

STATES OF JERSEY



INCOME SUPPORT: FREE GP ACCESS (P.101/2014) – AMENDMENT

Lodged au Greffe on 12th June 2014
by Deputy R.G. Le Hérisier of St. Saviour

STATES GREFFE

PAGE 2 –

For the words “to introduce” substitute the words “to request the Minister for Social Security to investigate and report to the States on whether it would be appropriate to introduce”, and after the words “Household Medical Account” insert the words “and for others who have difficulty paying for primary care”.

DEPUTY R.G. LE HÉRISSIER OF ST. SAVIOUR

REPORT

Changing the basis on which primary care is financed is one of the greatest challenges faced in implementing the new Health Strategy. In P.101/2014, Deputy G.P. Southern of St. Helier argues that those in receipt of Income Support should receive free GP visits, as they are the group in greatest need.

Notwithstanding the strength of Deputy Southern's arguments, I am leery of identifying one group as being in need of free GP services, particularly before the study of which is the best way forward for Primary Care has been completed.

Squaring the circle of how to incentivise GPs and have adequate access to GP services is a major issue, and it is unfortunate that the debate on this subject has been going on for a long time behind closed doors.

Deputy Southern's proposition has the merit of formally calling for a study, and I am suggesting that its remit be broadened beyond that called for by Deputy Southern. There is no necessary correspondence between being on Income Support and having high medical needs. For example, a family who have an ill child may well be struggling with high medical bills and, if not on Income Support, will get no assistance.

Furthermore, by simply asking for payment of GP bills it overlooks the issue, for example, of whether a targeted reduction for various groups, incentives for preventative approaches, the use of practice nurses, should be part of how we structure access to primary care.

In other words, there are a whole series of questions that need to be discussed before we simply say that one group can receive free visits. Given such a system did previously operate, we also need to study the evidence from that time and ask whether such an approach can lead to over-use of GPs.

Financial and manpower implications

Given that a study appears to be underway, no additional costs should be required.