

# STATES OF JERSEY



## **DRAFT COVID-19 (HEALTH INSURANCE FUND) (JERSEY) REGULATIONS 202- (P.45/2020): COMMENTS**

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**Presented to the States on 17th April 2020  
by the Health and Social Security Scrutiny Panel**

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**STATES GREFFE**

## COMMENTS

1. [P.45/2020](#) – Draft Covid-19 (Health Insurance Fund) (Jersey) Regulations 202- was lodged by the Minister for Social Security on 15th April 2020, in light of the ongoing Covid-19 pandemic.
2. The Panel would like to thank the Minister for Social Security for sharing the Regulations with it prior to formal lodging. It would also like to thank officers from the Strategic Policy, Planning and Performance Department for providing a briefing to the Panel on the Draft Regulations on 9th April 2020.
3. As outlined in the report accompanying P.45/2020, if adopted, the draft Regulations would allow the one-off transfer of £5,322,000 from the Health Insurance Fund (“HIF”) into the Consolidated Fund to support the costs of Covid-19-related primary care services and their delivery.
4. The HIF receives 2% of Social Security contributions collected under the [Social Security \(Jersey\) Law 1974](#). At the briefing the Panel was advised that the [Health Insurance \(Jersey\) Law 1967](#) prescribes how the HIF can be used. It was noted that the most significant expenditure from the Fund was Pharmaceutical Benefit, by which prescription medicines for insured Islanders are fully funded; and Medical Benefit, which pays a subsidy of £20.28 to reduce the cost of General Practitioner (“G.P.”) consultations in primary care. It was further noted that, in 2014 the HIF was amended to allow the Minister for Social Security to enter into contracts with General Practices and Pharmacies to undertake medical services. For example, influenza vaccinations, cervical cancer screening, medicine use reviews and supplies to test blood glucose levels have been provided to Islanders under these new contract provisions. The Panel noted that the provisions of the Health Insurance Law tightly controlled the ways in which the HIF could be used, ensuring that it was ring-fenced for primary care activity. It was advised, however, that the inflexibility of the Fund in this current crisis meant that it cannot adequately support primary care to undertake the range of roles needed in order to respond to the Covid-19 pandemic.
5. The Panel was advised that of the total £5,322,000 that would be transferred from the HIF, £0.920 million would be used to fund an ‘At Risk Health Optimisation Service’, and £4.402 million would be used to fund new G.P. and surgeries contracts. It was further advised that, due to the urgent need for these services, the Minister for Treasury and Resources had already provided the Health and Community Services Department (“HCS”) with interim funding to cover their costs. Therefore, the transfer of £5,322,000 would replace these amounts in the Consolidated Fund, allowing the money to be available for other emergency Covid-19-related support.
6. The Panel was advised that, on 11th March, when the World Health Organisation (“WHO”) labelled the coronavirus outbreak a pandemic and urged Governments to take ‘urgent and aggressive action’, HCS had already initiated discussions with primary care. For example, plans were already being put in place to bring forward innovative proposals for an ‘At Risk Health Optimisation service’ to ensure that an early response to Covid-19 could be operationalised before the peak of the pandemic occurred. It was noted that the response comprised the following –

- The provision of a free consultation to at-risk and vulnerable Islanders to provide advice and review their prescription medicines.
  - The provision of a prescription for a pack of medicines for severely vulnerable people, to support them at the first onset of any coronavirus symptoms.
7. It was noted that in order to make the best use of the Island’s health resources over the period of the pandemic, HCS had agreed contracts with G.P.s and G.P. surgeries for an initial period of 4 months. It was further noted that the contracts had been signed. The Panel was advised that the contracts meant that for a 4-month period, G.P.s would be directly employed by HCS, allowing for their deployment across a wide range of primary care community and secondary care areas in an integrated response, alongside existing HCS staff. Furthermore, surgery staff and premises would be co-ordinated to both maintain primary care services and support the overall Covid-19 response. It was further advised that this would improve efficiency and reliance in Jersey’s response to the pandemic and was essential for helping to ensure that the Island’s health system could flex to meet the coming demand.
8. The Panel noted that the primary and secondary care service integration included –
- Co-ordinating G.P. practices to deliver core services
  - G.P.s embedded within Ambulance Response service
  - G.P.s supporting a new Urgent Treatment Centre with assessment and triage
  - A G.P.-supported Covid-19 Response Team for community care, including patient reviews, and unplanned community visits and home visit provision
  - Operational Control support
  - Community Death Certification team.
9. The Panel queried how the costs for accessing G.P. primary care services would be impacted as a result of the new contracts. It was advised that, during the 4-month period, G.P. services would continue to be available and the fees would be fixed for patients as follows –
- child aged 0–4 – Free
  - child aged 5–17 – £10
  - adult – £20
  - home visit – £40.
10. It was further advised that, whilst surgery consultations would continue to be available when deemed essential, during the current “stay at home” restrictions, G.P.s would be offering consultations via video and telephone calls. With regard to Covid-19 patients, it was advised that a fee would not be charged for

confirmed cases, but that it could not be guaranteed that everyone would be exempt from being charged for Covid-19-related enquiry. The Panel queried where the income from patient fees would be directed during this period. It was noted that fee income from patients and medical benefit payments would be transferred to HCS as income.

11. The Panel queried whether the HIF could afford a reduction of £5.3 million from its current balance, and whether there were any implications of the proposed transfer on the future use of the Fund. The Panel was assured that during the most recent valuation the Fund was valued at £83 million, which included cash investments, equities and investments, some of which could be sold to pay to support the one-off transfer. It was also confirmed that there would be no specific consequence of the transfer from the point of view of the Fund. It was noted, for instance, that whilst the HIF would have a slightly lower balance and would therefore receive less investment income over the next few years, there would likely be a major change in the use or structure of the HIF going forward (in line with the Jersey Care Model), and the transfer of £5.3 million would have no significant impact on those longer-term decisions.
12. Despite these assurances, the Panel still has concerns regarding the long-term future of the Fund. Following the briefing the Panel received similar views from a G.P. who expressed their concern as to the implications of this transfer on the future of the HIF. Given the significant role of the HIF in providing support to Islanders, the Panel is of the opinion that a commitment should be made by the Minister for Treasury and Resources to ensure that the funds taken from the HIF are repaid in the coming years.
13. The Panel has reviewed the draft proposals, albeit briefly given the current circumstances, and understands the rationale for bringing forward the draft Regulations. The Panel endorses the transfer of funds from the HIF for the purposes outlined above and, in the context of the current pandemic, would recommend that Members support the draft Regulations.