



Summary of Proceedings

Public Hearing

Held on **Wednesday, January 15, 2025**, from 10:16 a.m. to 12:29 p.m.

Venue: J. Hamilton Maurice Meeting Room, Ground Floor, Parliamentary Complex, Cabildo Building, St Vincent Street, Port of Spain.

Subject matter: An inquiry into Trinidad and Tobago's response to the prevalence of non-communicable diseases with a specific focus on diabetes, cardiovascular diseases and cancer.

The **objectives of the inquiry** are as follows:

1. To examine the efforts of the state to counteract the effects of specific non-communicable diseases, NCDs, within the population, including diabetes, heart disease and cancer;
2. To examine the efforts of civil society to counteract the effects of non-communicable diseases or specific non-communicable diseases within the population, including, diabetes, heart disease and cancer; and
3. To determine the main policy changes actions and interventions that are necessary to effectively respond to the increase in non-communicable diseases in Trinidad and Tobago.

Committee Members

The following Committee Members were present:

- Dr. Paul Richards – Chairman
- Mr. Roger Monroe, MP -Vice-Chairman
- Mr. Esmond Forde, MP- Member
- Mr. Rohan Sinanan – Member
- Mr. Avinash Singh – Member
- Ms. Vandana Mohit, MP – Member

The following Committee Members were excused:

- Ms. Pennelope Beckles, MP – Member
- Mr. David Nakhid - Member

Witnesses who appeared

The following officials of the **Ministry of Health** (MOH) appeared:

- **Hon. Terrence Deyalsingh, MP¹**
Minister of Health
- **Dr. Roshan Parasram, ORT^{*T}**
Chief Medical Officer
- **Dr. Maria Clapperton**
Director, Non-Communicable Diseases Unit
- **Mr. Anthony Blake**
Chief Executive Officer, NWRHA
- **Dr. Brian Armour**
Chief Executive Officer, SWRHA

Opening Statements

The Minister of Health made opening remarks.

Key Issues Discussed

The following are the main themes arising from discussions with the **Ministry of Health**:

Introductory Remarks

- i. The Minister of Health reaffirms the Ministry's commitment to the provision of health services and its supporting programmes, especially for the prevention, control and care of non-communicable diseases.
- ii. Globally, NCDs disproportionately affect people in low and middle-income countries. This is reflected in the "social determinants of health" where nearly three-quarters of global NCD deaths occur.
- iii. On assuming office in September 2015, the Minister recognised a need to focus on NCD strategy under prevention needs and subsequently shifted the focus from tertiary and secondary health care to prevention at the primary health care level. This also included the inclusion of mental health as an NCD.
- iv. Trinidad and Tobago led the way in including mental health as a non-communicable disease (NCD).
- v. Greater emphasis was placed on the life course approach, which included measures to encourage behaviour change and promote personal health and wellness.

¹ Appeared further to House of Representative Standing Order 112(13) and Senate Standing Order 102(14)

- vi. The life course approach employs an integrated health services model to meet the healthcare needs of the population throughout their entire lifetime, from birth to infancy, through early childhood, to adolescence and adulthood, and into old age.
- vii. The Ministry focuses on empowering persons to be responsible for their health through self-management and behavioural change.

Initiatives Implemented by the Ministry using the life course approach (2016-2024)

- i. Establishment of a Non-Communicable Diseases Unit at the Ministry of Health.
- ii. Establishment of a National NCD steering committee.
- iii. Implementation and use of graphic warning labels on the packaging of tobacco products.
- iv. Design and implementation of the gestational diabetes management programme
- v. Standardisation of criterion protocols and the provision of personal glucose monitors to 3,218 patients with the overall goal of improving maternal and newborn health outcomes.
- vi. Achieving baby-friendly hospital accreditation, international status at several health facilities including Mount Hope, Sangre Grande, Point Fortin and Scarborough.
- vii. Initiation of breastfeeding at birth is recognised as one of the success factors in preventing childhood obesity. Consequently, breastfeeding rates have moved from less than 10% in 2015 to between 80% and 95% at all public maternity units to date.

Initiatives from the early childhood stage to adolescence

- i. The banning of sugar sweetened beverages in schools.
- ii. The supply of exercise equipment to four hundred and seventy-eight (478) primary schools, one hundred and thirty-four (134) secondary schools, twelve (12) special needs schools and thirteen (13) community centres.
- iii. The launch of TT Moves Junior aimed to promote healthy lifestyle practices among young people by hosting “Healthy Me” camps.
- iv. The launch of the NCD Inspector Academy is targeted at children between the ages of twelve and seventeen (12-17)

Initiatives targeting adulthood and the elderly

- i. TT Moves behaviour change campaign was “re-energised” and now includes the hosting of several TT Moves health and wellness festivals across all five RHAs.
- ii. Inclusion of more signage with key messages encouraging persons to drink more water, eat more fruits and vegetables and to move more
- iii. The procurement and operationalisation of six mobile health units, Men’s and Women’s Wellness initiatives geared towards screening, diagnosis and the management of NCDs. The activities included counselling and education for key services, not limited only to cancer, but also for drug and alcohol use, mental health, sexual reproductive health, diabetes, hypertension, vision and hearing and HIV/AIDS.
- iv. The introduction and 100% scale up of the Hearts Initiative. The programme focuses on reducing the burden of cardiovascular diseases through effective management of hypertension and high blood pressure across all health centres. There are over sixty-six

- thousand (66000) persons being enrolled and twenty-eight thousand, two hundred and thirty-seven (28,237) or 43% of them having achieved control of their hypertension to date – a first for Trinidad and Tobago.
- v. Standardisation and restructuring of diabetes wellness clinics, with their establishment at all RHAs, along with supporting guidelines and protocols.
 - vi. The establishment of the Diabetic Foot Management Initiative, which subsequently resulted in the reduction of major lower limb amputations by sixteen per cent (16%) to date.
 - vii. The operationalisation of the national lung cancer, early detection and management clinic at the Eric Williams Medical Sciences Complex.
 - viii. The completion of the second National NCD Risk Factor Survey to collect up-to-date information on and assess the current burden of NCDs and NCD risk factor behaviour within the population.
 - ix. The launch of the NCD hotline, 800-4NCD on August 06, 2024, aimed at strengthening the linkage to care and promoting self-management amongst persons living with NCDs. The service is toll-free and accessible 24/7, supported by a team of physicians.
 - x. The hotline is a pilot project that provides medical advice to callers who may be seeking to address queries about blood sugar readings, HbA1c readings and cholesterol blood test results.
 - xi. The launch of the *Know Your Numbers* campaign and the production of a supporting Know Your Numbers booklet which provides both health information as well as a mechanism for persons to document, monitor, track their blood sugar and blood sugar readings in one place.
 - xii. The establishment of the Clinical Guidelines Review Sub-Committee for the standardisation of clinical practice guidelines for major NCDs.

Status of addressing NCDs

- i. The NCD epidemic is one hundred (100) years in the making. It is currently exacerbated by the movement away from agricultural settings and physical labour to desk labour, and also coincides with the Americanization of diets. It is a global challenge.

Preliminary results of the 2024 STEPS Survey

- i. In 2024, the Ministry of Health recently completed the second iteration of the PAHO/WHO STEP Survey.
- ii. The STEP Survey is a survey that measures the levels of risk factors for non-communicable diseases within a population. By repeating the survey, comparisons can be made between the 2024 survey and the 2011 survey.
- iii. The Survey provides data on the current levels of risk factors within the population and the potential future burden of non-communicable diseases.
- iv. The calculated sample size was five thousand, four hundred and four (5,404) and the actual response that was received was a total of four thousand and fifty-two (52) respondents.

- v. The survey was conducted in person, among adults in the non-institutionalised population in Trinidad and Tobago from ages eighteen (18) to sixty-nine (69).
- vi. The current prevalence of tobacco use is 21.3%. There was a higher prevalence of males than females.
- vii. The prevalence of alcohol consumption, which was determined by the percentage of persons who consumed alcohol within the past thirty days (30) of administering the survey.
- viii. The prevalence of alcohol consumption is 51.5%. 59.6 % in males and 43.4% in females.
- ix. 10.9% increase in the prevalence of alcohol consumption between 2011 and 2024. In 2011, the prevalence of alcohol consumption was forty point six per cent, 40.6%.
- x. While males consumed more alcohol than females, there was a significant increase in the consumption of alcohol among females as there was an increase of 12.5%.
- xi. Ninety-three point three per cent of the population consumed less than the recommended five servings of fruit and vegetables per day.
- xii. Regarding levels of physical activity, the Ministry utilised the definition by the World Health Organisation, which states “A minimum of one hundred and fifty minutes (150) of moderate intensity activity per week.”
- xiii. It was found that the median time spent on physical activity per day was 102.9 minutes, which was an increase in comparison to the previous study conducted in 2011.
- xiv. In 2018, the Minister of Health took a position to include mental health as an NCD for the first time in Trinidad and Tobago. The 2024 iteration of the STEPS survey included a new module from PAHO/WHO, which assessed the levels of symptoms of depression among the population within the past twelve months.
- xv. There was a 13.6% prevalence of symptoms of depression within the past twelve months, with the larger proportion being among females compared to males.
- xvi. The factors used to assess the burden of NCDs within the population included; current daily smokers; persons who consumed less than five servings of fruit and vegetables per day, low levels of physical activity, being overweight – which is having a BMI of greater than or equal to 25 and having raised blood pressure – which is having blood pressure readings greater than or equal to 149/90.
- xvii. It was found that 1.6% of the population had zero of the aforementioned risk factors, whereas 38.4% of the population had three or more of the five risk factors.
- xviii. There was a prevalence of 29% of persons having raised blood pressure. There was a prevalence of 15.8% of persons having a raised blood glucose level and 39.6% of persons displaying an elevated cholesterol level.
- xix. Based on the data, it was found that persons between the ages of forty and sixty-nine (40-69) who had a 10-year cardiovascular disease risk of greater than or equal to 20 per cent had a prevalence of 11.8%. Therefore, for this age group, there is a prevalence of 11.8% risk of having a cardiac or cardiovascular acute event within the next 10 years.
- xx. Findings of the STEPS survey will undergo a final review before they become available publicly.

Restrictions on the advertising the sale of alcoholic beverages

- i. The Minister stated that restricting the advertising of alcohol is not being considered by the Ministry as a policy position.
- ii. The focus is not on restricting, but on advising persons to make wise decisions about consumption – including alcohol, tobacco, eating better and moving more.
- iii. The Ministry's aim regarding NCDs is to encourage the population to make healthier life choices.

2030 Global Development Agenda

- i. The Ministry achieved its 2030 SDG goals about maternal mortality in 2018. The number of women dying at childbirth decreased significantly, and Trinidad and Tobago is recognised as a global leader in low maternal mortality rates.
- ii. Regarding HIV, the UN has adjusted the 90-90-90 by 2020 to 95-95-95 by 2030. 95-95-95 by 2030 refers to 95% of the population knowing their status, 95% of that population must be on antiretroviral therapy, and finally, 95% of those on antiretroviral treatment must have a level of the virus that is not easily communicated to another person (virally suppressed). Trinidad and Tobago is currently at 93/75/96. The Ministry stated that significant progress has been made.
- iii. It was stated that there are no challenges in accessing antiretroviral therapy.

Tobacco Control Act

- i. The issue of vaping is primarily among the teenage population.
- ii. The Ministry, in collaboration with the Executive Secretariat of the Inter-American Drug Abuse Control Commission and the Organisation of American States, will provide a regional training of trainers in the Universal Prevention Curriculum practitioners series prevention in the Caribbean region.
- iii. The UPC School-Based Prevention is currently being rolled out to all schools.
- iv. In 2023, a preventive approach to vaping among children and other key populations was adopted.
- v. Twelve health education centres were conducted at various schools. Approximately twelve hundred (1200) to fifteen hundred (1500) students were sensitised about the health risks, dangers, and alternatives to e-cigarettes and vaping.
- vi. The interventions and actions will serve as a precursor to legislative change, which will be proposed to the Tobacco Control Act.
- vii. The Ministry does not currently have a policy position on vaping, but it is something that will be considered in the future.
- viii. The Minister stated that the Ministry will try to take a more aggressive approach to provide a policy on vaping.

Impact of Vaping on Children

- i. Learnings concerning the medical side effects of vaping are emerging as it is a relatively new phenomenon.
- ii. Acute effects on the respiratory and cardiovascular systems are the main concerns currently.

- iii. There has not been any research with linkages to cancer or other longer-term effects.

Front of Package Labels, Taxes on Healthy Food and Restriction on Advertising

- i. The Minister stated that banning items wholesale may lead to a reverse effect, and the Ministry's focus is on advising the public to make healthier choices.
- ii. Reference was made to the 1920s when the United States banned alcohol, but instead of decreasing consumption, it drove the usage underground.
- iii. It was stated that, considering it is an open market, the decision is up to individuals to make healthy life choices. Everything should be done in moderation.

Healthier Food Options at Fast Food Restaurants

- i. The Minister had a conversation with fast food chains and stated that they had pledged to introduce healthier options on their menus voluntarily.
- ii. The Minister stated that the Ministry has no plans to legislate what people eat.
- iii. The Minister also stated that the Ministry has worked with soft drink manufacturers and some of them have voluntarily reduced the amount of sugar in their drinks, and the changes in the amount of sugar are also reflected in their labels.

Updated Cancer Data

- i. The Ministry of Health conducted an updated review of data contained within the Elizabeth Quamina Cancer Registry. The 2024 report captures data on cancers in Trinidad and Tobago from 2003 to 2020.
- ii. For the period 2003 to 2020, 43,380 individuals were diagnosed with cancer.
- iii. 97.9% were over the age of 25. 39% of persons were between the ages of 60 to 74 years old.
- iv. 49% diagnosed were male, and 51% were female.
- v. 36.2 percent were Afro-Trinidadians and 23.0 percent were Indo-Trinidadians.
- vi. The leading causes of cancer in men were prostate cancer, followed by colorectal cancer and then cancer of the lung and bronchus. The top three leading causes of cancer in women are breast cancer, followed by cancer of the uterus and then colorectal cancer.

Management of the Cancer Burden

- i. The Ministry manages the cancer burden through education, screening, treatment and care. Firstly, public education on cancer is conducted. After the screening is complete, individuals in need will be linked to care and treatment, followed by palliation.
- ii. Over the past decade, the Ministry has made the following interventions, such as increasing the Ministry's imaging capacity. There have been advances in radio therapeutics, radiation and the extension of the Ministry's infrastructural footprint at both St. James and the recently opened Cancer Centre of Trinidad and Tobago.

- iii. Surgical procedures have been improved to use laparoscopic surgeries and more minimally invasive surgeries.
- iv. There was also a switch to digital platforms and an expansion of blood testing capabilities.
- v. To increase capacity in specialised areas, the Ministry offered eight scholarships last year for the DM in oncology and the Doctor of Medicine in Oncology. Eight doctors have started their training in January 2025.
- vi. Increased clinical trial and research collaboration with agencies overseas.
- vii. The Ministry also introduced more brachytherapy and LINAC training.
- viii. More MRI and CT scans are to be installed in the south in 2025. The first MRI was installed in St. James in 2024.

Cancer Centre in South Trinidad

- i. The Cancer Centre Trinidad and Tobago - South was officially launched on December 14, 2024. This new centre was made possible through an agreement between Heritage Petroleum and the Ministry of Health that involved the leasing of the Augustus Long Hospital on a long-term basis to the South-West Regional Health Authority for repurposing of the building to house cancer services which forms part of the national grid for cancer care at this time.
- ii. Services that were formerly at the San Fernando General Hospital are now at the Cancer Centre. There is also an outpatient clinic setting. The move will be finalised by the end of January.
- iii. Chemotherapy services will be relocated, and considering the Ministry's spectrum of care, a fifteen (15) bed palliative care unit will be established, with future diagnostic capabilities anticipated within the next two years.

Lung Cancer Treatment Facility

- i. The North Central Regional Health Authority manages a thoracic surgical department and offers two tiers of services. One tier focuses on engaging in outreach such as exhibitions at schools. The other tier provides lung cancer surgery and diagnosis.
- ii. The department received a body plethysmograph, which is one of the high-end pieces of equipment. The commissioning of this equipment exponentially increases the department's ability to diagnose adequately. Another plethysmograph will be commissioned before the end of January.

Male-centred initiatives

- i. Fewer men actively seek out preventative health care compared to women.
- ii. The major issues affecting men include prostate cancer and lung cancer.
- iii. In 2024, for the first time in Trinidad and Tobago, the Ministry launched the finger-prick blood sample for PSA testing. With this testing, a patient can receive their results in five minutes.
- iv. The Ministry set a target of twenty thousand (20,000) men to know their status within one year. At the first screening, there were roughly five thousand men (5,000).

- v. Prostate screening is available at the mass influenza vaccination sites currently ongoing.
- vi. The Minister is satisfied with the turnout of men, and plans are in place to expand the screening initiatives.
- vii. Mount Hope has worked on creating a “habitable environment” to facilitate the encouragement of males to attend. This included the provision of other activities, such as barbering, pedicures, manicures, and facials, to create a relaxing and non-threatening environment. To date, they have had five thousand men (5,000), with an average of one thousand men (1,000) showing up in one day for testing.
- viii. Test results are also streamlined, so men whose results highlight anomalies and require extra care can be sent to specific clinics.
- ix. In the first rounds of new novel PSA testing, results showcased between seven and ten percent of men who had elevated PSAs. Early detection and linking to care helps address the impact of cancer on men’s lives.

Patient Records Management

- i. The Minister stated that over the years, patients have been inconvenienced by the issue of lost files.
- ii. In 2023, the Ministry began laying the groundwork for the adoption of technology in four key areas. One of these areas is the Picture Archiving and Communication System (PACS).
- iii. All images and reports are stored on the PAC system, and for the first time in Trinidad and Tobago, the RHAs can see and share photos across the PAC system.
- iv. Different RHAs are at different stages, but at the end of January, all images should be available through the PAC system across all RHAs.
- v. The lab information system, like the PAC system is now being integrated. The Ministry is also now using e-prescriptions.
- vi. The Minister stated that RHAs have begun the process of digitising files and are currently undertaking the scan on demand.
- vii. In the first instance, the most active files (i.e. the patients who visit RHAs most frequently) will be digitised. Files of deceased patients from decades ago
- viii. The department received a body plethysmograph, which is one of the high-end pieces of equipment. The commissioning of this equipment exponentially increases the department’s ability to diagnose adequately. Another plethysmograph will be commissioned before the end of January.
- ix. It was stated that regardless of any treatment modality at the five emergency departments, the system is paperless. All members of staff – doctors, nurses and auxiliary staff have access to the computers and equipment and can create electronic records for patients.
- x. Through digitisation, results are almost instantaneous.
- xi. It was reported that the system is interconnected and staff can see and report on X-rays and CT scans at the four RHAs in Trinidad.
- xii. This digital thrust also extends to the primary care network. Doctors in primary care can also see the images. Additionally, the system for generating e-prescriptions in the primary care setting is also well advanced.

- xiii. The South West Regional Health Authority has started e-referrals, where referrals are electronically generated and sent directly to major hospitals and vice versa.

Access to patient records

- i. There is no policy to deny patients and/or their designated next of kin from accessing their files. However, the patient must authorise the release of their medical records.
- ii. Files will not be released to persons who are not the designated next of kin or the patient themselves.

Protection of Data

- i. The Ministry of Health is working with the Ministry of Digital Transformation to ensure that there is a proper structure to secure data.

Lifestyle diseases in children

- i. The Minister indicated that it is difficult to measure the impact of any one intervention.
- ii. The Ministry banned the sale of sugary beverages in schools, but states that the onus remains on parents to ensure healthy food and drink options at home.
- iii. The STEPS survey may provide some data on the overall impact of changes in consumption.

Food Consumption Survey

- i. A follow up on the Food Consumption Survey will be conducted. The Ministry has begun initial phases of planning for the survey in collaboration with the FAO and the World Food Programme.
- ii. It is hoped that the survey data will provide a more in-depth look at what people consume on a daily basis.
- iii. The Ministry aims to utilise a telesurvey, where phone devices can be used to conduct the survey.
- iv. The survey is tentatively set for the first quarter of 2025 for the start of data collection. The survey takes approximately two to three months to complete.

Staff shortages and skills gaps

- i. The shortage of specialised staff/staff trained in subspecialties in the medical field is a global challenge.
- ii. The Ministry takes every effort to recruit from abroad at the subspecialist and specialist level.
- iii. One of the subspecialties with an existing shortage of doctors is endocrinology.
- iv. Other medical specialists mentioned were speech therapists to support behavioural services. RHAs try to source persons from overseas who are interested in providing services. Some of these services are available at the North Central Regional Health

Authority. There are also individuals interested in neonatologists and transplant surgeons.

- v. Two speech therapists have been interviewed and recruited and are currently working at the Arima General Hospital's newly formed behavioural unit.
- vi. In addition, two paediatric behavioural psychologists have been recruited.
- vii. While nurses are being constantly recruited, there is some difficulty finding specialist nurses.
- viii. NCRHA CEO stated that they do have neonatal nurses within the establishment, and there are currently no vacancies.
- ix. The standards of training were also stated to be higher in Trinidad and Tobago. Locally, the authorities tend to have higher standards in terms of qualification, training and duration of training.
- x. The NCRHA is currently engaging in recruitment specifically for the Arima General Hospital.

Foreign nationals accessing healthcare services

- i. The Minister stated that the policy that was adopted since June 2018 was that foreign nationals can access all public health services, for example, vaccines. Foreign nationals can access maternity care as well as care, free of charge, at any local A&E department.
- ii. The Minister stated that the Ministry cannot take or accept money from anyone, whether it be a local or a national.
- iii. The Ministry is not currently pursuing Medical Tourism, as it is focused on meeting local demand for healthcare services.

Access to care

- i. It was stated that there is a finite number of patients who need to access emergency care and are related directly to NCDs, these patients usually have a lifestyle dis
- ii. The NCRHA stated that it adopted a three-tier approach to treatment.
- iii. The first tier involves patients through activities such as wellness clubs, encouraging lifestyle changes. Through the theoretical transformation model, patients are encouraged to engage in physical activity. The activities offered through this wellness drive are free, for example, at the Eddie Hart grounds, yoga and aerobics are offered daily. Lifestyle changes contribute to fewer patients coming into the system.
- iv. At the Primary care facilities, the NCRHA has undertaken refurbishment and systemic works at the Chaguanas District Health Facility and opened a premium emergency department to engage with patients who would have previously gone to the Eric Williams Science Complex. It was further explained that at Chaguanas, there are approximately one hundred (100) patients who would have previously been transferred and are now accessing care at district health facilities.
- v. Similar refurbishments are now being conducted at the Arima District Health Facility, and this project is expected to be completed by the end of the month, as mandated by the Ministry of Health.

- vi. The CEO of the NCRHA stated that they will have inherent capacity at the Arima District Health Facility to engage in treatment of patients that would have previously been transferred.
- vii. The NCRHA is working on stopping patients from needing to access emergency care.
- viii. The capacity at district health facilities is being enhanced to deal with the emergency treatment of some patients, which would help decrease the number of persons being transferred to the Eric Williams Medical Services Complex.

Boarded Patients

- i. Boarded patients refer to those patients whom a Doctor would have seen
- ii. There is an overflow of boarded patients at the Couva Medical Facility. The NCRHA has hired EMTs as part of one phase to manage the overflow.
- iii. Nurses initially triage patients who have engaged the department. Emergency medical technicians support the nurses. These technicians do routine checks on these patients.
- iv. Additionally, liaison house officers have also been hired to facilitate the care of boarded patients.
- v. Additional doctors whose sole responsibility is to ensure care for boarded patients have been hired. A senior emergency physician is managing this.
- vi. A general manager of secondary and tertiary services has been recruited, and they are responsible for the daily monitoring of the input and output of persons in the wards. Once an overflow is noticed, other hospitals will be engaged. Patients will be transferred to Arima General Hospital or Couva.

CTAS system in A&E

- i. An A&E is not “first come, first served,” it is “worst come, first served.”
- ii. Trinidad and Tobago utilises the Canadian Triage Acuity System (CTAS). This system prioritises treating the most acute and severe cases first.
- iii. CTAS is ranked in five levels.
 - Level one requires persons to be seen immediately;
 - Level two emergent refers to patients who need to be seen within fifteen minutes;
 - Level three is considered urgent and must be seen in less than thirty (30) minutes. This time is benchmarked internationally.
 - Level four: less urgent, which is less than sixty (60) minutes;
 - Level five: refers to non-urgent cases. The usual wait time is less than one hundred and twenty minutes (120)
- iv. Previously, triage would have been nurse-led alone. The Ministry has implemented a policy stating that a nurse must be assisted by a doctor or work under full doctor supervision during triage.
- v. Doctors will perform assessments to determine what category a patient falls into and then determine what treatment is required.

- vi. The Ministry of Health also included a system of monitoring and evaluation that has standardised observing wait times across all A&Es in the country. Subsequently, all five RHAs have developed an M&E tool together with the quality departments of each RHA.
- vii. RHAs were engaged in measuring the wait times based on the CTAS scale to see the performance of varying A&Es against international benchmarks.
- viii. The Ministry will receive preliminary data by the first quarter of 2025.
- ix. At the SWRHA, levels one and two were observed – these would include gunshot wounds and motor vehicle accidents. These levels are seen immediately. Levels four and five refer to patients who tend to walk in or self-refer, and these patients do not require ward care. There are complaints about the wait time at these levels. At this level, care should be sorted in two hours; however, in reality, it may be a bit longer.
- x. Within the last fifteen to eighteen months, following the NCRHA, the SWRHA have instituted a community liaison clinic.
- xi. The community liaison clinic is a general practice clinic within the emergency department, and primary care doctors within health centres are utilised and rotated into this system.
- xii. Patients at the four and five-level hospitals would be transferred to health centres to ease the burden in emergency departments.
- xiii. In terms of NCDs, patients at level three will eventually get admitted if they have a complicated illness on account of chronic diseases such as heart attacks, evolving strokes and infections. On average, persons at this level will be triaged in ten to fifteen minutes. It would then take two to four hours to see a doctor and a further two to four hours to do tests and investigations.
- xiv. It was stated that at the level one and level two, KPIs are met, and while at level four and five, there may be a longer-than-average wait time, KPIs are met mainly. KPIs at level three are largely maintained.

Tracking and Monitoring of Complaints

- i. In 2015, the MoH reported 1.5 million patient interactions. Of the 1.5 million patient interactions, there were 6,612 complaints. The resolution rate was 74%.
- ii. There was a 53% satisfaction rate in the way complaints were dealt with.
- iii. In 2024, the MoH reported a 2.2 million patient interaction, however, the number of complaints reduced from 6,612 to 2,095. The satisfaction rate increased from 53% to 75%.
- iv. The RHAs work with the quality departments. Complaints can be made through the designated telephone hotlines or in person at the offices.
- v. Persons who make complaints are contacted within 24 hours and the issue is investigated.
- vi. The satisfaction rate at SWAHA is similar to the national average and is currently at 75%.
- vii. At the NCRHA, complaints are reported directly to the Board via the quality committee. The NCRHA also has a Service Improvement Committee, which engages in activities to create improved experiences for clientele. This included the presence of liaisons

and ambassadors at the entrances to direct individuals to the correct locations for their appointments.

Extended opening hours for health facilities

- i. Outreach health centres are opened for two or three days a week. Regular health centres are open Monday to Friday, 8:00 am to 4:00 pm. These provide services for individuals with chronic diseases, such as antenatal care and immunisations.
- ii. Enhanced Health Centres are centres located near an Accident and Emergency Department and feature a general practice clinic that caters to patients at class four and five levels. These ease the burden on A&E departments. There is a health centre component as well as a GP clinic. The health centre component operates from 8:00 am to 4:00 pm, and the GP clinic operates from 8:00 pm to 10:00 pm or midnight.
- iii. District health facilities are the last component of the health centres and usually contain a health centre as well but also has an adjunct accident and emergency department. Examples include the Chaguanas District Health Facility as well as the Couva District Health Facility. The health centre of the District Health Facility is open from 8:00 am to 4:00 pm, and the A&E part is open for 24 hours every day.
- iv. IV. Based on utilisation reports and proximity from one health centre to the next, there may not be a need for all centres to be opened every day. This data determines the opening hours as well as how often each centre will be opened.

Collaboration with NGOs

- i. The MoH works very closely with the Diabetes Association of Trinidad and Tobago and the Cancer Society of Trinidad and Tobago. The Ministry also works with the Ayanna S. Dyette Foundation for Cervical Cancer. Other NGOs include the Autistic Society of Trinidad and Tobago and Horses Helping Humans. The Ministry collaborates with NGOs to raise awareness about NCDs.
- ii. The Diabetes Association and the Cancer Society are recipients of grants and resources from the Ministry. There are eighteen NGOs that receive government subventions.
- iii. The Pharmaceutical Society is not an NGO, however the MoH has a strong collaborative relationship with them.

Monitoring and Evaluation of Programmes

- i. All programmes and initiatives such as TT Moves and TT Moves Junior have a monitoring and evaluation component employed.
- ii. When programmes are launched, data will be collected based on reviews and participant feedback.

Alcohol consumption patterns during Carnival

- i. Overconsumption of alcohol is common during the Carnival period.

- ii. The Ministry of Health, along with NADAPP, release public advisories on how the population should conduct themselves during Carnival in terms of consumption of food and drink.
- iii. The MoH reiterates the importance of moderation of consumption patterns especially during the Carnival season.

Key Recommendations based on discussions

The following are key recommendations from discussions:

- i. Regulation of Vaping and Tobacco Use**
 - It was recommended that the Ministry of Health consider amending the Tobacco Control Act to address the increasing use of vaping devices, particularly among school-aged youth.
 - The Committee urged the Ministry to formulate a clear policy position on vaping, supported by ongoing data collection and stakeholder engagement.
 - The Ministry was encouraged to expand preventative education efforts in schools, including health sensitisation sessions to reduce youth vaping.
- ii. Regulation of Unhealthy Foods and Nutritional Awareness**
 - Committee Members proposed the introduction of front-of-package labelling legislation to better inform consumers about sugar, fat, and salt content.
 - A recommendation was made to consider fiscal measures, such as taxation, on unhealthy foods to discourage overconsumption.
 - It was suggested that the Government regulate the advertising of fast food products, especially to children.
 - The Ministry was advised to follow up on prior agreements with fast food chains to include healthier menu options and ensure voluntary commitments are upheld.
- iii. Expansion of Follow-up re: Male-Focused Health Programmes**
 - A call was made to strengthen follow-up systems for individuals with abnormal screening results to ensure timely linkage to care.
- iv. Integration and Modernisation of Health Records**
 - Given increased digitisation efforts, strong cybersecurity measures were advised to protect patient confidentiality and system integrity.
- v. Patient Access and Confidentiality Protocols**
 - The importance of maintaining strict confidentiality protocols, especially with digital records, was emphasised to prevent unauthorised access.
- vi. Evidence-Based Policy and Monitoring**
 - The Committee emphasised the need to evaluate the effectiveness of prior interventions, such as the ban on sugar-sweetened beverages in schools.

This public hearing can be viewed on demand via our YouTube Channel.

[24th Meeting -JSC Social Services & Public Administration - January 15, 2025 -NCDs](#)

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Committees Unit

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