

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY THE DEPUTY OF ST. JOHN
ANSWER TO BE TABLED ON TUESDAY 8th JUNE 2010**

Question

Can the Minister give details of what health cover, if any, exists for anybody working on the Island who does not pay Social Security and explain what happens should a patient needing extended hospital care find that their company/private insurance cover has run out? Is the cost recovered from the patient, and if not, who pays?

Of those not paying Social Security and who are treated at the General Hospital what percentage of patients are not insured and how much has to be written off by the Health and Social Services Department annually?

How much has Health and Social Services spent in supporting patients since the reciprocal health agreement was terminated?

Answer

Under the terms of the current policy, the Health and Social Services Department provides free emergency treatment to all patients providing the treatment is physically delivered in the A&E department.

To be eligible for any further treatment free of charge, a patient must have been ordinarily resident on the Island for greater than three months. In the event that the patient is not ordinarily resident i.e. a visitor or if they have not been ordinarily resident for greater than three months then the necessary treatment will always be provided, but the patient will be charged the cost of providing that treatment.

In the event that the patient has appropriate insurance then H&SS will usually charge the insurance company directly. In some instances, depending on the insurance arrangements, the patient pays the charges and they will claim amounts back from their insurance company. If the patient's insurance has lapsed or does not cover them for specific treatments then the patient remains liable for the charges.

The percentage of patients treated who have insurance is more complicated to ascertain.

Public and visitors are not actually obliged to make H&SS aware if they have insurance so while the invoice for any treatment may go out to the patient it may ultimately be an insurance company that pays for the treatment.

For patients who are liable for the cost of their treatment it is estimated that circa 30% are not covered by insurance.

In the twelve months April 2009 to April 2010 the department has written off bad debts of £24,000 and factored i.e. sold, risky debts of £8,000 at 5% less than the invoiced amount to a third party debt factoring agency. Therefore the sum that has been written off in relation to chargeable patients is £24,400.

The total cost to the department of treating, or supporting, patients who are not currently eligible for free treatment can be identified as the amount that has been invoiced. The amount that has been invoiced for the twelve months April 2009 to April 2010 is £492,000.