

3.19 Deputy N.B. Le Cornu of the Minister for Health and Social Services regarding charges for treatment or advice at the Accident and Emergency Department:

Can the Minister clarify under what statutory provisions charges for treatment or advice are currently levied on patients using accident and emergency facilities in the General Hospital and state which patients are charged at what rates, and how and when such charges are collected from patients?

The Deputy of Trinity (The Minister for Health and Social Services):

The Health and Social Services Department does not charge anyone for advice, assessment and/or treatment when they present with an acute episode in the Emergency Department.

The Bailiff:

Deputy, do you wish a supplementary?

Deputy N.B. Le Cornu:

No, thank you.

3.19.1 Deputy G.P. Southern:

Are there circumstances in which the department does charge, and, if so, what are those circumstances?

The Deputy of Trinity:

As I said, none within the Emergency Department but if they fall in the policy and they need to go on to have emergency surgery or admission to a ward, then they are charged, if they fit the policy.

3.19.2 Deputy G.P. Southern:

Fitting the policy provides no answer whatsoever. What is the policy under which members of the public who turn up at A. and E. (Accident and Emergency) will be charged?

The Deputy of Trinity:

It is those who are either not residential qualified or fall ... those who fall within reciprocal health agreements are not charged. Those without residential qualifications.

3.19.3 Deputy G.P. Southern:

Does residential qualification include under 5 years residence.

The Deputy of Trinity:

No, it does not. I am very happy to forward the link to the policy to all States Members so they can understand it fully.

3.19.4 Deputy M.R. Higgins of St. Helier:

The Minister, I think, in her first answer mentioned there were no charges for acute services. That is fully accepted that if there is an emergency, people should not charge. Does the department charge anyone other than people who are not covered by the health scheme that she is just referring to? Do they make any other charges and, if so, going back to the original question, on what basis are they doing it? What law and what provisions?

The Deputy of Trinity:

There are a couple of questions there. Is there any way that we charge for those who are entitled to care? So there are some incidents that are not included in the free health care and

treatment that would incur some cost, such as syringes and bandages. Just to remind Members, this is not a legal or strategy document. States Members will recall that health charges for non-qualified people were introduced in 2004 in response to this Assembly tasking my department to produce a robust policy to tackle health tourism. Like all Ministers in power to check policy and making orders for levying of charges, I feel it is appropriate. The Assembly determined that it was necessary to do so to protect public health services in Jersey that are funded by Jersey taxpayers.

3.19.5 Deputy M.R. Higgins:

The Minister again failed to answer the question. On what legal basis are any charges made? What laws, what orders ... please tell us what the legal basis is for any charges.

The Deputy of Trinity:

I thought I answered the question very clearly. The patient charging policy is not a legal or strategy document. It was the response to this Assembly, tasking my department to produce a robust policy to tackle health tourism.

3.19.6 Deputy R.G. Le Hérissier:

Would the Minister not acknowledge that the pressure for charging she has felt because of the increased use of A. and E. is ultimately down to the charges made in G.P. (General Practitioner) practices, particularly, for example, to families who have sick children who are now bearing an extraordinary burden?

The Deputy of Trinity:

Yes, I understand where the Deputy is coming from with that question and that is why it is important that the primary care review is undertaken and it is in the process of being undertaken, because it is an issue, the cost of going to G.P.s. If it is appropriate to come to A. and E., they should always come to A. and E.

3.19.7 Deputy R.G. Le Hérissier:

Is the Minister aware that a large part of the increased usage at A. and E. is because of the doctors' charges?

The Deputy of Trinity:

I thought I clarified that. Yes, it is just under a half of patients that do go to A. and E. could be seen by G.P.s but it is very difficult to turn anyone away that presents in A. and E.

The Bailiff:

Do you wish a final question, Deputy Le Cornu?

Deputy N.B. Le Cornu:

No, Sir. Thank you.