

### **3.4 Deputy R.G. Le Hérissier of the Minister for Health and Social Services regarding the reduction in ‘Health Tourism’:**

Could the Minister describe what steps, if any, have been taken to reduce health tourism and advise whether or not they have been successful?

#### **Deputy E.J. Noel of St. Lawrence (Assistant Minister for Health and Social Services - rapporteur):**

Health tourism is a generic term to describe patients and clients who come to Jersey for the express purpose of accessing our Island’s high quality health and social services because services are of a quality or not available in host countries. Suspect health tourists have grown rapidly in the last 2 years and it is causing considerable pressure on Health and Social Services’ resources and cash limits. We hope the Deputy will understand that if we do not go into more specific detail and explain how it occurs, the rationale for this is, because it would inform the individuals who try and take advantage of our services to better understand how to abuse our excellent health and social care systems with more confidence than they already do. To manage this growth problem, H.S.S. (Health and Social Services) staff are adopting a more rigorous approach to assessing individual patients’ circumstances when attending clinics. Inevitably, many are still able to slip through with carefully considered answers to our questions and the detection rate remains low. We believe that only a clearly-agreed policy will address the fundamental problems and make sure that only genuine patients and their clients receive the care free of charge. Work has been ongoing for some time by officers in our department, but we are hopeful that you will appreciate that this is a highly complex and emotive area. We have recently produced a revised policy which will hopefully be available for limited consultation and at least to Scrutiny later this week.

#### **3.4.1 Deputy R.G. Le Hérissier:**

I wonder, in that slightly disappointing reply, whether the Assistant Minister could define the areas where the pressure is most being felt from health tourism and whether his department is targeting these areas?

#### **Deputy E.J. Noel:**

Again, without ... I feel a bit like a tax collector here where you do not want to state where the loopholes are so that people can take advantage of them. There are 2 main areas: one is in highly-specialised surgical procedures and in drug requirements where individuals claim residency and then attend a G.P. (general practitioner) knowing that they have a serious condition that requires complex or expensive treatment. The second large area is in the care of our older people and in nursing homes and this is where individuals come to an elderly age in their own country and then move to Jersey where they have adult children and after a short period of time then can no longer live with those children and then enter our elderly care.

#### **3.4.2 The Deputy of St. John:**

Could the Assistant Minister tell us where, in general, the health tourists come from? Identify the countries, if at all possible? Who is paying for the surgery? I believe he has partly answered that, but can he confirm that it is being paid for out of the taxes and Social Security budget in Jersey?

#### **Deputy E.J. Noel:**

I think it would be inappropriate to name specific countries because they are quite wide-ranging and depend on individual circumstances; it is not just isolated to one or two jurisdictions. I can confirm that indeed the secondary care is coming out of the Health and Social Services' budget and the primary care, which is the visits to the G.P.s, are coming out of the Social Security funds.

### **3.4.3 The Deputy of St. John:**

A supplementary on that. So it is for the Minister or Assistant Minister to answer questions put to him at this time, not to fluff it and say he does not want to give that information? Question time is here and when it was put together before Ministerial it was that we could get the information out of the Ministers and if it took 20 minutes to answer the question they would have to answer it. We have to be able to get the information. That was agreed by this House at the time of setting up Ministerial government.

### **The Deputy Bailiff:**

The manner, Deputy, in which an Assistant Minister or Minister answers a question is a matter for the Assistant Minister or Minister and ordinary political consequences flow from that in due course. Now, Deputy Tadier.

### **3.4.4 Deputy M. Tadier:**

Very much in the same vein as the previous questioner. We have just heard from the Assistant Minister that it is inappropriate to name countries. We heard earlier in the first answer that we could not be given information for security reasons because of loopholes, as if in some way we are to believe that these health tourists are going to be sitting there scrolling through the Hansard of the States of Jersey. This basically beggars belief. Will the Assistant Minister simply admit that he does not have the information to hand and will he make an undertaking to come back to Members with the information in written form, rather than giving us these poor excuses?

### **Deputy E.J. Noel:**

I am not prepared to give the names of various countries where these people come from at this time (1) because I do not have the exact details of the relevant percentages from country to country and (2) it is extremely difficult to identify who is a health tourist and who is not a health tourist. So, the fundamental data is (1) at best not reliable and (2) it would not be appropriate to issue it in this form. I am happy to speak to Members privately to give an indication of the likely sources of health tourists, but I am not prepared to make that out into the public domain at this time.

### **3.4.5 Deputy M. Tadier:**

Very quickly. We have just heard from the Minister that he is happy to speak to Members privately. I mean, this completely undermines the whole purpose of question time, which is to be taken in public. I would suggest that any information that he does impart to Members in private, it should be just as easily done in public. Will the Assistant Minister agree to share any information that is requested with Members publicly?

### **Deputy E.J. Noel:**

The information that we have, because of the nature of it, is not necessarily reliable. It is not statistically accurate information. It is only indicative. So, at this moment, I am not prepared to put into the public domain indicative information.

#### **3.4.6 Senator J.L. Perchard:**

Is the Assistant Minister satisfied that there are robust procedures in place for frontline practitioners to identify a health tourist, yes or no?

#### **Deputy E.J. Noel:**

At this moment of time the current policy is not as robust as we would like it to be. It is extremely easy for a health tourist to circumnavigate the limited policies that we have at present; however, a new policy has been drafted up and will be going out for limited consultation and to Scrutiny hopefully later this week.

#### **3.4.7 Senator J.L. Perchard:**

A supplementary, if I may. I assume that was a “no” answer; there are not robust procedures in place. Given that is the case, can the Minister give the Assembly some indication as to the likely recovery from the health tourist in terms of monies? How much in the first year, since the withdrawal of the Reciprocal Health Agreement, is the Health Department likely to recover from the health tourist?

#### **Deputy E.J. Noel:**

I believe that the good Senator is confusing 2 issues there. The Reciprocal Health Agreement is not about health tourism. Health tourism is about people moving to the Island purely to take advantage of our excellent health and social services. The Reciprocal Health Agreement is a separate issue and the 2 are not to be confused.

#### **3.4.8 Senator J.L. Perchard:**

Could I ask the Assistant Minister if he could give an indication as to how much the department is likely to recover in the first year since the withdrawal of the Reciprocal Health Agreement from the health tourist? A simple question.

#### **Deputy E.J. Noel:**

I believe that I have answered that in terms that the good Senator has confused 2 issues. To give an example of the amount of money that we are likely to save, with regards to health tourism, typically a highly specialised surgical procedure or drug requirement patient costs us in the region of £50,000 per year per patient. For the nursing care, older persons' care, that per client is costing us £80,000 per year. We just simply do not know how many such individuals we have because we do not have ... **[Interruption]**

#### **The Deputy Bailiff:**

Senator, you have asked your question. The Assistant Minister has given you the answer. You may not like it very much, but he has given it. Senator Ferguson.

#### **3.4.9 Senator S.C. Ferguson:**

To my knowledge the department has been promising to do something about health tourism for some years. Does the Assistant Minister not realise that this is taxpayers' money that he is throwing around so glibly and that the taxpayers are entitled to know exactly what their money is being spent on? Will the Assistant Minister undertake to bring the information that has been requested during this question time back to the House so that we can ... the taxpayers and this House can understand where the money is going?

#### **Deputy E.J. Noel:**

I agree entirely with Senator Ferguson, except on one area. We simply do not know, and have no means of knowing, how many health tourists we have. There is no way of being able to identify the number.

**Senator S.C. Ferguson:**

Is it not about time then that the department did something sensible to look at this?

**[Members: Oh!]**

**Deputy E.J. Noel:**

If the good Senator would listen to what I said, we have produced a policy into our form. It is going out to limited consultation and it is going to Scrutiny later this week.

**3.4.10 Deputy R.G. Le Hérissier:**

Would the Assistant Minister not acknowledge rather than becoming fortress Jersey, why does he and his opposite number in Social Security not negotiate an order that there are full reciprocal rights? For example, U.K. pensioners who arrive here cannot use their benefits for elderly care once they arrive? Why does he not fight and fight - given what Senator Perchard has said - for the reinstatement of the Reciprocal Health Agreement, which would avoid the kind of temptations we are seeing now?

**Deputy E.J. Noel:**

We would not only have to renegotiate with the United Kingdom to re-implement the Reciprocal Health Agreement, if they were willing to do so - which I do not believe they are - but we would have to do so with every other country in the world. It simply is not practical. What we need to do is have clear policy guidance here in our own jurisdiction to ensure that we put up sufficient barriers in place to prevent health tourism.