WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY J. RENOUF OF ST. BRELADE
QUESTION SUBMITTED ON MONDAY 2nd MARCH 2026
ANSWER TO BE TABLED ON MONDAY 9th MARCH 2026

Question

"Further to the response given to Urgent Oral Question 1/2026, in relation to potentially charging some patients for travel and accommodation costs relating to treatment in the UK, will the Minister detail –

(a) the total expected savings;
(b) what means testing income thresholds will apply;
(c) the costs of administering the system, and whether this will involve additional staffing costs;
(d) what appeals process is proposed, and if no plans exist for appeals why not;
(e) the timeline for the income thresholds to be set, and whether they will be uprated each year in line with inflation, or if another metric will be applied, what metric;
(f) what plans, if any, there are to hold a public consultation before the implementation of these charges, and if no such plans exist, why not;
(g) the timeline for when the charging is expected to come into force; and
(h) how care packages will be arranged when charging patients who stay in hospital and a care package is available, and whether patients will have a say in whether or not the package on offer is appropriate?"

Answer

(a) The total anticipated savings are £265,000 per year. These savings are based on modelling which takes account of:

- Statistics Jersey household income distribution and household composition data (including age and household size)

- adjusted projections to remove private patients – who are not eligible to subsidised travel accommodation to avoid overstating potential savings

- patterns of off-island referrals by patient age (patients over 65 use off-island services about three times more than those under 65, and most over-65 households fall below the proposed income thresholds)

- historic off island activity data to ensure estimated savings take account of exempt groups, including patients under 18 and those in Income Support or Pension Plus households.

(b) The proposed means-testing thresholds are based on the pre-2017 HCJ travel and accommodation policy, updated using the Average Earnings Index. Thresholds vary by household composition.

A new upper threshold (Threshold 3 in the table below) is proposed: adult patients from households with income above £210,400 would not be eligible for funded travel or accommodation. This threshold aligns with the income limit used in Student Finance.

The table below shows the thresholds to be used (based on 2025 income as assessed by Revenue Jersey). This will be adjusted in accordance with the Average Earnings Index for patients whose last assessed income was 2024.

Current year income is not being used to determine thresholds as this would require a full means testing process, which is a high cost and lengthy process, OR self declaration of income which is less reliable than using the previous year's assessed income. However, as set out below, there are appeal routes which can take account of patients whose circumstances have changed in year.

Table 1: Proposed eligibility threshold for 2025 income assessment

Household size	**Threshold 1:** Eligible for accommodation, food, UK overland travel & overseas travel (Group A patients)	**Threshold 2:** Eligible for accommodation & overseas travel (Group B patients)	**Threshold 3:** Accom. Only (Group C patients)
Single adult, no resident children / young people under 25 years in full-time education[1]	£48,100	£58,700	£210,400
Single adult, one resident child / young people under 25 years in full-time education	£64,700	£79,700	£210,400
Single adult, two or more resident children / young people under 25 years in full-time education	£82,700	£102,300	£210,400
Two adults, no resident children / young people under 25 years in full-time education	£78,200	£94,800	£210,400
Two adults, one resident child / young people under 25 years in full-time education	£94,800	£115,800	£210,400
Two adults, two or more resident children / young people under 25 years in full-time education	£112,800	£138,400	£210,400
Any household size			£210,400

[1] For the purpose of means testing income, individuals aged under 18 or under 25 and in full-time education are treated as dependent children. Full-time means 20 hours or more per week.

(c) No new HCJ staff are required to administer this proposed policy. The decreased number of bookings to be made by the Travel Office will free up the necessary staffing capacity to administer the new requirements. This will include working with Revenue Jersey and ESSH to coordinate means testing. In the event MHSS decides to implement the policy, an annual transfer of £1,800 from HCJ to Revenue Jersey is planned for carrying out the income assessments. Furthermore, minor updates to HCJ's Travel Office's database are required at a cost of c. £4,250.

While ineligible patients are expected to self fund- and self book- their travel and accommodation, the Travel Office will still provide advice and guidance if needed. If a patient is unable to make the booking themselves, the Travel Office can complete the booking on their behalf, taking payment card details over the phone.

(d) It is recognised that applying income thresholds may sometimes cause hardship, for example due to sudden loss of income, exceptional circumstance, or intensive/frequent treatment regimens. The proposed policy therefore includes two routes for ineligible patients to request financial assistance: a discretionary funding request and a formal appeals process.

Discretionary funding: ineligible patients facing significant hardship would inform the Travel Office. This would trigger a decision by the manager, in consultation with a relevant lead clinician, on whether discretionary funding for travel and/or accommodation should be provided.

Formal appeal: ineligible patients may submit a formal appeal (regardless of whether they have sought a declined discretionary decision). Appeals will be considered by HCJ's Charges and Eligibility Appeals Panel. Note: HCJ has an existing appeals process, but this is to be enhanced, with a new Appeal policy process to be published imminently. Proposed grounds for appeal include:

- Procedural error
- Factual error
- Exceptional circumstances

(e) Thresholds will be updated annually, on the 1st of January, using the latest Average Earnings Index.

(f) MHSS has not undertaken public consultation as key concerns around eligibility changes are well understood and have been considered during the policy development process. Accepted good practice in relation to public consultation clearly states that consultation should be avoided unless the anticipated feedback is actionable / gives rise to new learning. MHSS has, instead, undertaken targeted engagement with senior clinicians who work closely with affected patients, and with HCJ Advisory Board. MHSS is satisfied that this is a proportionate and appropriate approach to consultation. The feedback received has been incorporated, including in relation to the discretionary funding provision - see (d) above. MHSS will ensure clear and advanced information is provided in the event that MHSS determines that the proposed policy is adopted.

(g) For clarity, this proposed policy does not introduce charging – it would remove discretionary financial assistance currently provided by HCJ to some patients. MHSS has yet to finally decide whether to implement the proposed policy, and if so, the associated timeframe.

(h) It is assumed that this question relates to the introduction of charges for patients who choose to remain in hospital when they are medically fit for discharge and when an appropriate and safe onwards care package has been arranged.

Decisions on the appropriateness of packages of care will continue to remain clinically led, with patients and their families fully involved in the discharge process. The proposed charging policy aims to address patients who require nursing or residential care and remain in hospital, less so on those who require care packages (services and/or support for patients to live in their own home).

Patients who require a nursing or residential care bed would be offered a clinically appropriate alternative to their preferred choice - this bed would not be a long-term placement. Whilst the offered bed may not be the patients first choice, the bed would always be clinically appropriate for the patient. The patient would be able to transfer to their preferred choice when a bed becomes available, rather than waiting in hospital.