

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY M.R. HIGGINS OF ST. HELIER
ANSWER TO BE TABLED ON TUESDAY 29th MAY 2012**

Question

Will the Minister produce a table or tables showing :

- (a) the cost of medical insurance for each of the main divisions of the hospital for each year since 2006 to the present;
- (b) the average cost of medical insurance for each grade of personnel in each division for each year since 2006 to the present time; and,
- (c) give an explanation of any variances in the cost of cover?

Answer

- (a) Cost of Medical Insurance by Hospital Division

Division	2006	2007	2008	2009	2010	2011
Ambulatory Care	44,301	53,002	40,145	57,520	82,833	132,736
Clinical Support	26,581	20,101	23,658	23,378	29,366	35,918
Emergency Care	16,241	16,761	17,010	19,265	75,232	62,304
Hospital Mgmt & Admin	474,612	544,531	606,536	605,785	-	-
Inpatients	222,675	298,406	285,892	379,832	997,629	711,287
Theatres & Anaesthetics	13,479	19,777	19,874	18,782	45,127	52,667
Women & Children	2,891	7,048	4,060	7,660	21,930	20,640
Total	800,780	959,625	997,174	1,112,220	1,252,116	1,015,551

- (b) Average Cost of Medical Insurance Per Consultant by Hospital Division

Division	2006	2007	2008	2009	2010	2011
Ambulatory Care	4,397	4,816	4,097	4,320	4,808	4,565
Clinical Support	3,385	3,879	3,349	3,008	3,668	3,801
Emergency Care	5,794	8,625	8,355	5,594	7,725	5,411
Inpatients	35,058	27,771	36,120	30,603	34,796	34,513
Theatres & Anaesthetics	3,644	3,692	3,097	3,161	2,906	3,609
Women & Children	2,453	2,348	2,030	2,553	2,810	2,270
Total	54,730	51,132	57,049	49,240	56,713	54,168

Average Cost of Medical Insurance for Other Grades of Medical Staff

	2006	2007	2008	2009	2010	2011
All Other Medical Staff	8,030	9,735	10,433	10,810	12,377	9,483

(c) Explanation Of Variances:

- a. In 2010 the department changed the way that it coded medical insurance. Up to 2009 insurance paid for other medical staff was coded to Hospital Management and Administration. From 2010 the department has coded this insurance to each division.
- b. During 2011 the department retendered its contract for medical insurance. As a result from July 2011 the department changed its insurance provider which explains the major part of the reduction in spend on medical insurance in 2011.
- c. Inpatients include specialty consultant insurance for Obstetrics & Gynaecology in addition to Orthopaedic & Trauma which have seen significant increases in premiums since 2009.
- d. Consultants pay medical insurance in full and make a recharge for the public element of their insurance. If a claim is not made or is made in a subsequent financial year by the consultant there will be a distorting effect on consultant average cost of medical insurance year on year.
- e. Vacancies and changes in practices may affect the average cost of consultant insurances.