today and for your willingness to answer the Committee's questions. You have been very helpful and instructive, so I will excuse you from the Committee at this time.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Thank you, Mr. Chair, and thank you, everyone.

The Chairman: It is 1:00 p.m. I am going to take the lunch break at this time and true to my word, I am going to say let's be back at 1:30 for the afternoon session.

Thank you all and we will be right back at 1:30 p.m.

Proceedings suspended at 1:01 pm

Proceedings resumed at 1: 46 p.m.

The Chairman: I would like to go ahead and call this Hearing back to order. Thank you all for being back promptly. I am sorry again for the delay, but we did this in order to ensure that the proceedings would now be broadcasting live for the afternoon session.

This morning we had the opportunity to question Dr. Courtney Cummings, the Acting Medical Director and Mr. Colin Medford, the Chief Pharmacist, both of whom work at the HSA. At this time, we are going to question Mrs. Dawn Cummings, former CFO of the

HSA, and Mr. Ronnie Dunn who is the interim CFO at the HSA.

I think it would be appropriate for us to question these two witnesses together; I cannot see any real benefit to us questioning them separately, so at this time I would like to summon Ms. Cummings and Mr. Dunn to the Chamber for the afternoon session.

[Pause]

The Chairman: Good afternoon to you both and thank you for being here. I am sorry for the delay in getting things underway, but I think we are starting to make up a bit of time here, in terms of our schedule. I am grateful that you are both here this afternoon. We are going to be questioning you and speaking with you with regard to the Auditor General's report on the hospital pharmacy operations.

The first area that we really have questions for you on relates to the topic of procurement. I recognise, Mrs. Cummings, that this report really relates to your time as CFO, but also recognising that Mr. Dunn, having succeeded you and now acting, may have input into this as well so, if it is a case that both you wish to speak to any particular questions, then I have no problem at all with you doing that.

The only thing I would ask is that each of you please state your name and position before you answer the very first question that is asked of you. That way we can have it there for the record. I am going to turn things over now to Mrs. Katherine Wilks, who is going to lead the discussion and questioning of these witnesses with regard to the topic of performance.

Hon. Katherine A. Ebanks-Wilks: Good afternoon.

As the Chair said, my first line of questioning will be in relation to performance. I think the procurement will be covered by another one of the members.

The Office of the Auditor General reported that pharmacy services are intended to generate profits, however, the way that the financial information is either collected or reported, does not allow for management to determine if a profit is being made either for each of the individual pharmacy locations or the service as a whole. I am going to pose this question to Mrs. Cummings and you can tell me if you do not think it would relate to you now.

In relation to the impact that the incomplete information for the pharmacy profit centre has, can you elaborate on how that has impacted the finances for the HSA?

Mrs. Dawn Cummings, Former Chief Financial Officer, Health Services Authority: Dawn Cummings, former CFO.

From a financial perspective, I do not necessarily believe that incomplete information has impacted the finances of the HSA. Overall, the reporting for the HSA included a general overall picture of the HSA's

performance and from an operating perspective the HSA has made money. We have an Operating report that comes out on a monthly basis across all services and we have about 68 cost centres, as far as I remember, and that kind of lists out all the expenses in the revenue by cost centre.

For the pharmacy specifically, obviously the district clinics included an element of pharmacy that was not further segregated out, but in overall costs, the HSA is making money so, I do not necessarily believe that not having that full picture of our pharmacy would impact our finances.

The other element of it is that, although the HSA's remit is to provide quality, affordable, accessible services, we cannot just look at the bottom line of the services we provide, especially in the outer districts where the reporting is not quite as robust. For example, if East End was not making money, we couldn't necessarily just stop pharmacy services out in East End that is just not an option for the HSA so I think that needs to be considered as well.

Having said that, I know that we are looking to add additional modules [to] the Cerner system that we are using, which would allow for more in-depth profitability by cost centre. I am not sure if that has been fully implemented as yet, but it is something that was being looked at before I left.

Hon. Katherine A. Ebanks-Wilks: Thank you very much. The other question that I have speaks more about plans for the future, in terms of the progress on updating the financial reporting for each pharmacy location and the service as a whole. Are there any progress updates or any plans for the future, in relation to how the reporting will be developed further?

Mr. Ronnie Dunn, Deputy Chief Executive Office, Health Services Authority: Good afternoon; Ronnie Dunn, Deputy Chief Executive Officer of the HSA and Acting CFO.

Mr. Chairman through you, we do recognise that there are certain limitations with the current practices, insofar as how granular we are able to report profitability.

As Mrs. Cummings reported to the Committee, the sole focus is not one of economics, it is also about ensuring consistency with the government's policy to ensure quality, affordability and accessibility. The need for a costing model that breaks out large overhead costs among the HSA's individual cost centres has been recognised and is an initiative that is currently in process of being developed. I can tell you what the direct revenues are for pharmacy in 2021, for instance, and I can tell you the cost of the direct inputs associated including salaries and the cost of the drugs, et cetera.

There are other elements, however, such as depreciation on the building, the cost of post-retirement healthcare, or telephone service, that are not currently

allocated to individual cost centres. This year, an initiative for building a specific cost model that will look at each service individually, and provide greater profitability analysis, will enable that to happen.

Now, the district centres: in terms of whether pharmacy service, specifically, will be judged on profitability in East End, Bodden Town or West Bay, the plans are not to go to that level of granularity. As Mrs. Cummings pointed out, we are aware that the delivery of some of these services to some of these locations is more a matter of the public good and ensuring accessibility to people within those districts, than *how much money we can make off the service*.

Hon. Katherine A. Ebanks-Wilks: Thank you very much. I do not have any further questions on performance.

The Chairman: We can move on to the second area for discussion then, procurement.

I recognise Mr. Rankine.

Mr. Isaac D. Rankine: Good afternoon, Mrs. Cummings and Mr. Dunn. We heard from earlier witnesses in regards to procurement, but what I would like to hear from you particularly, Mr. Dunn, is where are you in your procurement timeline at this very moment.

Mr. Ronnie Dunn, Deputy Chief executive Office, Health Services Authority: Mr. Chairman, at this very moment we have received the tenders. We had 24 submissions from 20 vendors; three were local, 17 international. On some 1,652 items that were tendered, we had submissions for 1,450 items valued at approximately \$20 million.

The next step in the process is for it to come to the HSA's Procurement Committee; it is a committee that I chair, and then it is expected to go before the Public Procurement Committee for formal award at its first meeting next month which is on the 24th, Thursday.

Mr. Isaac D. Rankine: Based on the Auditor General's report, the tenders should have been received by 12th November, can you elaborate on what has caused that delay?

Mr. Ronnie Dunn, Deputy Chief executive Office, Health Services Authority: Thank you, sir.

Mr. Chairman, the tender was published with the prescribed timelines and the timelines have largely been adhered to.

The intention was for us to have submitted it to the Public Procurement Committee this month for formal award, however, we did have staff within the Procurement Office who was out due to COVID infection. We had other limitations over the Christmas period as well, so we are a few days behind schedule, but the assessment has taken place well.

As far as the HSA's element of it, we intend to wrap up this week; however, the Public Procurement Committee meets once per month and it will be presented to them at their next meeting.

Mr. Isaac D. Rankine: Thank you.

Another follow up question to procurement: we know that there were deficiencies in the procurement that started in 2019 and was cancelled in early 2021. What experience and/or lessons has the HSA learned from that?

Mr. Ronnie Dunn, Deputy Chief executive Office, Health Services Authority: Mr. Chairman, a number of lessons were learned, some of which the Auditor General usefully identified within the report, one of them being the need for timeliness in initiating the procurement process, to ensure that it is concluded within a period that allows new contracts to be in place before existing contracts expire.

The 2017 experience, which would have resulted in the contract awards which expired in 2019, was done with the piloting of the reverse-auction process, and whilst initially that process showed very promising results in terms of the numbers that were agreed for the supply of drugs, it did not pan out that way in the final analysis.

What we found was that suppliers were finding it very difficult to make commitments in this period that they would be able to hold fast to two years down the road, given volatility within the market. And whilst there were contract provisions in there which allowed for the revisiting of these prices, we faced situations where, if a supplier agreed to provide a particular item at a particular value, and because of changes in market conditions that increased their cost to be greater than what they agreed to sell it to us, they could simply say, *I am sorry, but I do not have that item particularly available to you at this time* and you would have to go elsewhere to meet the supply needs for that particular item.

So there were lessons learned in terms of the timeliness of the process, the approach of the process, and the contractual arrangements that were put in place, however, whilst with the best intentions, we can seek to enhance those contractual arrangements and maybe seek to put in punitive elements in it that would enforce compliance with the prices offered. The reality of the situation is often difficult, given the size of the Cayman Islands and the HSA relative to the overall market.

Mr. Isaac D. Rankine: Thank you, sir.

The Chairman: Auditor General.

Mrs. Sue Winspear, Auditor General, Office of the Auditor General: Thank you.

Through you, Mr. Chair. It just occurred to me while sitting here that you got the tenders back and you

described it. We know from the report and from your finances, that \$9 million a year is spent on pharmacy stock and, of course, volumes will have a big impact upon that cost but I was just wondering, given [that] you have obviously gone through an evaluation process already, whether you are able to say anything—without getting into commercial sensitivities—about what the costs might be looking like, relative to existing costs under the old contract, and whether you expect an increase or not.

If it is too commercially sensitive or too difficult or too variable by drug, then obviously you are not going to be able to say, but I just wonder what the impact is likely to be on the overall budget for pharmacy.

Mr. Ronnie Dunn, Deputy Chief executive Office, Health Services Authority: Thank you for that question.

Mr. Chairman through you: the overall submissions at the moment, we are looking at \$20.5 million for a two-year supply, so that is \$10.25 million per annum, which is not significantly greater than our previous experience, considering changes in volume

The Chairman: So if I could ask a follow-up question with regard to this new procurement process: the successful tenders then would get a two year contract from the HSA?

Mr. Ronnie Dunn, Deputy Chief executive Office, Health Services Authority: That's correct, Mr. Chairman.

The Chairman: And are there escalation clauses in there, in terms of the pricing of drugs, or are they fixed for two years as well?

Mr. Ronnie Dunn, Deputy Chief executive Office, Health Services Authority: The pricing were generally fixed for the first year, but as you can appreciate, whenever a supplier takes on risk, they will seek to pass that risk back onto the customer by way of increased prices, to mitigate any potential increase in the future. Where we have tried to bridge that is to say, *'give us some certainty at least for the first 12 months, in terms of what you will be able to supply these goods for, but then, we will allow you after a period of a year, to come back to us with credible justification as to how market conditions may have changed, and seek a change in the contractual terms, in terms of the cost of goods to be supplied.'*

I understand that was one of the reasons that the 2020 situation occurred; the prices and the market became so volatile, that suppliers were unwilling to provide long-term commitments for significant quantities of items, at particular prices. We were able to tell you what we could do with for the next three months or the next six months, but we were certainly not going to commit ourselves for a 24-month period at a particular price

and so we had to work with what the market had to offer, at that particular time.

Mr. Chairman, we are doing some revisions too, and we are taking into consideration as part of the evaluation process, past performance by the various vendors, but this has to be taken in context as well, that many of these would have been circumstances beyond the vendors' control, because they, again, are playing in a much bigger pool than they can influence individually so, some consideration must be given to what we know are our significant international supply chain interruptions.

The Chairman: I think you told me you had 24 submissions from 20 suppliers. Am I right?

Mr. Ronnie Dunn, Deputy Chief executive Office, Health Services Authority: Yeah, that is correct, Mr. Chairman.

The Chairman: Okay. Those 20 suppliers, are they all prequalified in order to supply drugs to the HSA, or does that process come after the submissions?

Mr. Ronnie Dunn, Deputy Chief executive Office, Health Services Authority: The tender documents specify minimum periods for you to be in business so there is a sense of a pre-qualification process by virtue of the pass/fail criteria that is specified in the tender documents that says, *'we are inviting bids from proponents; you have to meet these particular criteria and then you are assessed otherwise on quality and prices.'*

However, we don't carry out a market sounding exercise where we invite potential bidders and eliminate and prequalify before the tender process on this particular exercise.

The Chairman: Are there any other questions from the Committee? No? Well, I want to thank you both for your attendance to the Committee today. I appreciate your candidness and I wish you both well.

Thank you so much.

[Pause]

The Chairman: I now invite the final witness of the afternoon, Mrs. Lizzette Yearwood, CEO of the HSA to enter the Chamber.

[Pause]

The Chairman: Good afternoon, Mrs. Yearwood. Thank you very much for attending this Hearing today with regard to the Auditor General's report on the pharmacy services at the HSA. It is good to see you and good to have you here.

We are going to commence the questioning with regard to three or four topics that we have to discuss with you this afternoon. The first one has to deal

with the strategic direction of the HSA, with regard to pharmacy services, and I am going to invite Mr. Isaac Rankine to lead that line of inquiry with you.

Mrs. Yearwood, if I could just ask you to state your name and your position for the record, before you answer your first question.

Mr. Isaac D. Rankine: Good afternoon, Mrs. Yearwood.

In terms of the strategic direction for the pharmacy services, the Auditor General's report noted there was currently no national strategy for health care, as the previous strategy expired in 2017.

The first question is: As the CEO, what do you see currently as the impact on the HSA of not having a national health strategy since 2017?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Good afternoon everyone; Lizzette Yearwood, Chief Executive Officer of the Health Services Authority. Thank you very much for that question.

Despite not having an existing strategy at the Ministry level that guides the overall operations of the delivery of healthcare services, we do operate by an overarching mandate to ensure that we have access to quality, affordable healthcare at the HSA; so, as far as pharmacy services are concerned, we ensure that we are always focused on ensuring that the drugs that we provide, [and] the suppliers that we choose to procure drugs from, are always of the highest quality. That we can assure that the public is getting quality medication at a good value for money.

Mr. Isaac D. Rankine: Thank you for that. Have you had any discussions with the Ministry in regards to developing the new strategy? Have you been in any discussions that would get you to an end date, where you have a document you can lay on the table?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Yes, sir, we have had those discussions and I believe that the Chief Officer, who is going to be examined after me, will be in a better position to speak in more detail to the plans thereof.

Mr. Isaac D. Rankine: Did the HSA have any input in that thus far? While you said the Chief Officer will be able to answer more clearly, what was the HSA's role in providing information for that?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: I would anticipate that when that exercise is convened, the HSA will be a stakeholder as we were with the previous National Strategic Policy; the HSA was one of the stakeholders that gave input and assisted in the development of that, and we would be happy to participate in that process again.

Mr. Isaac D. Rankine: Thank you for that.

The report highlights that the HSA has a five-year strategic plan for 2018 to 2023, but it does not refer to the government's strategic outcomes for health care, or any specific outcome in the 2020 or 2021 SPS that would have sought to use new procurement practices to reduce the cost of medicines.

Therefore, what is the role of the HSA, specifically in achieving the Government's outcome that sought to use new procurement practices in order to reduce the cost of medicines and services?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: The HSA operates under the Public Procurement Act and we ensure that we follow that process. We have a tendering process where there is an open tender for any company that is willing to bid on the provision of a number of items in our formulary, and we ensure that that evaluation process is followed according to the requirements of the Act.

Mr. Isaac D. Rankine: Thank you.

One final question from me: What are the plans to update the HSA Strategic Plan? What are your plans, as the CEO to update that?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: The HSA Strategic plan is updated on an annual basis. We currently have a three-year annual plan and that was updated at the end of last year. We have broad outcomes that relate to improving patient-staff experience; expanding our clinical capabilities and our core services; ensuring that we expand our services to ensure better access and better quality of care in a timely fashion.

Once again, at the end of every year, we look at our strategic plan with the board and all stakeholders.

Mr. Isaac D. Rankine: Thank you. I have no other questions at this time.

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you, sir.

The Chairman: Mrs. Yearwood, in your role as CEO of the Authority, do you or the board have a set of Key Performance Indicators (KPIs) that it uses to measure the successes, failures or overall performance of the Authority in the delivery of health care?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Yes sir, we have a number of Key Performance Indicators.

There was a weakness in some areas where we didn't have data collection tools to actually collect the data in order to be able to give good information to our shareholders to understand the quality of services

delivered. We attended to that, and we are in the process of putting it in place this year.

Each of our departments has Key Performance Indicators that they will be reporting on and that is something that will be moving to this year. *When the next evaluation is done, we will be happy to be able to report on the data that is collected from that process.*

The Chairman: Okay thank you very much for that. We would really welcome the information.

Earlier, while questioning Mr. Medford, I think, we saw that at the pharmacy level they certainly have some KPIs that they have implemented and are now starting to measure as well. That to me is good news, in terms of overall administration and delivery of health care.

Does any other member have questions for Mrs. Yearwood? Okay. With that then we will move on to governance and I think that is going to be you, Mrs. Wilks? No, that was Ms. Heather.

[Inaudible interjection]

The Chairman: You are going to do it for her? Okay, go ahead.

Hon. Katherine A. Ebanks-Wilks: In relation to governance, the Auditor General found that there is no performance management framework in place for the HSA as a whole. It is also stated that pharmacy management should receive regular reports on services, but these are limited to Grand Cayman dispensaries. The reports and the data are inconsistent and they provide limited information to assist in decision making.

As the Chief Executive Officer, I wonder if you can speak on the Performance Management framework for the HSA as a whole.

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you very much Mrs. Wilks, for that question.

Through you, Mr. Chair, that information is similar to what I spoke to earlier where we do have the Key Performance Indicators, but without the data collection tools in place it would be difficult on a regular basis to be able to provide that data, given that a number of our processes are quite manual driven.

However, we have now put in place an electronic basis to have the means to collect that data, so we will be in a better place to deliver that information.

Hon. Katherine A. Ebanks-Wilks: Thank you. I am happy to hear that you have that much-needed resource.

In relation to expectations of performance reporting, I guess that probably the answer to the question is, now that you have the tools, but I probably should ask in any event. Now that you have this new

resource, will the performance reporting for pharmacy services be affected by that?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Yes Ma'am, it will.

[Pause]

Hon. Katherine A. Ebanks-Wilks: That was my final line of questioning for governance.

The Chairman: I have one question, Mrs. Yearwood.

The Auditor General report makes, I think, 16 different recommendations relating to the HSA. Can you speak to us from your own knowledge, as to what progress has been made on implementations of these recommendations? If I am correct, they were all accepted by the HSA.

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you very much sir. An implementation or action plan has been devised.

We are focused on the key priorities, and I am very pleased to say that one of the key implementation strategies will focus on the dispensing of drugs. I know that is something that the public has had feedback on over a number of years, in regards to the congested space at the hospital now. As soon as next month, we will be moving over to a larger space, which will actually be triple the square footage of the current pharmacy, and the team has all been trained on that new delivery process and we are very excited to be able to implement that very shortly.

We have been involved with cross-training for our pharmacy technicians as well, so that they can not only dispense medication at the window but collect simultaneously, rather than persons having to move from one window to the other. I believe that the overall experience for the client will be positive. We have a strategy in place to ensure that we are looking at the other pharmacy delivery areas as well, not just at the hospital.

That is our key priority this year, but in our 30-year master facilities plan we have identified expansion in other areas as well. One of the key areas is in Bodden Town where the population has grown quite drastically, and continues to grow, and we need to focus on the expansion of the services that are available there. Of course, the Key Performance Indicators and the data collection systems that are in place will give us information from those areas as well.

We also have implemented a feedback mechanism for all departments in the hospital but, as we are speaking about pharmacy in this case, patients who come to seek our services will receive either a phone call or an e-mail within 24 hours of receiving those services, in order to be able to give us feedback. That almost-real-time feedback mechanism is important, so

that we can actually address any issues that arise and do same-day service recovery.

There are a number of other areas that we have built into our action plan as well; one is the expansion of our workforce. We have identified additional pharmacy positions, as well as pharmacy tech positions, so that they can help with the timely delivery of services at each one of the windows.

Other quality checks are also being put in place. This year we will be going through an accreditation process, and a number of these recommendations are actually in alignment with other quality targets that we have been working on.

The Chairman: Okay. We will now move on to the next section of the report which is procurement, I believe.

[Pause]

Mr. Isaac D. Rankine: Mrs. Yearwood, earlier we spoke to Mr. Dunn and, based on what we see, the procurement process is a few months behind. As CEO, what assurances can you give us that it will be completed within the date set (sometime in January) to get to the procurement board, or as close to that as possible?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: I got an update on that process actually just before coming here.

That open tendering process was launched in September last year with a November 12 deadline, and the HSA received a number of submissions—24 to be exact. Based on everything that has been done so far, this process is aimed to be completed within the timeframe that has been outlined.

Mr. Isaac D. Rankine: We understand the HSA's role [includes] ensuring that we get value for money from the contracts that are eventually signed. What assurances can you give the listening public that that will happen?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: I think over the years the public has seen in the press that procurement of some drugs is quite challenging; sometimes, especially within the last two years with the pandemic, sourcing of some of those medications has been quite challenging and we have had to expand our network of suppliers in some cases, in order to be able to ensure that we have as few stock outages as possible and that there is not a negative impact on our patients.

What we do is, [in] the open tendering process the individuals will bid on the items that we have requested bids on, and there is an evaluation process. Once a bidder is selected for the item in particular, we also select a second and third supplier, so in the event that the first supplier does not have the medication or

is not able to provide it at the price identified in the tender document, then we would move to the other two suppliers.

If we can stay within that framework, then we hope that will ensure that we deliver on our requirement for good value for money and fiscal responsibility.

Mr. Isaac D. Rankine: Thank you.

The Chairman: I am not sure if this was asked more directly, but: Mrs. Yearwood, are you satisfied with the progress that has been made, with regard to the current procurement process and the way it is moving?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Yes sir, I think the process has had long enough now that we have been able to put in place all of the supporting structures and teams in order to ensure that it works in a timely fashion to serve the patients.

In other words, we have the tendering process and the Public Procurement Committee also meets in a timely fashion and works very well with us to give us the feedback necessary to ensure good value for money.

The Chairman: What role do you play in this whole process of procurement?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: My deputy is actually the chairperson of the Internal Procurement Committee and with the input of the committee, then recommendations are made to myself for sign off before it goes to the Public Procurement Committee; so I have oversight of any of the procurement that takes place in the organisation.

The Chairman: Okay, thanks.

Mr. Isaac D. Rankine: Okay, one last question, Mrs. Yearwood. Do you have any actual involvement in the selection of any of the contracts?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: No, sir. My role is to make sure that the team has followed the process as required under the Public Procurement Act.

Mr. Isaac D. Rankine: Thank you.

The Chairman: Is the awarding of successful bids or contracts something that would go to your board for approval?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: No, sir. The board is made aware of the processes, for example, anything that has to do with our large purchases. They are kept up to date

on what is happening, but our board does not have any involvement in the procurement process.

The Chairman: Thank you. Are there any other questions on this?

[Inaudible interjection]

The Chairman: Go ahead Ms. Heather.

Ms. Heather D. Bodden: Thank you Mr. Chairman.

This really is not a question, I just wanted to say to Mrs. Yearwood that we greatly appreciate all her services, especially these last two years of the pandemic.

I can honestly say that any time I have called, you have been at the end of the line so, all that you and your staff at the HSA have done over the last two years, specifically, is deeply, deeply, appreciated and from all we have learned today, I guess we can say we are heading to a first class HSA service.

Thank you.

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you very much. I will pass that on to the staff.

Mr. Isaac D. Rankine: I want to second that, Ms. Yearwood.

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you, sir.

The Chairman: Thank you.

We are going to turn now to the final area for questioning, Mrs. Yearwood and that has to do with performance. I am going to ask Mrs. Wilks to lead the questioning on this area.

Hon. Katherine A. Ebanks-Wilks: Thank you, Mr. Chair.

Mrs. Yearwood, I have a question about the performance indicators and guidelines. I am curious if there is any plan, or are there any entities that we are looking to use as guidelines, for example the Centres for Disease Control (CDC) or World Health Organization (WHO). If we have these indicators, how do we really measure the quality? Is there a benchmark and if so, who is that third party that we will be using?

I want to see if as the CMO, these are thoughts that you are starting to have for the future of quality performance in Cayman.

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Absolutely, thank you very much for that question. That is very key, actually, to ensure that whatever we are doing here is actually meeting international best practice.

There are going to be a number of bodies of information, depending on the area; for example, if we were talking about pharmacy, then there would be international benchmarks that we would use for pharmacy and other clinical specialists as well. That is part of the KPI exercise that we are putting in place; where we will showcase to the public what our delivery of services is, benchmarked with other international bodies.

Hon. Katherine A. Ebanks-Wilks: Will that make us more competitive as a jurisdiction then, in terms of healthcare?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Absolutely.

Hon. Katherine A. Ebanks-Wilks: Perfect.

Alright, I will move on to my next question in relation to performance.

I know we have been speaking a lot about the various locations and I know you touched a bit on the Smith Road location. Are you able to give us an in-depth update on timing, and where we are at with opening this location?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you.

We hope to have the ribbon cutting of that service before the end of this month, and we will be moving over for the 1st February, the latest. Everything is in place, we are just waiting on the final handover. Plans are already in place for the ribbon cutting.

Even though it is going to be very small due to the social distancing requirements, it is something that we definitely want to celebrate because it has been a long time coming and it is a long-time promise to the public that we were going to expand and improve the pharmacy's services.

Hon. Katherine A. Ebanks-Wilks: That is very excited; thank you.

More on a district level, is there anything more? I know you elaborated a bit on some of the services provided, but is there anything that is envisioned to improve the services or the facilities at the district clinics?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Through you, Mr. Chairman: we do have a 30-year master facility plan and that is something that is very dynamic. We review that again to ensure that the priorities there are in alignment with the national strategic priorities as well as the priorities of our overarching strategic plan.

We do have other expansions in place as well; like I said, Bodden Town is the next priority, given that it is the fastest-growing district. It really is quite a busy clinic that we have right now, but in the meantime, we want to ensure that we even look with the space restrictions at all of the other districts to ensure that the same principles are put in place.

I know that the report did speak to the fact that due to space restrictions in the other district clinics, we did not have a designated consultation space where the pharmacist could speak with clients, however, we have been able to work around that and they use other consultation rooms, so it could be a physician consultation room on another clinical space that they would take patients in there and they would still have the same level and quality of service that is provided, despite the space restrictions.

Storage is also quite challenging at some of those smaller clinics. They are quite cramped and what we have done there, as well, is review the storage inventory at the districts, and instead of having large numbers of supplies kept at the district level, we look and see what is absolutely necessary and then we just top them up on a more regular basis.

We would love to be able to place new facilities in each district, including the Sister Islands at the same time, but recognising that we do have fiscal restrictions, we have to prioritise based on the public demand.

Hon. Katherine A. Ebanks-Wilks: Thank you very much.

I just have one more question and then I will be done. You touched a bit about customer engagement, and I think I recall you speaking about the customer survey. I wonder if you could speak a little bit about it, in relation to the benefits that the survey provides in terms of making decisions. The reason I am asking, is because I note that the Auditor General reported that, despite the HSA commissioning these surveys, it is still not clear whether the customer feedback exists on pharmacy services or how this is used to inform said decision processes.

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you very much for that question.

Yes, our patient services team looks at the feedback from the customer surveys—the positive and the negative. I will give an example of one of the areas that we have been able to address: especially during the pandemic, we had difficulties with people accessing the pharmacy in order to collect drugs, again due to the space limitation and the requirements for social distancing.

One of our clients actually recommended the WhatsApp service that we are currently using. It was a very simple and very innovative suggestion and we put that in place and we used that up until now; that is one of the positive things that came out of the pandemic, where persons can simply WhatsApp their refill prescription and we are able to refill it.

Also delivery—we were able to actually put in place a delivery service for the shut-ins and those who had mobility problems, and that is a service that we are continuing with up until now, as well. In fact, we actually had a car donated to us for that service.

So yes, we do take the feedback. It is easier for us to remedy some of the concerns than others, but we do look very openly at the feedback that is given to us, because we want to be able to respond to the needs and the expectations of the public and unless we listen, understand and take it on with an open mind, we are not able to meet some of the requirements out there.

Hon. Katherine A. Ebanks-Wilks: Thank you very much. I know I said last question, but you could confirm whether the isolation support line is still functioning? I know I have received numerous calls recently that people are not getting through. Is that still up and running, or is it no longer under the remit of HSA and is now under hazard management?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: We have the flu hotline. We have continued to brand it as a flu hotline but, indeed, the flu hotline responds to all sorts of queries so the flu hotline is still up and running. We have increased the number of call-takers; all the call takers with the exception of one or two are clinical, and we have a call-in tree that is in place that helps to group the types of calls and make sure the right call-taker is taking the calls.

We have had a huge surge in the number of calls in the last week. Up until yesterday, we had over 500 calls coming into that line. A couple of days ago we had a system problem which resulted in some of the calls getting dropped—I think that was on Tuesday—but that was picked up very quickly. We addressed that in a couple of hours and it was actually just one call-taker that was impacted by that.

That resulted in a number of complaints, which we were able to address; however, if you give me the opportunity, I must really thank those call-takers. They have truly been a lifeline for a number of persons who are scared and concerned because it is a 24-hour service that is available for people to call if they have clinical concerns or just concerns about isolation and so forth.

We also look at the number and types of calls that are coming in, recognising that we cannot throw bodies at the number of calls all the time. What we do is look at the types of calls that are coming in and we use that in order to inform the public. We educate the public; give the public information so that they can help answer some of their own questions.

Certainly I know I interact with a number of you, and over time you are informed as well, and you are able to help problem-solve some of the questions that individuals have. We are very happy with the cooperation that we have had from the public. I know that sometimes it is a bit frustrating when they have to wait, but every individual who I have interacted with has been so appreciative and so patient, even though they may be anxious to get a response from us.

Hon. Katherine A. Ebanks-Wilks: Thank you very much, I do not have further questions.

The Chairman: Ms. Heather Bodden.

Ms. Heather D. Bodden, Elected Member for Savannah: Thank you, Mr. Chairman.

Could the CEO please tell us what are the future plans for the present location of the pharmacy?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you very much. Through you, Mr. Chairman.

We will be doing a number of renovations for the areas that are now being vacated. There will still be a pharmacy in that location, because we will still have services on campus. We will still have the emergency room; acute care will remain on campus, as well—that will be located in the area the specialist clinic moved out from.

Our mental health hub will be based on the hospital campus as well, so there will still be a small pharmacy in that location. We are just going to refurbish that and make it more accessible.

Ms. Heather D. Bodden: Thank you very much.

The Chairman: Mr. Rankine, go ahead.

Mr. Isaac D. Rankine: Mrs. Yearwood, my colleague asked earlier about plans to improve the facilities in the districts and I cannot let this pass me by without asking what those plans are. What are some of the plans for the Eastern District clinics?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you very much sir. Yes, East End is definitely not left off of our list. I know that we have had some discussions and I thank you very much for your engagement and your support of the Eastern Districts.

That is another area that we are looking at. Again, we have to prioritise what the needs are, but I know that there are discussions about the increased number of clinics that are available in the Eastern Districts, both North Side and East End.

Mr. Isaac D. Rankine: Are there any upgrades planned for the facility? I know I passed there yesterday and they were replacing the fence so, thank you so much but, are there any other upgrades planned for the facilities?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Through you, Mr. Chairman: At this point in time, that is the only major infrastructure upgrade, with the exception of regular maintenance and operational repairs.

Mr. Isaac D. Rankine: I have a few suggestions, so I will meet off line to discuss that.

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: I appreciate that feedback.

The Chairman: Mrs. Yearwood, thank you very much for your attendance today. Members have indicated they have no further questions, so I appreciate the candour with which you have answered the Committee's questions and I will go ahead and release you at this time. Again, thank you so much for attending today.

Having said that, I would just like to acknowledge to you the work that has been done by the staff of the HSA, recognising that you all are at the frontline of what is happening here in Cayman, as a result of the pandemic. I know you have got specific challenges that you have to meet every day, but I just want to acknowledge the good work that you all are doing; the commitment and dedication of you and your staff, for seeing us through this.

I ask you to convey our heartfelt thanks to all the staff of the HSA for the work that they are doing.

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you sir, I will take pleasure in doing that and thank you all very much as well for the questioning and for your involvement, because, obviously, as you know this is the public pharmacy services and we all want to see improvement.

I also want to take the opportunity, if I may, Mr. Chairman, to thank the Auditor General and her team as well, for their engagement and their feedback. It has always been a privilege to be able to interact with their team and their professional services are definitely always welcome.

Thank you very much.

The Chairman: Thank you.

Members of the Committee that concludes today's Public Accounts Hearing. I believe we have three witnesses tomorrow, and I think we will commence in the morning with the Chief Officer from the Ministry of Health.

[Crosstalk]

The Chairman: Yes, Dr. Marla Barnes tomorrow morning—she is the Chair of the Pharmacy Council. Then we will have the Chief Officer of the Ministry of Health and Wellness, and then during the afternoon session we will have the Deputy Governor, the Honourable Franz Manderson.

ADJOURNMENT

The Chairman: With that, I will bring the meeting today to conclusion. I wish you all a good evening. I thank you

all for your attendance and participation today. We will see you all tomorrow morning at 10 a.m. sharp. Thank you, all.

At 2:48 pm the Public Accounts Committee stood adjourned until, Thursday, 13th January at 10:00 a.m.