

STATES OF JERSEY



HEALTH AND SOCIAL SERVICES: A NEW WAY FORWARD (P.82/2012) – AMENDMENT (P.82/2012 Amd.) – COMMENTS

**Presented to the States on 22nd October 2012
by the Council of Ministers**

STATES GREFFE

COMMENTS

Introduction

The Council of Ministers and Minister for Health and Social Services welcome the Panel's thorough and constructive review of the proposals contained in P.82/2012. The Council of Ministers makes the following comments on the Panel's proposed amendments.

1 PAGE 2, PARAGRAPH (b) –

In sub-paragraph (i), after the words “on the current site” insert the words “including full details of all manpower and resource implications necessary to implement the proposals”.

The Council of Ministers has, through a Report presented to the States in support of P.82/2012, updated the Assembly on bringing forward proposals for a new hospital (see R.125/2012 – *Hospital Pre-Feasibility Spatial Assessment Project: Interim Report*). In bringing forward the proposals referred to in part (b)(i) of the Proposition, the Council of Ministers plans to include financial and manpower implications consistent with the analysis and assessment undertaken within the pre-feasibility study and the acute services strategy development that are both underway.

The Council of Ministers supports this amendment.

2 PAGE 2, PARAGRAPH (b) –

In sub-paragraph (ii) for the words “by the end of 2014” substitute the words “by the end of 2013” and make consequential changes to the dates in Section 5.6.1 of the Report.

The Council of Ministers welcomes the high priority that the Scrutiny Panel has placed on Primary Care, and agrees with this wholeheartedly.

The Council of Ministers' vision is to deliver a sustainable health and social care system which is properly funded and in which services are delivered in the most appropriate, cost-effective manner to meet the needs of Islanders. The Minister for Health and Social Services and the Minister for Social Security are united in their intention, and agree with the Scrutiny Panel, that Primary Care must be integral to the new system.

Ministers are also united in their intention to deliver on this commitment as quickly as possible, through a robust process.

However, Primary Care is complex. The quantum of change is unprecedented in Jersey, and needs to be extremely carefully planned and implemented. It is essential that the system remains in balance and that Islanders continue to be able to access high-quality, appropriate services when they need them.

The new system will require additional funding; hence it is important that the timing of the proposal for a new model of Primary Care aligns with the timing of the proposal for a sustainable funding mechanism for Health and Social Services, as noted in sub-paragraph (b)(iii) of the Proposition.

A significant amount of work is required in order to bring forward proposals to develop a new model of Primary Care. This work must be undertaken in conjunction with the professionals responsible for delivering Primary Care, including General Medical Practitioners, Practice Managers and Practice Nurses, Dentists, high street Optometrists and Pharmacists.

Therefore, whilst the Council of Ministers are keen to progress this work quickly, there is an awareness of the need to explore options and their impacts and unintended consequences. Sustainable Primary Care is critical to the health and well-being of Islanders, and plans must be well thought through.

The Council of Ministers considers that the proposals to develop a new model of Primary Care (including General Medical Practitioners, Dentists, high street Optometrists and Pharmacists) could be delivered by the end of September 2014. The work-plan would comprise –

- engaging with Dentists, Optometrists and Pharmacists – January to March 2013;
- agreeing a detailed work-plan, including communications and ongoing engagement – by March 2013;
- initial discussions, engagement and consultation on policy and principles for sustainable Primary Care – April to August 2013
- agreeing an overarching policy and principles for sustainable Primary Care – September 2013;
- model financial impacts and funding flows – September to December 2013;
- continuing joint working to co-produce proposals – January – June 2014;
- considering contractual mechanisms and incentive systems – February 2014;
- initial draft of proposals for a new model of Primary Care – June 2014;
- consultation with G.P.s, Dentists, Optometrists and Pharmacists on the proposed new model of Primary Care – July – August 2014;
- finalising proposals for a new model of Primary Care – September 2014.

It is important that the principles and policy considerations for sustainable Primary Care are agreed, but that the purpose, role, requirements and service area of each group of Primary Care practitioners is also considered separately. The detail of the options for the new system must be carefully considered, because the services provided by each group of Primary Care practitioners are very different – for example Dentists and Pharmacists fulfil very different roles; their funding and payment systems need to be different and the metrics used to manage performance need to be specific and link to their core purpose and clinical risk profile.

A significant amount of work has been progressed in the past 2 years with General Medical Practitioners (G.P.s). A small Primary Care Governance Team is now in post, with a part-time Primary Care Medical Director providing the ‘Responsible Officer’ governance role. The Quality Improvement Framework (‘QIF’) has been agreed with G.P.s and funding has been made available for the past 2 years to support G.P.s in progressing towards the G.P. Central Server, which is due to be implemented in early 2013. This necessary preparatory work has been funded from the Health Insurance Fund.

In order to bring forward proposals for a new model of Primary Care pertaining to G.P.s, significant further work is required. Undoubtedly there will be a multitude of different opinions; hence this work needs to have experienced leadership and sufficient time to fully consider a range of views and concerns.

The Council of Ministers considers that the proposals to develop a new model of Primary Care (including General Medical Practitioners, Dentists, high street Optometrists and Pharmacists) should be delivered by the end of September 2014, in order to align with the related proposals for sustainable funding for Health and Social Services, but cannot be brought forward any earlier because of the complexity of the work required.

For the above reasons, the Council of Ministers is unable to support this amendment.

3 PAGE 2, PARAGRAPH (b) –

In sub-paragraph (iii) for the words “by the end of 2014” substitute the words “before the end of September 2014”.

The Minister for Health and Social Services has sought the view of the Treasury and Resources and Social Security Departments on this amendment, both of whom confirmed that they could deliver this piece of work within the proposed timescale.

The Council of Ministers supports this amendment.