



# Decision

## C-021: Jersey Doctors on Call (JDOC) Out of Hours GP Services

Exemption from Article 8(1) of the Competition (Jersey) Law 2005 prohibition on anti-competitive arrangements

Document: JCRA 25/07

17 April 2025

Jersey Competition Regulatory Authority

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## Introduction

1. In 2006, under Article 9(1) of the Competition (Jersey) Law 2005 (the **Law**), the Jersey Competition Regulatory Authority (the **Authority**) first granted an exemption to an arrangement among general practitioner (**GP**) surgeries, named 'Jersey Doctors on Call' (**JDOC**). The arrangement concerned the agreeing of common prices for the provision of out-of-hours primary medical care in Jersey (the **arrangement**). The arrangement has been renewed, subject to conditions, on a number of occasions since that date.
2. The effect of the exemption is that the Authority cannot take any action under the Law regarding the arrangement during the period of the exemption. However, the exemption will cease to have effect if a condition or obligation is breached. The most recent exemption ran from 21 March 2022 to 20 March 2025.
3. In February 2025, the Authority received an application from JDOC to renew the exemption for a further five years. However, the application contained insufficient information for the Authority to carry out its assessment and make a decision. A full and complete application was not received until 14 March. The delay in submission caused a lapse in the exemption.
4. The Authority has carried out its assessment in line with its published guidelines<sup>1</sup>. Accordingly, on 17 March 2025 receipt of the application was notified on the Authority's website and the Jersey Gazette, inviting comments by 28 March 2025. No submissions were received during the consultation.
5. In response to the current request, and in the absence of evidence or submissions to the contrary, the Authority has concluded that the justifications that existed for the exemption remain. The Authority has granted the exemption, subject to conditions which are intended to protect the interests of consumers and competition (set out below), for the period **21 March 2025 to 31 December 2026**<sup>2</sup>.

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<sup>1</sup> [Guideline 6 - Applications for Guidance and Exemptions](#)

<sup>2</sup> Article 9(7) of the Law allows the Authority to grant an exemption to have effect from a date earlier than that on which it is granted.

## Background

### About JDOC

6. JDOC<sup>3</sup> is a private, self-governed association of GP surgeries which provides out-of-hours primary medical care with the support of the Health and Care department<sup>4</sup> (the **Health Department**). JDOC provides the organisational framework for the coordination and management of out-of-hours primary medical care in Jersey. Out-of-hours care is care provided to patients on weekday evenings and nights (6pm to 8am) and during weekends, bank holidays and public holidays<sup>5</sup>. Currently, all GP surgeries in Jersey are members of JDOC.

### Background to JDOC

7. Prior to the establishment of JDOC, out-of-hours primary medical care in Jersey was delivered by individual GP surgeries. Out-of-hours services were not coordinated between the GP surgeries and so services were inconsistent and intermittent. A significant time commitment was required from GPs and GP surgeries, at cost to the GP surgeries.
8. With the aim of improving the provision of out-of-hours care in Jersey, in 2006, a co-operative of GPs came together. The cooperative was named 'Jersey Doctors on Call' or 'JDOC'. At this time, JDOC entered into a service level agreement with the Health Department to ensure:
  - the continuing support of the Health and Social Services Committee and its services; and
  - the maintenance of a high quality, value for money (and auditable) out-of-hours GP service to the public.

### Relationship with the Health Department

9. There remains a services agreement between JDOC and the Health Department for the provision of the service. The current service agreement runs from 1 August 2023 to 31 December 2026.
10. Prior to the most recent service agreement, GP surgeries contributed financially towards running the service. However, financial support from the Health Department has enabled the individual contributions to stop. The Health Department financially support the operation of JDOC and its ongoing involvement in service developments, such as pathway development, involvement in

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<sup>3</sup> [Out of Hours GP service \(JDOC\)](#)

<sup>4</sup> [Health and Care Jersey](#)

community and care projects, development of an overnight/out-of-hours care model and Family Nursing and Home Care Overnight Nursing and Rapid Response & Reablement Services.

11. The most recent service agreement puts additional requirements on JDOC, such as the provision of audited accounts, financial reporting and policy alignment (to the Health Department) due to the funding that the Health Department provides JDOC.

12. As noted above, JDOC and the Health Department are currently working together to develop ‘a new model of out-of-hours healthcare’. No further details are known at this time.

### Operation of JDOC

13. Two GPs are available at any one time, providing the following services:

- An out-of-hours surgery located at the General Hospital in St Helier. Appointments at the General Hospital are known as ‘base’ appointments;
- Home visits to a patient’s residence during the night, at weekends, on bank holidays and public holidays; and
- Telephone advice.

14. JDOC’s hours of operation are as follows:

Service	Day	Time
<b>Base appointments</b>	Monday to Friday	6pm to 11pm
<b>Telephone advice, base appointments and home visits</b>	Saturday	12pm to 11pm
<b>Telephone advice, base appointments and home visits</b>	Sunday, bank holidays and public holidays	8am to 11pm
<b>Overnight telephone advice and home visits</b>	Monday to Sunday	11pm to 8am

15. JDOC’s operations are supported by:

- A JDOC receptionist who answer calls and arrange appointments as requested (before 11pm);

- HCS 24 Care Hub, a part of the Health Department, which triages calls from 11pm to 8am and ensures the right service is provided from the right professional;
- Family Nursing and Home Care<sup>6</sup>, a Jersey charity which provides a team of experienced nurses who deal with matters that do not need to be managed by a doctor; and
- Drivers (provided by the Health Department).

16. GPs have full access to patient information, through a computer system called EMIS. This provides a 'shared care record' which allows JDOC full access to a patient's record, allowing safer and more accurate care. It also allows the patient's own GP to view notes made by JDOC.

17. Any complaints received about the care provided by JDOC or about fees or billing are handled by the attending GP's surgery, within the GP surgery's established complaints procedure. Any care complaints that cannot be resolved by the GP surgery are escalated to and independently handled by the Health Department's Primary Care Governance Team.

#### Patient Fees

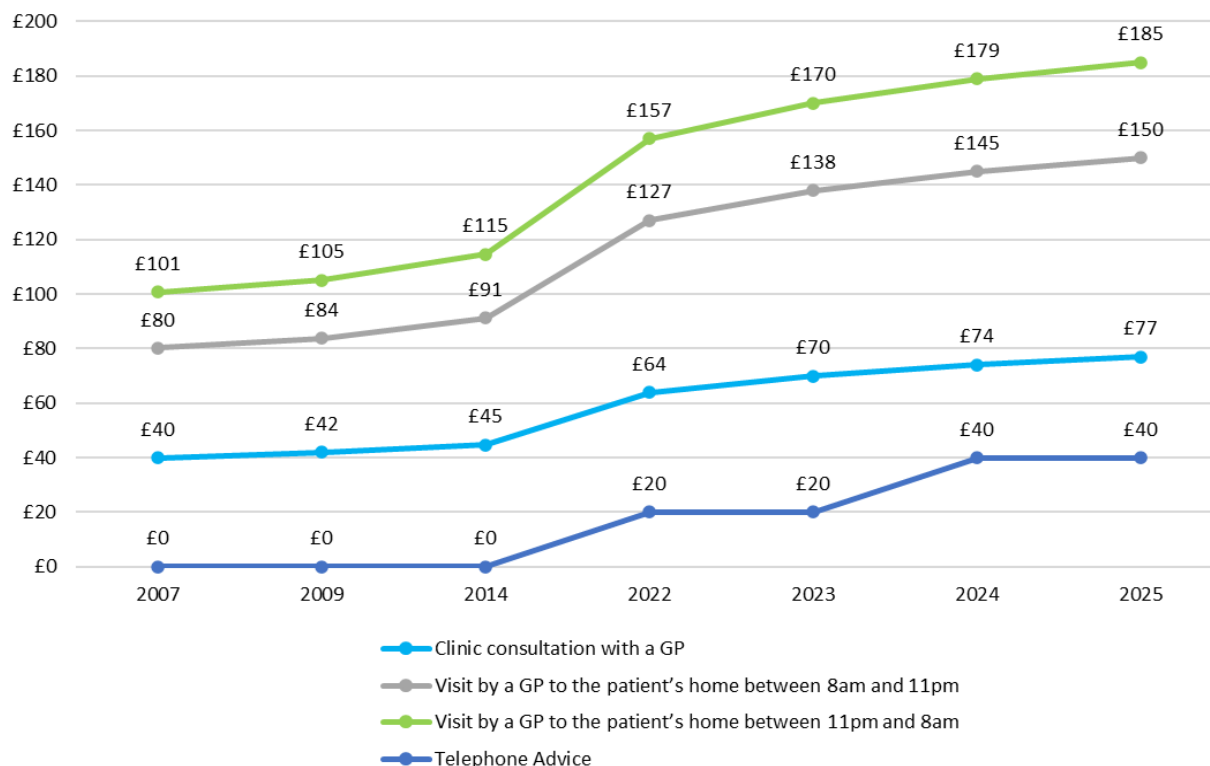
18. Fees were originally set by taking an average of out-of-hours' charges when the association was first established in 2006. At this time, the Authority carried out a detailed review of the fees which established that they were cost justified.

19. In its recent application JDOC confirmed it reviews prices annually, at its Annual General Meeting, and aims to align prices with Jersey's Retail Price Index (**RPI**). The Authority has reviewed JDOC's pricing which showed that 2007 fees uplifted to match the increases in RPI over the period, result in similar prices to the current level of JDOC fees for 2025. Figure 1 below summarises prices used for this analysis, as submitted by JDOC.

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<sup>6</sup> [Family Nursing & Home Care: Providing Expert Care In Jersey](#)

Figure 1 - Jersey Doctors on Call pricing trends



20. JDOC's current fees are:

Consultation type	Cost for a local resident	Cost for a visitor or seasonal worker	Cost for local resident (if member of the Health Access Scheme)
Base appointment	£77	£97	£30
Home visit between 8am and 11pm	£150	£170	£61
Home visit between 11pm and 8am	£185	£205	£75
Telephone advice evening and weekend	£30	£50	£20
Telephone advice 11pm to 8am	£40	£60	£20

21. The Health Access Scheme<sup>7</sup> is an agreement between Government and all GP surgeries in Jersey to charge fixed, low fees which include most services and treatments to lower income households. People who are members of an income support household or those in receipt of the Pension Plus scheme are automatically enrolled.

## Requirement for an Individual Exemption

22. Article 8(1) of the Law sets out that *'an undertaking must not make an arrangement with one or more other undertakings that has the object or effect of hindering to an appreciable extent competition in the supply of goods or services within Jersey or any part of Jersey'*. Of most relevance to this case, Article 8(2)(a) states that this prohibition applies, in particular, to an arrangement that directly or indirectly fixes purchasing or selling prices or any other trading conditions. Article 60 of the Law requires that, so far as possible, the Authority interprets these provisions consistently with the treatment of corresponding questions arising under competition law in the European Union.

23. The Authority has previously concluded that the JDOC arrangement is subject to Article 8(1) of the Law<sup>8</sup>. This is based on JDOC's members agreement to charge common prices for the provision of out-of-hours primary medical care. The arrangement may be characterised as a price-fixing agreement under Article 8, and the European Court of First Instance has stated that such restrictions may only be compatible with competition law if they satisfy the criteria for exemption<sup>9</sup>.

24. The Authority has concluded on eight previous occasions<sup>10</sup> that the arrangement infringes Article 8(1) of the Law. On this occasion, it is noted that JDOC's broad structure and the arrangement has remained the same since the previous decisions. Therefore, the conclusions reached in the 2006 and subsequent Decisions remain the same i.e. the arrangement infringes Article 8(1) of the Law.

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<sup>7</sup> [Health Access Scheme](#)

<sup>8</sup> See Authority 2006 and 2007 Decisions. The 2006 Decision also established that the Law's definitions of 'undertakings' and an 'arrangement' were satisfied.

<sup>9</sup> *European Night Services v Commission*, Cases T-374/94 etc [1998] ECR II – 3141. The 2006 Decision also established that JDOC has an appreciable effect on competition in Jersey.

<sup>10</sup> [2006 Decision](#) (C015/06) / [2007 Decision](#) (C015/06.2) / [2009 Decision](#) (C015/06.3) / [2014 Decision](#) (C1025J) / [2015 Decision](#) (C1119J) / [2016 Decision](#) (C1197J) / [2017 Decision](#) (C1302J) and [2022 Decision](#) (JCRA 22/24).

## Application for Exemption

25. Article 9(1) of the Law allows the Authority to exempt an arrangement to which Article 8(1) would otherwise apply. An exemption would mean the Authority cannot take any action under the Law regarding the arrangement during the period of the exemption.
26. To qualify for an exemption under Article 9(1), the Authority must be satisfied that JDOC meets the criteria listed in Article 9(3) of the Law:
- (a) is likely to improve the production or distribution of goods or services, or to promote technical or economic progress in the production or distribution of goods or services;
  - (b) will allow consumers of those goods or services a fair share of any resulting benefit;
  - (c) does not impose on the undertakings concerned terms that are not indispensable to the attainment of the objectives mentioned in sub-paragraphs (a) and (b); and
  - (d) does not afford the undertakings concerned the ability to eliminate competition in respect of a substantial part of the goods or services in question.
27. The Authority concluded on eight previous occasions<sup>11</sup> that the arrangement satisfied these four criteria. Most recently, in 2022<sup>12</sup>, the Authority determined the arrangement was operating fairly and was not unnecessarily detrimental to the market for GP services. The Authority therefore extended the exemption, subject to the conditions, for a further three years. This exemption period ended on 20 March 2025.

### Criterion A: Improvement in the Distribution of Goods or Services

28. The first criterion, Article 9(3)(a) requires that the arrangement either improves the production or distribution of goods or services, or promotes technical or economic progress in the production or distribution of goods or services. The arrangement must be likely to produce either quantitative or qualitative efficiencies. Efficiencies may create additional value for consumers by lowering costs, improving the quality of a good or service provided, or by creating new goods or services.

### Views of JDOC

29. JDOC put an end to the practice of every surgery having a GP available every night to care for their patients. JDOC now gives doctors less night shifts to cover, making working in Jersey more attractive as a place for GPs to work and so improves the likelihood of attracting new GPs to Jersey.

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<sup>11</sup> As above.

<sup>12</sup> [2022 Decision](#) (JCRA 22/24).



30. JDOC submits, as it did for its previous exemption applications, that it continues to maintain out-of-hours access to medicine and a single point of access for that care. Additionally, patient notes are available to the patients' regular GP, and vice-versa, which allows for safer and more accurate care. JDOC has working relationships with the accident and emergency department (**A&E**)<sup>13</sup> and the ambulance service (where A&E is not required) which alleviates pressure on those resources.
31. JDOC has established complaints procedures, engagement with other out-of-hours providers and formal governance processes. More generally, JDOC continues to work with the Health Department on monitoring its performance and its contribution to Government health policy objectives, particularly the development of a new model of out-of-hours healthcare.

#### Authority analysis

32. By virtue of the long-standing nature of JDOC, the enhanced service agreement with the Health Department and its involvement in ongoing policy and service development, JDOC is well integrated and relied upon within Jersey's health care system. JDOC has established relationships with A&E and the ambulance service which it uses to the benefit of Jersey's patients. This also eases pressure on the hospital. The Health Department continues to provide logistical support. The Authority notes other jurisdictions adopt this approach (out of hours care based in hospitals)<sup>14</sup>.
33. Additionally, the Authority notes a more integrated approach to patient care and an increased ability to provide 'person centred' care. As submitted by JDOC, a single point of contact is now available which triages calls to ensure the right care is delivered by the most appropriate health care professional. The shared care record has been rolled out and is used for all JDOC appointments. This allows JDOC to have full access to the patient's record, allowing safer, more accurate care. It allows the patient's own GP to view notes made by JDOC.
34. The introduction of the Health Access Scheme has provided an option for lower income households to access JDOC services, as an alternative to using A&E. In addition, overnight nursing cover is provided by a team employed by Family Nursing and Home Care who help deal with matters overnight that do not need to be managed by a doctor. Overnight nursing care is free of charge to patients.

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<sup>13</sup> Out-of-hours services based in hospitals are also found in comparable jurisdictions – See, for instance [What do we know about demand, use and outcomes in primary care out-of-hours services? A systematic scoping review of international literature | BMJ Open](#)

<sup>14</sup> Such as in England, where GPs are key actors in the provision of out-of-hours care - [Out of hours care \(Royal College of General Practitioners\)](#)

35. Based on the above evidence, the Authority has concluded that efficiencies are being realised, and, taking into account the focus of JDOC and the Health Department on future developments, are likely to continue to be realised and that this criterion continues to be satisfied.

#### Criterion B: Allow Consumers a Fair Share of the Benefits

36. The second criterion, Article 9(3)(b), requires that consumers receive a fair share of the benefits arising from the arrangement. Consumers must be, on balance, better off as a result of the agreement.

#### Views of JDOC

37. JDOC submits that annual fee increases are aligned to Jersey RPI, an approach that has previously been approved by the Authority to ensure JDOC did not become a cheaper alternative to a person's own GP. JDOC considers this important because, whilst it provides high quality medical care by highly skilled GPs, with support from other departments and improved processes and access to patient records, it should not replace the care provided by a person's regular GP.

38. JDOC notes it has not raised prices above inflation, even though individual GP surgeries have historically supported the running of the service in the past, to the benefit of consumers. Furthermore, JDOC notes that the Health Access Scheme has made its services more accessible to patients on lower incomes. JDOC submits that those patients are now much less likely to visit the A&E, which reduces pressure on the hospital.

39. JDOC notes that the 2020 introduction of telephone advice has increased the numbers of remote consultations available during JDOC operating hours, at a much reduced fee than a base appointment or home visit. JDOC submit that fees for telephone consultations remain lower than the equivalent daytime consultations.

#### Authority analysis

40. On pricing, with reference to *Figure 1* above, the Authority notes that fees have broadly increased in line with Jersey RPI since 2007. The Authority agrees with JDOC that GP surgeries are best placed to provide continuous, high quality care, and that prospective patients must be encouraged to access daytime GP services as a first port of call where relevant. Therefore, keeping prices above those charged during normal GP hours, avoids JDOC being used as a cheaper alternative to a person's regular GP.

41. In considering the level of prices, the Authority notes that the prices charged to a local residents are broadly similar to those charged by other highly skilled professionals working out-of-hours. For example, an out-of-hours dental appointment in Jersey ranges from £200-250 plus treatment costs and an out-of-hours veterinary appointment costs circa £185 plus treatment costs.
42. The lowest income households are likely to be most detrimentally impacted by price increases. As noted above, the introduction of the Health Access Scheme has provided an option for lower income families to access JDOC services, as an alternative to using A&E. In addition, if appropriate, Family Nursing and Home Care provide out-of-hours nursing services free of charge.
43. In the absence of the arrangement, Jersey would not benefit from a co-ordinated, established out-of-hours primary care service. The benefits received by consumers include the core JDOC services (base appointments, home visits and telephone advice) plus the triage process to redirect people to the most appropriate health care professional and, with the alignment of price increases to RPI, the Authority has concluded that consumers receive a fair share of the benefits from the arrangement. In addition, the arrangement also alleviates pressure on A&E, the ambulance service and individual GP surgeries from having to provide a bespoke out-of-hours service. The Authority has concluded consumers must be, on balance, better off as a result of the agreement and, therefore, that this criterion continues to be satisfied.
44. Whilst noting prices over time have broadly aligned with RPI, it is important price increases can still be justified on the basis of increased cost, value for money, a higher quality or wider range of services. Therefore the Authority requires that Conditions A, B, and C (as set out below) remain in place during the term of the exemption.

#### Criterion C: Contains No Indispensable Restrictions to Competition

45. The third criterion, Article 9(3)(c), asks whether JDOC contains '*restrictions beyond those necessary for the attainment of the benefits that the parties demonstrate is likely to flow from the agreement*'. The agreement should contain the least restrictive means of achieving its efficiencies.

#### Views of JDOC

46. The Parties submit that the 2006 Decision concluded that JDOC resulted in efficiencies. They note that their organisational terms have not changed since 2006.

## Authority analysis

47. The 2006 Decision concluded that the fixing of fees for evening and nighttime home visits was necessary to achieve JDOC's potential efficiencies. As noted at paragraph 24 above, JDOC's broad structure and the arrangement has remained the same since the previous decisions. As set out at paragraphs 32 to 35, the Authority considers that JDOC continues to deliver efficiencies and is likely to continue to do so in the future. Similarly, as set out at paragraphs 40 to 43, the Authority has concluded that JDOC delivers benefits to consumers and Jersey. Key to delivering these efficiencies and benefits for Jersey is the ability to agree common prices between the GP Surgeries for JDOCs services. Consequently, the Authority has concluded that this criterion remains satisfied.

## Criterion D: No Elimination of Competition in respect of a Substantial Part of the Goods or Services in Question

48. This criterion requires an assessment of the market effects that result from the arrangement. In the 2006 Decision, the Authority established that the proper relevant product market in which to analyse the effect of the arrangement was the provision of out-of-hours primary medical care. In addition, the proper relevant geographic market was Jersey.

## Views of JDOC

49. Prior to the establishment of JDOC, out-of-hours primary medical care in Jersey was delivered by individual GP surgeries. Services were not coordinated between the GP surgeries and so services were inconsistent and intermittent. JDOC therefore submits that the arrangement has led to positive effects in the relevant market for consumers.

50. Further, JDOC submits that, should they feel it is in their own and their patients' best interests, surgeries can leave JDOC. Surgeries can offer care to their patients during the hours when JDOC is operational, and the fees charged would likely be lower than JDOC.

51. In addition to JDOC, overnight nursing care is provided free of charge to all patients in need, as A&E remains open to all patients, free of charge, for out-of-hours care. Patients are never turned away from A&E, even for non-emergency and primary care visits.

## Authority analysis

52. The Authority agrees the relevant market in which to assess the effect of the arrangement is the provision of out-of-hours primary medical care for Jersey.

53. When assessing the effect in this market, the Authority notes:

- GP surgeries have made a choice to join JDOC and are free to leave, at any time, should they consider it in their or their patients' best interests;
- GP surgeries are free to set up their own out-of-hours primary care service to their patients;
- JDOC exclusively provides out-of-hours care and has not sought to extend these hours to day time care;
- The Health Access Scheme makes JDOC more accessible to lower income households;
- Evening and overnight nursing care has been established, with no charge incurred by patients been seen by nurses; and
- A&E remains open (and free of charge) to all patients not wishing to (or unable to due to pricing) use JDOC's services.

54. Previous decisions stated that the Authority must ensure that JDOC does not create 'spill over' effects' that could substantially reduce competition in other markets where GP surgeries compete. The other market where GP surgeries compete is the day time hour primary care market. This is a competitive market in Jersey, with 14 GP surgeries, operating in 22 different locations across Jersey. Therefore, GPs continue to compete for patients on aspects such as quality of care, range of services, value for money and location. Therefore, the risk of coordination as a result of the arrangement or the risk of the arrangement having any detrimental impact on the day time hour primary care market is limited.

55. Based on the above, the Authority has concluded that this criterion remains satisfied. To ensure it remains satisfied on an ongoing basis, the Authority requires Conditions D, E and F (as set out below) to remain in place during the exemption period.

## Decision

56. The Authority has concluded that the arrangement is subject to Article 8(1) of the Law.

57. The Authority has also concluded that the arrangement continues to satisfy the Article 9(3) criteria for exemption.

58. By this Decision, the Authority grants an exemption to JDOC under Article 9(1), subject to the following conditions<sup>15</sup>:

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<sup>15</sup> Article 9(6) of the Law allows the Authority to grant an exemption subject to conditions.

**Condition A:** JDOC shall demonstrate to the Authority on request and to the Authority's satisfaction that any future increase in one or more of its fees is justified on the basis of increased cost or higher quality of services provided. JDOC shall submit for the Authority's review full details of any proposed increase in fees at least 21 calendar days prior to such increase taking effect, by email to [info@jcra.je](mailto:info@jcra.je).

**Condition B:** Should, any time after receiving a notice under Condition A, the Authority instruct JDOC not to implement the increase, in whole or in part, JDOC shall not implement the increase to the extent it has been objected to by the Authority, except in accordance with the Authority's prior written consent.

**Condition C:** JDOC shall not implement additional charges above and beyond the fee structure already in use, available on the gov.je website, without notifying the Authority at least 21 calendar days in advance and receiving the Authority's prior written consent.

**Condition D:** Within 30 days of the date of this Decision, JDOC shall remind its member surgeries that they are free to join or leave the arrangement. The Authority must be notified of any change to JDOC's membership and/or JDOC's committee within 30 days of the date of the change occurring.

**Condition E:** Within 30 days of the date of this Decision, JDOC must write to all its members to make them aware of the exemption, their legal obligations in relation to the exemption, and the consequences of non-compliance. Confirmation that such a letter has been issued and a copy of the letter must be submitted to the Authority within 7 days of the date it was sent.

**Condition F:** Each JDOC member GP surgery shall continue to set its own fees independently for all services it provides outside of the JDOC services it provides.

**Condition G:** JDOC and/or its members shall provide such information and documents as the Authority may reasonably require and upon written request with reasonable notice, for the purpose of determining, monitoring or securing compliance with this Decision. Not providing this information in a timely manner, as requested, may result in a competition investigation being opened.

59. In accordance with Article 9(7) of the Law, the effective date of this Decision is **21 March 2025** and the exemption shall terminate on **31 December 2026**, unless otherwise terminated prior to this time. This exemption period covers the lapse in the exemption and aligns the end date of the exemption with that of the services agreement between JDOC and the Health Department. As set out above, there may be changes to the provision of out-of-hours primary medical in Jersey after

this time. If towards the end of this period JDOC considers it continues to satisfy the four criteria, it may, at its discretion, apply for an extension to the term of this exemption.

60. The conditions to this Decision are legally binding on both JDOC and all GPs (including locums) participating in JDOC, as well as on any of their assignees or successors.

**10 April 2025**

**By Order of the Authority**