

**FINANCIAL ASSISTANCE FOR THE COST OF OPHTHALMIC AND DENTAL CARE FOR PERSONS AGED
OVER 65: EXTENSION OF SCHEME**

**Lodged au Greffe on 23rd July 2002
by the Employment and Social Security Committee**



STATES OF JERSEY

STATES GREFFE

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PROPOSITION

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

to refer to their Acts dated 24th April 2001 and 1st August 2001, in which they approved the establishment of a scheme to subsidise the cost of ophthalmic and dental care to certain persons over the age of 65 years for a trial period of two years through an appropriate organisation and, from 1st July 2002 -

- (a) to approve the extension of the range of services available under the Scheme for the remainder of the trial period to include chiropody, as set out in section 4.2 of the report of the Employment and Social Security Committee dated 2nd May 2002;
- (b) to approve an increase in the value of benefit available under the Scheme, for the remaining period of the trial, as set out in section 4.3 of the said report; and
- (c) to agree that the Committee be permitted to vary the criteria for eligibility within the period of the trial Scheme period, whilst remaining within the agreed budget, as set out in section 4.4. of the said report.

EMPLOYMENT AND SOCIAL SECURITY COMMITTEE

Note: The Finance and Economics Committee's comments are to follow.

REPORT

1. Introduction

- 1.1 In its Act of 24th April 2001, the States agreed to set up a scheme to subsidise dental and optical care for certain people over the age of 65 years. A subsequent amendment to the Act in August 2001 allowed the Employment and Social Security Committee to administer this scheme for a period of two years through an appropriate organisation.
- 1.2 The scheme was implemented in October 2001 but accepted receipted claims from 1st September 2001.

2. The Scheme

- 2.1 The scheme is targeted to people over the age of 65 who do not pay income tax and are not in receipt of H.I.E. (Health Insurance Exception). Additionally, applicants must have five years' continuous residency and less than £15,000 assets (£30,000 for a couple), excluding the family home.
- 2.2 For an annual premium of £109 paid to Westfield, members are entitled to the following subsidies.

Eye Test	£15	every two years
Eye treatment	£45	every two years
Dental test	£22	each year
Dental treatment (including dentures)	£150	each year

- 2.3 The original estimates of the number who might be eligible for the scheme were between 3,000 - 5,000. These figures were derived from the past Census, information from Income Tax on numbers of pensioners currently paying income tax and also numbers in receipt of H.I.E. from the Employment and Social Security Department. It was unclear what would be the impact of the asset limitations or if this age group visited the dentist/ optician regularly and so would be motivated to join. As of 30th April 2002, 588 people had joined the scheme, considerably lower than anticipated, though numbers have risen steadily each month. If this trend continues then membership should rise to approximately 750 by the end of the first year. Membership fees of around £60,000 have been paid to Westfield to date.

3. Uptake of the Scheme

- 3.1 The Employment and Social Security Committee believes that there may be a number of reasons why so many of the potential cohorts have not joined the scheme -

- Asset limits - many may have assets above the limits.
- Cost - particularly if health has not been maintained, then the resulting bill is so high, that even with the benefit, patients cannot afford the cost of treatment and so choose not to attend at all. This is especially true of dental treatment.
- Physical access - difficulties of transport or mobility may mean people in this group are not able to attend surgeries.
- Reluctance - for example, to seek dental treatment, complete forms, or divulge even limited information on finance.

- 3.2 The Health and Social Services Department has recently commissioned an audit of the dental health of this age group which may give further insight when published. The Employment and Social Security Department continue to market the scheme in various ways.

4. Extending the Pilot Scheme

- 4.1 The Employment and Social Security Committee has discussed a number of possible ways to amend the scheme to encourage greater take-up of the benefits available and to subsidise other essential healthcare costs as follows -
- 4.2 Chiropody
This benefit was omitted initially until the take up and cost of the other benefits became clear. The Committee

proposes that it should now be included to enable members to claim up to £90 each year. This covers roughly 75 per cent of the cost of a visit every two months. The additional yearly premium would be £24.

4.3 Levels of dental and optical benefits

There is some evidence that the current subsidies are too low, given the age and health status of the target group. This is particularly true of dental benefit - an amount of £172 a year is reasonable to maintain good dental health, but falls short of the cost when dental health is poor and considerable work, or dentures, is required.

Therefore, the Committee proposes that the current benefit levels for treatment are extended to increase dental benefit from £150 to £250 each year and optical benefit from £45 to £90 every two years. The additional annual premiums would be £33 and £27 respectively.

4.4 Level of assets and target groups

The Committee has also given consideration to raising the level of assets allowed and to extending the target group to cover, for example, those in receipt of H.I.E. While not proposing to widen the target group at this stage, the Committee would ask that the States grant it the flexibility, subject always to budget constraints, to amend the eligibility criteria of the scheme throughout the course of the pilot. In this way, the Committee will be better furnished with information with which to return with proposals for a future scheme.

5. Administration of the Scheme

5.1 Applications for membership are processed by the Employment and Social Security Department, with members' details being forwarded to Westfield Healthcare. After receiving and paying for treatment from either the dentist or optician, members send their receipts directly to Westfield to claim their benefit.

5.2 Should applicants have difficulties in completing applications, a helpline number is available through the Employment and Social Security Department. Additionally, telephone calls to Westfield can be made using a local number, charged at local rates.

5.3 One criticism of the scheme has been the need for members to pay bills up front before being able to receive the benefit, the concern being that many cannot afford to pay out large sums from their fixed incomes. Westfield are piloting direct settlement methods with professionals in the U.K., in much the same way as Health Benefits are claimed in Jersey now. Should this scheme continue beyond the two-year pilot, direct settlement could be explored for Jersey, depending on the level of computerisation within practices.

6. Estimated costs/staffing implications

6.1 The Committee is confident that by extending the scheme to include chiropody benefits and increasing the value of current benefits, the scheme could attract even more of the original target group to join. The new premium translates to an additional £20,000 for every 100 new members. With a budget of £680,000, the scheme in the revised format can accommodate up to 3,000 members.

6.2 This proposition has no manpower implications for the States. All financial resource implications should, therefore, be met from within agreed budget limits.

2nd May 2002.