# WRITTEN QUESTION TO THE MINISTER FOR SOCIAL SECURITY BY DEPUTY G.C.L. BAUDAINS OF ST. CLEMENT

## ANSWER TO BE TABLED ON TUESDAY 11th MARCH 2008

## **Ouestion**

Will the Minister -

a) explain the reasoning behind the 1993 change to the Health Insurance legislation, the effect of which was to prevent hospital consultants prescribing on health insurance prescriptions?

### Answer

The Health Insurance (Jersey) Law 1967 was enacted to provide financial assistance for primary health care, namely the cost of consulting a GP and any subsequent prescriptions arising from this. At the creation of the Health Insurance scheme, specialist consultant services were deliberately excluded because they were (and are) provided for the public by the Health and Social Services Department.

Under the Health Insurance (Jersey) Law 1967, a doctor must be approved by the Social Security Minister. Initially approval of doctors to practice medicine rested on the registration of doctors in Jersey under the Medical Practitioners (Registration) (Jersey) Law 1960 and conditions of approval were not linked to post graduate training for general practice.

Subsequently, mirroring developments in medical education in the UK, the Health Insurance law was amended under the Health Insurance (Conditions for Approval of Medical Practitioners) (Jersey) Regulations 1993. The 1993 regulation required a doctor seeking approval under the law to demonstrate completion of GP training and so ensure a minimum standard of general practice in Jersey. This was done in consultation with the Jersey Medical Society.

Such conditions are inextricably linked with the GP registration requirements of the General Medical Council (GMC). A hospital consultant is a specialist in a specific, defined field and undertakes different training which does not meet the conditions for Health Insurance approval.

# Question

b) Inform members whether consultants employed prior to 1993 continue to be able to so prescribe?

# Answer

Consultants employed prior to 1993 satisfied the approval conditions of the time, in that they were registered as doctors under the Medical Practitioners (Registration) Law. There are therefore, a small and diminishing number of hospital consultants prescribing under the Health Insurance Law as they would have applied for approval before the 1993 amendment. Given that consultant services are provided by Health & Social Services, such consultant prescribing under the Health Insurance Law will be for private consultations.

## **Question**

c) Undertake to amend the present legislation to address this anomaly if it can be shown that it would be of benefit to consultants, patients and the hospital pharmacy if consultants were able to prescribe?

#### **Answer**

Given the principles of the Health Insurance legislation and the requirements of registration by the GMC, consultant prescribing for primary care does not represent best practice.

Extensive work has been undertaken in the development of a single Island formulary. This formulary has been approved and ratified by H&SS Drug and Therapeutic Committee in addition to approval by local professional consultative bodies. It is therefore based on best practice and medical evidence. It effectively moves long term prescribing of medicines from hospital specialists to GPs and uses shared care prescribing agreements. The development removes the situation in which a patient under the care of their GP must also continue to receive prescribed medication from their Health & Social Services consultant for the complete treatment of their condition.

This unnecessary fragmentation of services was inconvenient to the patient and made inappropriate use of costly consultant services. The introduction of the joint formulary released savings to Health & Social Services in terms of improved efficacy of specialist resources within Health & Social Services and reduced drugs costs.

I therefore have no reason to believe that it would be of any benefit to patients or to the community at large to enable consultants to prescribe under Health Insurance legislation.