

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY P.V.F. LE CLAIRE OF ST. HELIER
ANSWER TO BE TABLED ON TUESDAY 24TH FEBRUARY 2009**

Question

“Would the Minister advise how much money has been saved by the Health and Social Services Department in each year since the introduction of a means tested travel policy?”

What other medical charges, if any, do patients have to pay for when receiving treatment as patients in the United Kingdom or elsewhere when they have been sent by the States for treatment off-Island in a non-private capacity?”

Answer

It is a fact that there has been a long term increase in the number of patients and clients who require treatment and care in specialist centres on the mainland. Generally, the increase has been approximately a 7% increase per year. This increase is largely accounted for by the expansion of effective treatments as well as the increase in actual numbers of long standing treatments.

My Department’s Travel Policy has always been subject to a ‘means test’ since its introduction over ten years ago now. It was introduced to keep travel costs within my Department within a budget, rather than as a mechanism in itself to save money.

As I observed when I last replied to a similar question from the Deputy, the Travel Policy for the Department has not changed in any real substance – what has changed is that the onus is now upon the patient or client (who might be seeking to travel to the UK at the taxpayer’s expense) to provide documentary evidence that their financial circumstances are such that they are eligible for this. This change has made the strict policing of this policy somewhat easier to apply. No longer do seemingly wealthy individuals park their large cars close to the Travel Office and then seek to convince very junior members of staff that their financial circumstances are so dire that they require assistance from the taxpayer to travel to the mainland.

Clearly, it is extremely difficult – some would say impossible - for my Department to identify how many patients are *not eligible* for States assistance with travel. The estimate is that approximately 20% of patients who previously sought States assistance in dubious circumstances have been identified explicitly as now not being eligible for travel assistance. This is another way of saying that due to the vigilance and professionalism of my staff in seeking full compliance with the Travel Policy, £160,000 per annum has been saved for the taxpayer. This sum is invested back into services for patients being treated on the mainland as a contribution towards the increased cost of such care, which I referred to in my first paragraph above.

Finally, I would like to confirm to the Deputy that those patients and clients who are eligible for States assisted travel do not have to pay any other fees or costs – beyond the cost of any refreshments or other personal purchases which any visitor to the UK may wish to make.