STATES OF JERSEY

PROPOSED BUDGET (GOVERNMENT PLAN) 2026-2029 (P.70/2025):SIXTEENTH AMENDMENT

EMERGENCY DEPARTMENT FEE CHANGES

Lodged au Greffe on 21st November 2025
by the Health and Social Security Scrutiny Panel
Earliest date for debate: 8th December 2025

STATES GREFFE

PROPOSED BUDGET (GOVERNMENT PLAN) 2026-2029 (P.70/2025): SIXTEENTH AMENDMENT

1 PAGE 2, PARAGRAPH (b)(ii) –

After the words "in the Appendix to the accompanying report" insert the words –

", except that –

(a) on page 27, for the words "bringing forward two new fees to be introduced during 2026" there should be substituted the words "implementation in 2026 of the planned 'Did not attend' fees and the development of detailed proposals, that would be presented for approval by the States Assembly, for the introduction of fees encouraging the appropriate use of the Emergency Department"; and

(b) on page 28, for the words "Both fees will be introduced during 2026 after a period of advance public communications" there should be substituted the words "The 'Did not attend' fees will be introduced during 2026 after a period of advance public communications. However, the proposed Emergency Department fees will not be introduced until detailed, evidence-based proposals (including but not limited to ensuring that free access for genuine emergencies is not compromised and maintaining the safety and wellbeing of health care staff) have been presented to and approved by the States Assembly""

HEALTH AND SOCIAL SECURITY SCRUTINY PANEL

Note: After this amendment, the proposition would read as follows –

THE STATES are asked to decide whether they are of opinion –

(a) In accordance with Article 16 of the Public Finances (Jersey) Law 2019 (the Law) to approve an amendment to the Government Plan 2025 – 2028 (entitled "Budget 2025 – 2028") to a reduction in the 2025 head of expenditure "Grants to States Funds" as included in Table 5(i) Revenue Heads of Expenditure of that Government Plan from £119,821,000 to £69,821,000.

(b) To receive the Government Plan 2026 – 2029 (entitled "Budget 2026-2029") specified in Article 9(1) of the Law and specifically –

i. to approve the estimate of total States income to be paid into the Consolidated Fund in 2026 as set out in Appendix 2 – Summary Table 1 to the Report, which is inclusive of the proposed taxation and impôts duties changes outlined in the Government Plan, in line with Article 9(2)(a) of the Law.

ii. to refer to their Act dated 24th June 2003 in which they approved that no new 'user pays' charges be introduced without any such charge receiving prior in principle approval by the States Assembly and accordingly to approve the introduction

of two new charges, to be levied by Health and Care Jersey to promote appropriate use of the Emergency Department and for repeated non-attendance of outpatient appointments, detailed in the section entitled "Departmental Income Sources" as set out in the Appendix to the accompanying Report, except that –

(a) on page 27, for the words "bring forward two new fees to be introduced during 2026" there should be substituted the words "implementation in 2026 of the planned 'Did not attend' fees and the development of detailed proposals, that would be presented for approval by the States Assembly, for the introduction of fees encouraging the appropriate use of the Emergency Department"; and

(b) on page 28, for the words "Both fees will be introduced during 2026 after a period of advance public communications" there should be substituted the words "The 'Did not attend' fees will be introduced during 2026 after a period of advance public communications. However, the proposed Emergency Department fees will not be introduced until detailed, evidence-based proposals (including but not limited to ensuring that free access for genuine emergencies is not compromised and maintaining the safety and wellbeing of health care staff) have been presented to and approved by the States Assembly".

iii. to approve the proposed Changes to Approval for financing/borrowing for 2026, as shown in Appendix 2 – Summary Table 2 to the Report, which may be obtained by the Minister for Treasury and Resources, as and when required, in line with Article 9 (2)(c) of the Law, of up to those revised approval amounts.

iv. to approve the transfers from one States fund to another for 2026 of up to and including the amounts set in Appendix 2 – Summary Table 3 in line with Article 9(2)(b) of the Law.

v. to approve a transfer from the Consolidated Fund to the Stabilisation Fund in 2026 of up to £50 million, subject to a decision of the Minister for Treasury and Resources based on the availability of funds in the Consolidated Fund as at 31st December 2025 in excess of the estimates provided in this plan, or from budgeted underspends identified before 31st December 2026.

vi. to approve a transfer from the Consolidated Fund to the Agricultural Loans Fund in 2026 of up to £5 million, subject to a decision of the Minister for Treasury and Resources based on availability of funds in the Consolidated Fund as at 31st December 2025 in excess of estimates provided in this plan, or from budgeted underspends identified before 31st December 2026;

vii. to approve each major project that is to be started or continued in 2026 and the total cost of each such project and any amendments to the proposed total cost of a major project under a previously approved

Government Plan, in line with Article 9(2)(d), (e) and (f) of the Law and as set out in Appendix 2 – Summary Table 4 to the Report.

viii. to approve the proposed amount to be appropriated from the Consolidated Fund for 2026, for each head of expenditure, being gross expenditure less estimated income (if any), in line with Articles 9(2)(g), 10(1) and 10(2) of the Law, and set out in Appendix 2 – Summary Tables 5(i) and (ii) of the Report.

ix. to approve the estimated income, being estimated gross income less expenditure, that each States trading operation will pay into its trading fund in 2026 in line with Article 9(2)(h) of the Law and set out in Appendix 2 – Summary Table 6 to the Report.

x. to approve the proposed amount to be appropriated from each States trading operation's trading fund for 2026 for each head of expenditure in line with Article 9(2)(i) of the Law and set out in Appendix 2 – Summary Table 7 to the Report.

xi. to approve the estimated income and expenditure proposals for the Climate Emergency Fund for 2026 as set out in Appendix 2 – Summary Table 8 to the Report.

xii. to approve, in accordance with Article 9(1) of the Law, the Government Plan 2026-2029, as set in the Appendix to the accompanying Report.

REPORT

Summary

The purpose of this Amendment to the Proposed Budget (Government Plan) 2026-2029 (hereafter the "Budget") is to:

- Ensure the necessary assurances and safeguards have been identified prior to introducing the proposed fees including but not limited to: additional staffing and financial resources required, timeline of implementation, completion of a full risk assessment and consultation with the relevant Health Care staff, list of exemption criteria, training and policies that will underpin the application of the fee.

- Request the Minister for Health and Social Services to present the implementation plans to the States Assembly for final approval.

Rationale for the Amendment

The Health and Social Security Scrutiny Panel (hereafter "the Panel") has decided to bring this Amendment to the Budget to guarantee that proposed fees for Islanders are only introduced once important assurances and safeguards have been adequately developed, published and, ultimately, approved by the States Assembly. Whilst the Panel appreciates the requirement to create a culture change that aims to reduce wait times within the Accident and Emergency (A&E) Department, the Panel is concerned that the Budget commits to fees being introduced during 2026, despite the fact that no thorough analysis or scoping of the proposals has been undertaken. The Panel considers that whilst an 'in principle' decision is reasonable at this stage, the current lack of scoping and analysis work means that it is inadvisable for States Members to have no further meaningful debate or influence on the introduction of such significant fees.

Background and Context

The Budget states that it is "*estimated by HCJ that at present 14,000 patients a year use the hospital Emergency Department for day-to-day healthcare which would more appropriately be provided in the community by their GP*", and in these instances the Minister for Health and Social Services proposes that healthcare staff encourage these patients to seek healthcare from a pharmacist, GP or Jersey Doctors on Call. Should the patient wish to seek healthcare from the A&E Department, it is proposed to introduce fees for these patients, rated to align with Jersey Doctors on Call fees (£77 for a resident, £97 for non-resident), or higher. The Budget states that the fees are intended to create a culture change in behaviour rather than generate income, and it is hoped that the requirement to charge patients would reduce over time following a culture change. Moreover, the Budget states that the fees would be introduced during 2026, following public communications.

The Panel acknowledges that fostering a cultural shift by encouraging patients to access appropriate healthcare services could significantly reduce wait times in the A&E Department, thereby benefiting both the service and the wider community. However, the Panel expresses concern regarding the proposed implementation of charges in 2026,

particularly given that public communication appears to be the sole mechanism for informing and engaging healthcare professionals and the public.

During a Public Hearing on 15th October 2025, the Panel asked what analysis had taken place to ensure the current resources required for management of such a system is adequate. It was informed that:

The Minister for Health and Social Services: "*I do not know that we have done any analysis to that effect…What we are looking for is permission to introduce them if required, but it is not a done deal that that particular charge will be introduced. I think we have got to go through that in more detail or carefully. What we do not want to do is introduce something that ends in an illness or a fatality because somebody has been put off going to hospital…we are going to do quite a lot more work to make sure that we sort the wheat from the chaff, so that you get the right outcome without putting anybody at risk*."

The Panel proceeded to ask what consultation would be undertaken with charities that represent Islanders with disabilities in order to understand what accommodations might be required. It heard that:

The Minister for Health and Social Services: "*I think what we will need to do is assess it and we will consult as we see appropriate. I do not want to spend money on a wholesale consultation process where it is unnecessary… Leave our team to look at it and ask what we sensibly need to do and what we do not need to do so we can keep our costs down and make sure we consult if and when appropriate".*

Due to the absence of thorough analysis and planning, the Panel is concerned that the Budget is requesting the States Assembly to approve a concept that ultimately, raises a number of risks to healthcare staff and members of the public. As a result of these concerns, the Panel asked the Minister for Health and Social Services how a patient's care needs would be determined as an emergency or not. The Panel also asked if published criteria would be available for members of the public:

The Minister for Health and Social Services: "*That is what we have got triage doctors for, but you might have to get to a point where they need particular training…it is work in progress and I do not want to determine how we do that… Rather than me committing to anything, that sort of thing might well be where we end up going. As I say, I would rather we did the work and then came and discussed it*."

The Panel also questioned the Minister regarding the measures that would be put in place to safeguard healthcare workers, who will be undertaking assessments and communicating that a charge would be invoked. The Minister stated that he would take note of the Panel's question. The Panel further noted the challenges healthcare workers might face when having to decide whether a patient is seeking the appropriate care provider. The Minister stated: "*They are effectively playing God, yes."*

The Panel asked if any consideration had been given to the potential requirement to appoint additional security within the A&E Department given the possibility of conflict arising between disgruntled patients and staff, if so, how that would be funded:

The Minister for Health and Social Services: "*If the charges outweigh what it would cost to have a security guard we might think twice about it."*

The Panel asked the Minister whether the fees would be implemented within 2026 as stated, and learned that this was likely and stated that he would need to be certain it was implemented safely. The Panel notes that the current wording of the Budget proposition and its Appendix, if approved, would confer upon the Minister the authority to implement the associated fees without returning to the Assembly for further detail. The Panel is concerned about this approach given the present lack of clarity. In its view, it would be more appropriate for the Minister to receive approval 'in principle,' subject to a requirement to return to the States Assembly with fully developed proposals, including assurances and safeguards, before implementation. The Minister stated that:

The Minister for Health and Social Services: "*Effectively, but I think we work on the basis there has to be a degree of trust in allowing people to get on and do the job, particularly if they are being open and transparent in making public commitments. It is really about the convenience of knowing that if we are going to put the resource into doing the work we have got the backing to know that we are doing it; we are not wasting our time, if that makes sense. Because I think every penny we spend on doing any preparatory work, we are going to make sure that if we are doing preparatory work it is going to prove useful*."

The Panel appreciates that the Minister does not wish to spend public funds on planning a scheme such as the proposed A&E fees without assurance that it will be implemented, however, it is of the opinion that States Members should have a full understanding of what they are being asked to approve. Moreover, the Panel does not believe that the course of action the Minister is requesting, to approve a new 'user pays' charge through the Proposed Budget aligns with the States approval for new 'user pays' charges, approved in 2003 [P.63/2003]. The Panel notes that should this proposal be lodged as a stand-alone proposition, the Report would be expected to provide the necessary details this amendment is requesting.

During its review of the Budget, the Panel received 19submissions and a high volume of engagement on its social media posts concerning the proposed A&E charges. While the majority of submissions expressed support for the introduction of the fee, the Panel notes that several contributors raised concerns about potential safety risks. Specifically, some submissions highlighted that if individuals were worried about the affordability of general practitioner (GP) services or the A&E fee, they might delay or avoid seeking medical care, potentially leading to the deterioration of health conditions.

In addition, a number of submissions reflected uncertainty about how the scheme would operate in practice. Contributors questioned who would be responsible for assessing whether a visit qualifies as an emergency, and what would happen in cases where individuals genuinely believed they were experiencing a medical emergency. These concerns reinforce the Panel's view that the operational details and safeguards of the proposed charge must be thoroughly analysed and clearly communicated before any decision to implement the scheme is made.

Further concerns were raised regarding the potential impact on healthcare workers. Some submissions noted the risk of increased pressure on staff to triage patients under financial constraints, and the possibility of staff facing abusive or violent behaviour from individuals frustrated by the charges or decisions made about their care. These risks highlight the need for robust protections and support mechanisms for healthcare workers.

Submissions also included constructive suggestions for alternative approaches. For example, some contributors proposed the introduction of an expert system, similar to NHS Direct, to help individuals assess whether their condition warrants an A&E visit before deciding to go to the A&E Department. Others suggested establishing a 24/7 walk-in service staffed by doctors, nurses, and a pharmacy, akin to models used in Canada, to provide accessible care for patients who may not require emergency treatment but have limited alternatives.

Taken together, these insights reiterate the Panel's belief that any decision to implement A&E charges must be preceded by a comprehensive analysis of the scheme's design, including clear operational details, transparent safeguards, and consideration of alternative solutions to ensure public safety and equitable access to care.

To assist Members in understanding the implications of this amendment, the following section outlines the proposed changes and illustrates how the wording of the proposition would appear if adopted:

Original text:
Given the scale of the pressures faced in Health and Care Jersey, steps need to be taken now to protect our frontline healthcare services. This includes bringing forward two new fees to be introduced during 2026 to help promote behavioural changes and reduce wasteful use of resources

becomes:
Given the scale of the pressures faced in Health and Care Jersey, steps need to be taken now to protect our frontline healthcare services. This includes implementation in 2026 of the planned 'Did not attend' fees and the development of detailed proposals, that would be presented for approval by the States Assembly, for the introduction of fees encouraging the appropriate use of the Emergency Department to help promote behavioural changes and reduce wasteful use of resources:

and this original text:
Both fees will be introduced during 2026 after a period of advance public communications. As noted above, the non-attendance fee will be phased to coincide with the introduction of a new system allowing people to change their appointments online. There will be an appeals process to safeguard patients and ensure no-one is unfairly charged. As the fees are intended to shift behaviours, not generate income, there are no associated income targets, and it is hoped that the need to levy the fees would reduce over time.

becomes:

The 'Did not attend' fees will be introduced during 2026 after a period of advance public communications, but the proposed Emergency Department fees will not be introduced until detailed proposals, including reference to supporting evidence and safeguards, have been presented to and approved by the States Assembly. As noted above, the non-attendance fee will be phased to coincide with the introduction of a new system allowing people to change their appointments online. There will be an appeals process to safeguard patients and ensure no-one is unfairly charged. As the fees are intended to shift behaviours, not generate income, there are no associated income targets, and it is hoped that the need to levy the fees would reduce over time.

The Panel considers it noteworthy to confirm that no changes are proposed to the introduction of charges for missed appointments ("Do Not Attend" fees). This policy has been carefully developed to address a significant issue: *approximately one in ten appointments are missed without notice, causing delays and inefficiencies across the health system*. As the Minister stated:

"*I think it is discourteous… what we would like to do is try to make people… have some degree of ownership of the system and encourage people to feel that Government have a responsibility to deliver a good health service, but they have got a responsibility to help them to do that*."

The Panel recognises that this measure is not financially driven but rather intended to encourage behavioural and cultural change. The Director of Health Policy reinforced this point:
"*That is the reason why in the Government Budget there are no income targets for these fees because we are not doing it to raise income. We are doing it to change behaviour*."

Key safeguards have been built into the policy:

- **Fairness and Exemptions:** Clear criteria will allow exemptions for exceptional circumstances, such as family emergencies or accessibility challenges.

- **System Readiness:** Charges will only be introduced once appointment systems are robust, reliable, and supported by new tools for rescheduling and reminders.

The Minister confirmed:

"*Before we start putting in charges we need to make sure that our house is in order first..*"

- **Generous Application:** Charges apply only from the second missed appointment in a year, and payment is only required upon attending a subsequent appointment.

The Panel also notes that there is an exemption criterion that will be in place for a number of groups which include but are not limited to: patients accessing mental health services, and children. The Panel requested the Minister to liaise with the Panel regarding the groups of people included within the exemption criteria. The Panel supports this approach as a balanced and reasonable measure that prioritises fairness, improves efficiency, and reduces waiting times. It also reflects strong collaboration between the Panel and the Minister to ensure Islanders are treated equitably while promoting shared responsibility for the health system.

Conclusion

The Panel has considered the submissions provided to its Review and the evidence gathered through the Public Review Hearing. Ultimately, the Panel agrees that there will be benefits to fostering a culture change in the community relating to the use of A&E, however, it considers the approach outlined by the Minister for Health and Social

Services to be in need of further detail. Accordingly, the Panel recommends that the introduction of these charges be deferred until a comprehensive set of assurances and safeguards has been developed and formally presented to the States Assembly for approval. These should include:

- A detailed assessment of any additional staffing and financial resources required
- A clear timeline for implementation
- A full risk assessment
- Meaningful consultation with relevant healthcare staff
- A defined list of exemption criteria
- Associated training programmes and operational policies to support the application of the fee.

Financial and staffing implications

There are no financial and staffing implications to this proposed amendment.

Children's Rights Impact Assessment

The Panel considers that this proposition (amendment) has no direct or indirect impact on children and that the duty to have due regard to the UN Convention on the Rights of the Child does not arise. Accordingly, a Children's Rights Impact Assessment is not required under the Children (Conventions Rights) (Jersey) Law 2022