

# STATES OF JERSEY



## **PROPOSED GOVERNMENT PLAN 2023- 2026 (P.97/2022): FIFTEENTH AMENDMENT**

### **OFF-ISLAND MEDICAL TREATMENT**

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Lodged au Greffe on 28th November 2022  
by Deputy R.J. Ward of St. Helier Central  
Earliest date for debate: 13th December 2022

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**STATES GREFFE**

PROPOSED GOVERNMENT PLAN 2023-2026 (P.97/2022): FIFTEENTH  
AMENDMENT

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**PAGE 2, PARAGRAPH (e) –**

After the words “Appendix 2 – Summary Tables 5(i) and (ii) of the Report” insert the words –

“, except that, in Summary Table 5(i) to allocate funds to enable the extension of the provision of travel for individuals accompanying patients travelling out of the island to receive treatment arranged by the Health and Community Services Department, such funding to be informed by a review of the process by which travel is provided and purchased for travel, in order to ensure the provision is patient centred and the best value for money is being achieved –

- (i) the Head of Expenditure for Health and Community Services should be increased by £734,000.
- (ii) the Head of Expenditure for the Cabinet Office should be reduced by £734,000, with a proportion of the reduction to be allocated to the funding for each of Modernisation and Digital, and Strategy and Innovation”

**Note:** After this amendment, the proposition would read as follows –

**THE STATES are asked to decide whether they are of opinion –**

to receive the Government Plan 2023–2026 specified in Article 9(1) of the Public Finances (Jersey) Law 2019 (“the Law”) and specifically –

- (a) to approve the estimate of total States income to be paid into the Consolidated Fund in 2023 as set out in Appendix 2 – Summary Table 1 to the Report, which is inclusive of the proposed taxation and impôts duties changes outlined in the Government Plan, in line with Article 9(2)(a) of the Law;
- (b) to approve the proposed Changes to Approval for financing/borrowing for 2023, as shown in Appendix 2 – Summary Table 2 to the Report, which may be obtained by the Minister for Treasury and Resources, as and when required, in line with Article 9 (2)(c) of the Law, of up to those revised approvals;
- (c) to approve the transfers from one States fund to another for 2023 of up to and including the amounts set in Appendix 2 – Summary Table 3 in line with Article 9(2)(b) of the Law;
- (d) to approve each major project that is to be started or continued in 2023 and the total cost of each such project and any amendments to the proposed total cost of a major project under a previously approved Government Plan, in line with Article 9(2)(d), (e) and (f) of the Law and as set out in Appendix 2 - Summary Table 4 to the Report;

- (e) to approve the proposed amount to be appropriated from the Consolidated Fund for 2023, for each Head of Expenditure, being gross expenditure less estimated income (if any), in line with Articles 9(2)(g), 10(1) and 10(2) of the Law, and set out in Appendix 2 – Summary Tables 5(i) and (ii) of the Report, except that, in Summary Table 5(i) to allocate funds to enable the extension of the provision of travel for individuals accompanying patients travelling out of the island to receive treatment arranged by the Health and Community Services Department, such funding to be informed by a review of the process by which travel is provided and purchased for travel, in order to ensure the provision is patient centred and the best value for money is being achieved –
- (i) the Head of Expenditure for Health and Community Services should be increased by £734,000.
  - (ii) the Head of Expenditure for the Cabinet Office should be reduced by £734,000, with a proportion of the reduction to be allocated to the funding for each of Modernisation and Digital, and Strategy and Innovation;
- (f) to approve the estimated income, being estimated gross income less expenditure, that each States trading operation will pay into its trading fund in 2023 in line with Article 9(2)(h) of the Law and set out in Appendix 2 – Summary Table 6 to the Report;
- (g) to approve the proposed amount to be appropriated from each States trading operation’s trading fund for 2023 for each head of expenditure in line with Article 9(2)(i) of the Law and set out in Appendix 2 – Summary Table 7 to the Report;
- (h) to approve the estimated income and expenditure proposals for the Climate Emergency Fund for 2023 as set out in Appendix 2 – Summary Table 8 to the Report; and
- (i) to approve, in accordance with Article 9(1) of the Law, the Government Plan 2023-2026, as set out at Appendix 3 to the Report.

## REPORT

### Abstract

This amendment sets out the provide the funding for any outcomes of a review of the provision of accompanying flights for off island medical treatment arranged through the health department. It does not include private health provision. It is a result of ongoing concerns regarding patients not receiving adequate assistance with travel accompaniment of a loved one or carer when facing off island travel. It seeks to enable an extension of the current criteria outlined below for accompanying travel that currently exist and create specific limitations to who will travel.

### Background - Health and Community Services Travel Policy

The current policy for travelling to the UK or Guernsey for medical treatment is outlined in [Patient Travel and Related Costs Policy - Revised October 2020](#). It can also be found on the Government Website at [Patient travel to the UK or Guernsey \(gov.je\)](#) where it explains how to book patient travel. The policy provides details about how patients having [publicly-funded treatment](#) can arrange travel through the Health and Community Services (HCS) Travel Office. In certain circumstances some patients are eligible to have the travel costs of one relative or friend escorting a patient.

[WQ.247/2022](#) to the Minister for Health and Social Services was asked which patients qualified for travel costs to be met for a travel companion to accompany the patient when travelling for off-island treatment. The answer listed the following patient groups:

- Under the age of 18
- Over the age of 75
- Medical reason authorised by their consultant e.g., severe epilepsy, neurological deficit
- Cancer patients for Planning Day and radiotherapy/chemotherapy treatment only

The [Patient Travel and Related Costs Policy - Revised October 2020](#) also states that in exceptional circumstances, both parents (on another immediate close relative if deemed appropriate) may need to accompany the child for an episode of care.

In [WQ.247/2022](#) the answer also provided the following additional information:

*“As discussed with the Deputy at their meeting with the Minister and her officers on 5 August 2022, the Minister is exploring changes to the existing policy and has instructed officers to explore the financial implications of any changes. The Minister recognises that compassion is needed when it comes to travel arrangements for off island treatment, and that we must recognise that patients will require different levels of support and that it may not be appropriate to assume what this may be using a pre-set criterion, such as the age of the patient. In the immediate future, the Minister has asked officers to ensure efforts are made to support requests from patients for a travel companion that would fall outside the existing policy. In the longer term, the Minister is considering a permanent change to policy. The change would be to remove all requirements placed on travel companions so as to allow any and all Islanders travelling off island for treatment to have one individual accompany them for support. Such a policy change would incur a cost to the taxpayer and, as such, would require a proposal in the next*

*Government Plan once the relevant data has been collected and business case prepared before it is then considered by the Minister, Council of Ministers, the Health and Social Services Scrutiny Panel, and the States Assembly as part of the Government Plan process.”*

**The HCS Off Island Patient Travel Expenditure:**

<b>Spend Type</b>	<b>2020</b>	<b>2021</b>
Air Fares	648,938	734,158
Hotels	207,378	325,745
Other Travel	40,735	9,652
Taxis	203,189	164,645
<b>Grand Total</b>	<b>1,100,240</b>	<b>1,234,200</b>

This amendment allocates additional monies to enable the widening of provision beyond the current criteria in order that those facing off island travel for medical care have the choice to have an accompanying person to support them.

Part of this process needs to be an urgent review of the systems used to book flights and the associated costs. Most flights are booked at the last minute in order to ensure planned care is being undertaken. This creates huge financial pressure on anyone being asked to book their own flights at similar short notice and onto a specific flight. By reviewing the ability to book earlier and obtain refunds for flights not used, there is an opportunity for significant financial savings which may mean additional provision will create limited or no additional costs.

I note that there is a question over whether passenger duty tax is payable for cancelled flights and whether this element of the flight costs is reclaimed by the department of the third-party company used to book flights.

To conclude, this amendment extends the provision of accompanying flights beyond the current limited criteria in order to support islanders needing off island care. I have purposefully not produced a new set of criteria. Instead, I would see the provision as a default position of providing an accompanying flight unless there are specific reasons to not do so.

When we travel for health care, scans, surgery or other needs there is always an uncertainty of the outcome. Be it a reaction to medicines or anaesthetic. A reaction to bad news from a scan or simply the anxiety associated with hospital care that some experience. Having a family member or trusted friend provides essential support. This amendment seeks to increase this provision and look to provide the best and most value for money way of providing for the cost.

Further information is found here regarding data on off island travel.  
<https://statesassembly.gov.je/assemblyquestions/2022/wq.291-2022.pdf>

It details that:

*Of a total 1520 patients, 889 qualified for a paid travel companion. Patients may have been referred more than once and required multiple flights. In total this equated to 4523 patient flights and 2284 paid travel companion flights.*

This leaves a number of patients that do not qualify for accompanying flights. Here is a summary table of the information received.

Criteria	Total
<b>Question a)</b>	
Number of patients who qualified for a paid flight for a travel companion	Of a total 1520 patients, 889 qualified for a paid travel companion. Patients may have been referred more than once and required multiple flights.  In total this equated to 4523 patient flights and 2284 paid travel companion flights.
Of the number of patients who qualified for a paid flight for a travel companion, the number who were under 18 years	In this age group all 263 patients qualified for a travel companion.
Of the number of patients who qualified for a paid flight for a travel companion, the number who were over 75 years	In this age group all 218 patients qualified for a travel companion.
Of the number of patients who qualified for a paid flight for a travel companion, the number who had a medical reason authorised by their consultant	408 patients between the age of 18-74 qualified for a travel companion which was authorised by their consultant.
Of the number of patients who qualified for a paid flight for a travel companion, the number with cancer and attending a planning day	The current system does not allow us to report on this data therefore further time and resources would be required to get the data.
Of the number of patients who qualified for a paid flight for a travel companion, the number with cancer and attending radiotherapy treatment	The current system does not allow us to report on this data therefore further time and resources would be required to get the data.
Of the number of patients who qualified for a paid flight for a travel companion, the number with cancer and attending chemotherapy treatment	The current system does not allow us to report on this data therefore further time and resources would be required to get the data.

## **Financial and manpower implications**

The cost of flights for off island treatment in 2021 was £734,158. It is difficult to estimate the additional funding needed. There are specific reasons:

1. There are inefficiencies current system for purchasing travel which needs a significant review both of underlying principles and the provider of the service.
2. The cost of flights given does not include the proportion of those who currently qualify for an accompany flight.
3. The *maximum* cost could therefore be considered £734,158 if the figure given did not include any accompanying flights. From Written question 291/2022 linked above it states:

*Note: the figures below include medical escorts, not just travel companions. The current system does not allow us to separate the data therefore further time and resources would be required to report solely on travel companions.*

4. The question of refund of passenger duty tax for cancelled flights needs to be addressed.
5. I would suggest monies are released in tranches of £250K in order to encourage the development of a more efficient system. In this way monies may not be needed.

## **Options for funding**

Monies can come from the Government's 2023 funding of the Modernisation and Digital team as this may be part of a process of linking health records with travel needs and make long term savings in efficiencies of bookings by developing systems we can use in conjunction with airlines.

Monies can also be allocated from the 2023 funding of the Strategy and Innovation team. The outcomes could help inform health travel strategies and produce long term efficiency improvements.

A combination of these funds can be used to allocate monies proportionally according to best use of the funds.