

STATES OF JERSEY



G.P. FEES AND INCOME SUPPORT

Lodged au Greffe on 16th June 2020
by Deputy G.P. Southern of St. Helier

STATES GREFFE

PROPOSITION

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

to request the Minister for Health and Social Services in consultation with the Minister for Social Security and the Council of Ministers, as appropriate, to review his recent decisions on the level of co-payments to be charged to various groups of patients for the delivery of primary care, and to –

- (a) add to the list of those eligible for free primary health care through G.P. consultations, members of households in receipt of Income Support; and
- (b) identify and bring forward for approval by the Assembly an appropriate source of funding for the foregoing.

DEPUTY G.P. SOUTHERN OF ST. HELIER

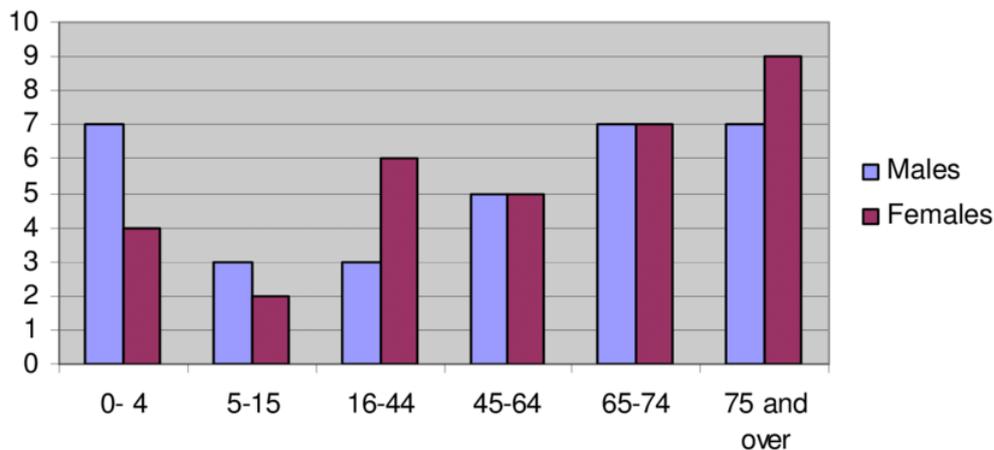
REPORT

The Minister for Health and Social Services is under pressure to develop plans to meet the dual objectives of dealing with the Covid-19 pandemic and reducing the costs of primary care for vulnerable groups in order to make these services affordable. By agreeing to the proposition [P.125/2019 Amd.](#) in January this year, his priority was, quite rightly, fixed on dealing with the pandemic, which gave rise to the following charges in May –

The new scale of charges is below –

Treatment	Cost
Covid-19 Response Team Home visit and All End of Life	Free
General Practice consultations (Including telephone and video consultations and nurse consultations)	
Children aged 0 to 4	Free
Children and young people 5 to 17	£10
All other consultations	£20
Home Visit	£40
Repeat consultation on same issue within 72 hours	Free
Pregnancy bundle	£120
Free Services	
Cervical Smear	Free
Childhood Immunisation	Free
Repeat Prescription	Free
Prescription collection/delivery service	Free
Letter of referral	Free

As we approach the end of the 4-month contract with G.P.s, a decision looms over whether to extend the current arrangements or concentrate on better addressing the needs of vulnerable patients. Eventually the number of Covid-19 cases will fall away. [P.125/2019](#) asks the Minister to devise a scheme which improves access to primary care by prioritising which vulnerable groups are most in need of affordable access to primary care, and to bring a proposition for debate by the Assembly in the third quarter of 2020, in order that such a scheme can be implemented from 1st January 2021.



Average number of NHS G.P. consultations per person per year by sex and age, 2002

This proposition addresses the priority of meeting financial vulnerability. If need for primary care is reflected in demand for such services, then the above shows that the demand for primary care is dominated by the young and the elderly.

On the surface, this proposition does not address the issue of improving access to G.P. consultation for our increasingly elderly population, it appears to deal simply with those who are financially vulnerable. We are told by the Minister for Social Security, that Income Support is a well-focused benefit that accurately supports households on low income. As such, it therefore acts as a built-in means test for assessing those on low income, in that those who receive Income Support will have genuine difficulties in affording G.P. consultations at £45 each time they attend.

Figures from the 2017 Minister’s Report show that 2,065 out of a total of 7,350 recipients of Income Support were in pensioner households. This corresponds to 28% of claimants of Income Support being pensioners. This is proportionately more than the numbers in the population (18%).

This figure (almost 1 in 3) is the same proportion revealed by the percentage of individuals living in households below the relative low income threshold in the Income Distribution Survey (“IDS”) of 2014/15. Incidentally, the figure for the number of children living below the low income threshold as 29%, almost matching the number of pensioners in poverty. We still await the results of the latest IDS 2019/20 which will give up to date figures relating to our success or failure in reducing income inequality since the adoption of the Common Strategic Policy 2018-2022. At this point even without the impact of Covid-19, the signs are not hopeful.

In terms of alleviating the problem of living on a low income for pensioners it is interesting to note that Income Support is constructed to cater for those in rental accommodation, not for owner occupiers. Table 40 of the 2017 Minister’s Report shows only 99 out of 5,700 claims for Income Support are for owner occupiers. It may well be that since the maximum weekly accommodation rate for owner occupiers is capped at £12.11 compared to, say, £324.24 for a rented 3-bed house, many owner occupiers do not claim. Many of these owner occupiers are the so-called “asset-rich, but income-poor” having paid off the mortgage. If however it were to become clear that claiming

Income Support were to be part of the system which gave pensioners free G.P. appointments, we would, in all probability, see many more owner occupiers claiming.

Financial and manpower implications

Given the state of flux around the changes to the delivery of primary care and its financing, which may include the Health Insurance Fund ("HIF"), the HCS budget, capitation and quality payments, it is difficult to put a figure on the cost to the States of giving free access to G.P. consultations to this group of patients. However, if we use the payments prior to the new G.P. contracts each consultation was worth £60 each (Patients, £40; HIF £20). Ignoring children in Income Support households gives a figure of around 7,300 adults (2017) in Income Support, averaging around 6 visits a year, gives a cost for this scheme of £2.6 million.

All that remains is to issue a card (rather like the old HIE card which had the same purpose) giving access to free primary medical services.