

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY L.M.C. DOUBLET OF ST. SAVIOUR  
QUESTION SUBMITTED ON MONDAY 10th MARCH 2025  
ANSWER TO BE TABLED ON MONDAY 17th MARCH 2025**

**Question**

“Will the Minister advise –

- (a) whether he is actively considering introducing charges and, if so, for which services;
- (b) which services he is considering introducing charges for in future;
- (c) which services he considers will remain exempt from any charges; and
- (d) what criteria he is using to determine which services are 'core' and should continue to be delivered for free at point of access, and those which may be subject to a charge?”

**Answer**

H CJ currently levies a charge for several patient services (for example, contraception and radiology services) and some non-patient facing services (for example, licences issued under the Misuse of Drugs Law) in addition to charging patients who are not eligible for H CJ funded services.

The Minister is considering the potential introduction of new charges:

1. as a deterrent to misuse of services. For example, charging patients who:
  - do not attend an appointment and do not notify the Department of their non-attendance in advance. In 2024 patients failed to attend approx. 1 in 10 hospital appointments, which drives up waiting times and waste critical resources
  - attend the Emergency Department as opposed their GP for non-urgent care. In 2024 50% of attendance at ED were for minor illness which equates to around 28,000 attendances in total.
2. for some non-essential services, with a view to striking a balance between ensuring that all Islanders have fair, affordable access to services that are necessary to their health and wellbeing, whilst not creating an unsustainable financial burden for the Island. This is a critical given the known increasing costs of the health and care provision in Jersey, although the potential impact of charging for non-essential services on patient choice is recognised (or conversely, of not providing non-essential services). An example of a non-essential service is the homebirth service which is currently suspended.
3. for some services provided to non-residents including the provision of free care in the H CJ’s emergency department (except for where free care is provided under the terms of reciprocal care agreement).

This work is in its initial stages and, as such, the decision-making criteria (as referenced in (d) above) have not yet been developed. In accordance P.63/2003 any new charge for an existing service would need to be approved by the States Assembly prior to introduction.