2.1 Deputy I. Gardiner of St. Helier North of the Minister for Health and Social Services regarding charges for patients who are fit for discharge from hospital. (UOQ.3/2026):

Will the Minister advise why a policy change, introducing charges of over £500 per day for Islanders remaining in hospital after being declared fit for discharge, was brought into force by Ministerial Order without prior Assembly scrutiny or public awareness, and what assessment has been made of its impact on patients and families?

[10:30]

Deputy T.J.A Binet of St. Saviour: (The Minister for Health and Social Services):

There are a number of points I think I need to make to clarify the situation. This issue has been in the public domain for a number of months. It was on the Health Advisory Board's recent agenda earlier in the year, and it has their full approval. I would make it very, very plain that it is not a charge for healthcare, it is actually a charge for accommodation and food. When a patient has been deemed fit to be discharged and suitable accommodation and care package has been arranged for them, the charge will be introduced. But I make the point again that this has been deemed generous, in my view, that they have got 5 days' grace before the charge is implemented. It is important for Members to know that last year we lost 1,000 bed nights from people choosing not to take up the arrangements that have been made for them, and perhaps it is just me, but if anybody thinks it is more important to keep people in hospitals sometimes for up to a month, occupying a hospital bed while we have got people at home in pain waiting for an operation, I am afraid their thinking does not accord with mine. Hopefully, that will cover it. The reason I introduced it by Order is because I can. I did not think on something as sensible as this it was worth wasting a huge amount of everybody else's time. The Assembly gives me the powers to make these Orders, and I thought it was highly appropriate to do so.

2.1.1 Deputy I. Gardiner:

Thank you, Minister, for clarifying that this policy was to address delay of discharge due to the bed blocking. What evidence does he have that delays are primarily due to the patient choice rather than a lack of staff and care capacity in the community?

Deputy T.J.A. Binet:

I will repeat that the arrangements have been made and there is a place for these people to go to. There is no doubt about it. We are not asking them to go to somewhere where there has not been an appropriate arrangement made. It is very often the case that people do not want to go and spend their time in a care home that is not the one of their choice while they wait to get the one of their choice. They feel it is simpler to stay in a hospital bed. I am afraid if we had a surplus of hospital beds and a surplus of money it perhaps would not matter, but we are short of hospital beds and people are at home in pain waiting for operations, so I make no excuse for this. In fact, I think it is the right thing to have done.

2.1.2 Deputy J. Renouf of St. Brelade:

Can the Minister just confirm then that the decision about whether an appropriate place is available will be one entirely made by medical staff and will not involve any consultation with the patient about, for example, whether it is appropriate for their needs in terms of what they consider to be their needs around, say, transport of relatives and so on?

Deputy T.J.A. Binet:

There is a whole process that takes place. I have not got access to it at the moment. I am very happy to find out what that process is and to let the Deputy know. But you can rest assured, people are not being put in harm's way. Arrangements are being made for them to be properly cared for. As I say, it may be a difference of opinion. Perhaps people think it is better for people to stay and occupy a hospital bed for up to

a month while other people are waiting at home in pain. Maybe we just put it down to a matter of opinion. It is not my opinion.

2.1.3 Deputy J. Renouf:

I am simply trying to understand how the policy works in practice. I think the question I would ask, to narrow it down is, does the patient have any say at all in the defining of what constitutes an adequate care package for them, which they would have to accept or face the charges?

Deputy T.J.A. Binet:

All I can say is that I have not had any … in the 2 years I have been here, I have not had any instances of it being otherwise. I am happy to make enquiries, and I am happy to let the Deputy know, as I say, what the procedure is. I cannot quote it offhand, but I am certain, as I say, we are not putting people into awkward or dangerous situations.

2.1.4 Deputy L.K.F. Stephenson of St. Mary, St. Ouen and St. Peter:

The charges for overstaying were announced, and I think went to the Health Advisory Board as part of a package of changes in charging policies at Health, designed to change behaviours and save money. Does the Minister intend to sign any further Orders or take any further action before the election relating to any of those other measures in that package, specifically on proposals to charge some Islanders for medical travel?

Deputy T.J.A. Binet:

We have considered the medical travel issue and, given the amount of angst that it has caused and the relatively small amount of money, we are not going to take any further action. It will remain open for review for whoever the next Minister for Health and Social Services is, but we are not taking action on that. We are going to introduce eligibility criteria for people coming from areas where they should have health insurance. At the moment, very often we treat people for emergency care from those places, and we simply are not able to access the insurance money because the insurance company tell us that we have a policy of free treatment for everybody. So, we are going to introduce that so that we can have access to people's travel insurance money if they have emergency care.

2.1.5 Deputy L.K.F. Stephenson:

I am very pleased to hear the decision that has been reached on the travel there. What work is being undertaken as part of the charges that are being introduced to address any of the root causes of overstaying in hospital, not just bringing in new charges to try to deal with it?

Deputy T.J.A. Binet:

Well, if I understand what I am being told correctly, the root cause is people … this is a small number of people who just want to go to the care home of their choice. I think, relatively speaking, it is as simple as that. I do not think there are any other major complications. As I say, if we had more hospital beds and more money, it might be a different story, but as everybody knows, until we have got the new hospital built, there is a desperate bed shortage.

2.1.6 Deputy L.M.C. Doublet of St. Saviour:

The Minister mentioned the Health Board, and I note in the minutes of that meeting, the Board have recommended that individual cases are handled sensitively. Can the Minister advise what that might look like for a patient, if they are unable to pay or if they have reasons for needing to stay that perhaps fall outside what the Minister has planned for?

Deputy T.J.A. Binet:

My understanding is that this takes place already. If anybody is reporting special circumstances, it usually goes to the Executive Leadership Team for consideration. So, I think those things … as I said before, I do not think people are being badly treated in this instance in any way.

2.1.7 Connétable M.K. Jackson of St. Brelade:

While I support the Minister's proposed Orders, I would just ask to counsel care and the consequences of a patient being asked to leave - that is probably the wrong terminology - the hospital. My experience is that sometimes a patient may not be in a position, either mentally, physically, to be able to judge what is happening to them. So, it does fall back to the family to deal with. Those patients may suddenly find themselves, or the family may find themselves, in a position whereby they are faced with a charge which perhaps they were not expecting. So, I would simply ask him and his team to consider the consequences of any decisions that are made for a particular patient.

Deputy T.J.A. Binet:

I cannot really comment on that, other than to say that I hear what the Constable is saying. I think that those considerations are taken into account already. I am led to believe that there is an appeals process so if the family, or the patient, are not happy, they can appeal.

2.1.8 Deputy H.M. Miles of St. Brelade:

I am disappointed that the Minister cannot articulate the process that is undertaken to ensure that a suitable care package is in place for every patient. Can the Minister assure the Assembly that there is sufficient capacity in his social work service to ensure that every patient has a proper assessment before their discharge from hospital?

Deputy T.J.A. Binet:

I do not have any evidence to the contrary, so I think it is safe to assume that that is the case. I know that people might be disappointed, but I have the awkward job of having to justify taking £24 million extra money from the budget ongoing, so it is important that our money is well spent. There are a number of things that need to be done in Health, we have started to do them and there are more to come, because we have a more and more complex service that requires more and more money and we have to make better efforts to make sure that the money is spent properly. For that I make no apologies.

2.1.9 Deputy H.M. Miles:

Can the Minister explain why he has not satisfied himself of these important issues before he signed the Order?

Deputy T.J.A. Binet:

It is because it is an organisation of 3,000 people. I run a reasonably sizable organisation myself, as it happens, and when you are in that position you learn to trust people. We have got, I think, a pretty first-rate team of people running the organisation now, and there are a whole range of areas where I have to trust what I am being told by people every day of the week. So that is my experience of how these things work.

2.1.10 Deputy I. Gardiner:

In the context of the cost of living, does the Minister accept that these charges risk penalising patients for system failures? Given the advisory board reference for debt collection and administrative charges, would he confirm whether the Council of Ministers considered this policy and whether supported evidence and advice would be published?

Deputy T.J.A. Binet:

There were a number of questions there, I was trying to take them in, and I do apologise to the Deputy, but if she could repeat them, I will just try and take some notes as we go.

Deputy I. Gardiner:

Does the Minister think there is a risk to penalising the patient? What he has done with the advisory board with reference to debt collection, can he confirm if it was discussed with the Council of Ministers and if the evidence will be published?

Deputy T.J.A. Binet:

The issue of charges was discussed with the Council of Ministers. It was a courtesy matter. I do not intend to publish anything. I have been given permission by this Assembly to take these decisions, and take them I will. I do not think that there is any risk to patients at all.