

**2.11 Deputy K.C. Lewis of the Minister for Social Security regarding the cost of multiple G.P. home visits to house-bound patients under the Income Support Scheme:**

Would the Minister inform Members whether the cost of multiple G.P. home visits to housebound patients will be met by the Income Support Scheme or will there be a limit on the number of visits for which a claim can be made?

**Senator P.F. Routier (The Minister for Social Security):**

The department recognises a G.P.'s duty to treat patients when there is a genuine medical need. The G.P. will always provide a medical service regardless of the previous number of visits that the patient has had. Support for G.P. visits is provided in a number of ways, under income support. The basic living component covers up to 4 surgery visits in a year, which is the average for a healthy person. Then, on top of that, the clinical cost component provides additional support, up to a total of 12 visits a year, for individuals with chronic illness. Then there is also the additional personal care component and the mobility component, which provides additional assistance for individuals who are housebound. The household medical account allows individuals to save an appropriate amount from their weekly benefit to cover the costs of the visits that they require. If someone is in genuine need of home visits, the weekly amount saved can be increased to cover this cost. Special payments can also be made to assist people who have unusually high needs or to cover the costs of a serious bout of illness. There is no specific limit on the number of visits for which a claim can be made.

**2.11.1 Deputy K.C. Lewis:**

As the Minister is aware, Sir, not all patients can attend a doctor's surgery, some being housebound and a few even bed bound. I have had many calls from senior citizens who are very despondent about the new regime and fear for the future. They feel abandoned by the States. Some have rung me and just say they want to hold hands and walk into the sea, they are that despondent. I personally have 4 parishioners who have prepaid their own funerals. This level of G.P. cover is woefully inadequate for home visits. Does the Minister not agree?

**Senator P.F. Routier:**

I do not agree at all. I am very sorry that the Deputy has had phone calls in the manner that he has. There is absolutely no need for anybody who is housebound to feel they have been let down by the system. The system is there to support people and they can have the visits that they require. It is the G.P.'s duty to treat people and that is what he will do. I would urge any Member who has received a phone call like that or comments like that, to reassure the people that are speaking to them, that they can have the visits they need and they will be met. As I said in my initial response that there are mechanisms to fund additional payments for people who are housebound and I suggest to Members that they should put that message out widely to anybody who speaks to them.

**2.11.2 Deputy K.C. Lewis:**

Sorry, just a final one, Sir. It was not the G.P. visits as such I was querying, Sir, it was the payment thereof.

**Senator P.F. Routier:**

As I said in my comments, the payments will be made. There is a mechanism in place that, if the person's medical account does not have sufficient in it, there is a mechanism for special payments to be made. It is the G.P. who will decide whether those visits are necessary and if the G.P. decides those visits are necessary then the account will be paid.

**2.11.3 Deputy G.P. Southern:**

Is the Minister confident that his department has clearly communicated both to G.P.s and to recipients of income support that this funding is available and is readily accessible by all?

**Senator P.F. Routier:**

In my earlier answers to questions on income support earlier this morning, I made it clear that there is still a bit of work to be done with G.P.s. The G.P.s all work in different ways and they make decisions about whether they are wanting to receive information or not at a rate that we are prepared to give it to them. This has been very, very difficult for us to arrange personal interviews with every G.P. and that is what we set out to do and that is what we intended to do. But G.P.s are very busy men and ladies, I should say. Very busy people and it has been difficult to gain appointments with everyone, which is what our intention was. We are continuing to work with them, to ensure that they do have a personal visit with advisers from the Health Department and from the Social Security Department so that there is a clear understanding of the way the system works.

**2.11.4 Deputy G.P. Southern:**

Can I just clarify, Sir? Is the Minister saying he is confident that he has effectively communicated both with G.P.s and with recipients, or not?

**Senator P.F. Routier:**

I am saying there is still some work to be done.

**2.11.5 Deputy J.A. Martin:**

In his first answer to Deputy Lewis, I am sure the Minister said that if there is not enough, which is for 12 visits a year, which is about £588 taken out of each person's money, who used to be on H.I.E. they could reassess that. He also said that this person would probably be getting a personal care element to assist with G.P.'s visits. Now, a once a month G.P. visit to the home is about £1,200 a year, I would suggest, on average, Sir and is the Minister sure the personal care element is not for the likes of Family Nursing (Family Nursing and Home Care), which his department definitely have not got sorted out between Family Nursing, the clients and the parishes yet. So, where is this money intended to go and who is it really intended to help? Is the Minister not sure that the message out there is to try and avoid home visits from G.P.s, where possible? This is what seems to be coming across to the clients and I am sure the Minister must get this right. If someone needs a home visit, the person does not have to worry about who is going to pay for it. Is he quite sure that this is happening?

**Senator P.F. Routier:**

The costs of home visits for people who are in medical need, and the G.P.s decide that it is right for them to have a home visit, will be met from the income support system. There is no need for anybody to fear that they cannot afford the G.P. through the costs not being met by income support, if there is a strong medical need. It has been recognised the H.I.E. system was abused. People were **[Interruption]** ... people were calling the doctor home when there was absolutely no medical need for them to do so. Now the G.P.s are working together with the Health and Social Services people and with my department to ensure that appropriate care is given to people when the medical need is identified. People will be able to receive home visits and the cost of it will be covered. The Deputy also questions the issue with regard to Family Nursing and Home Care with regard to how the money from the personal care element is used. The personal care element there is to be used in a manner which is appropriate for each individual. If the person has family nursing, that money can be used for that. It is a matter for the individual to decide how those funds are going to be used.

**2.11.6 Senator S. Syvret:**

Will the Minister accept that the answer to the original question, posed by Deputy Lewis, is in fact yes? There is, de facto, a limit on a number of visits but it will not be perhaps rationed by the number of visits. It is going to effectively be rationed by, ultimately, the funds available. Therefore there is a limit. Will he accept that?

**Senator P.F. Routier:**

The visits will not be rationed by the funds available. The visits will be rationed by the medical needs of the patient.

**2.11.7 Deputy P.V.F. Le Claire of St. Helier:**

There are a couple of issues. In Canada, for example, when you call a doctor, sometimes they will stick on the phone with you for half an hour and tell you to go to the hospital, and other services they provide more modernly were response to the patient's requests for a doctor. I think, regardless of the fact that there is a money issue and a pot of money and the increasing cost of home visits, will the Minister undertake to investigate and report back to the States about creating - if there is not one already - a dedicated team of doctors at the hospital that will respond when G.P.s are not available to respond to patients or decline to respond to patients because I have had it reported to me that sometimes they cannot get the doctor to come. That is more important than figuring out the money. It is getting the doctor there in the first place.

**Senator P.F. Routier:**

That is a new one on me but I certainly am aware that there is the out-of-hours medical service, which the hospital do provide. I would be very concerned if a G.P. was not prepared to visit somebody unless, perhaps, the G.P. has made a decision that perhaps it was a frivolous request for a visit. It may be that but I would not like to make any judgment on that. There is the service provided by the Health Department for the out-of-hours G.P. service and that is what it is there for.

**2.11.8 Deputy J.A. Martin:**

The Minister made the strong statement that we all know H.I.E. was abused. Being the Minister that monitors, that pays the doctor, how will he ensure, he says on medical needs, that it will not be abused? If a patient calls out his doctor 30, 40 times, when will it be, Sir, that Social Security gets involved to say that these are not medically needed home visits? He has already said the old system was abused. Who monitored that and when will he start cutting in and saying: "That patient you are going to, doctor, does not need another home visit this year"?

**Senator P.F. Routier:**

The monitoring of the relationship between G.P.s and patients is undertaken by a medically qualified person within my department and also in conjunction with the - I forgot the title - the Assistant Medical Officer of Health. They have been visiting the doctors to ensure that the new governance procedures, which are being brought into place for G.P.s, do work in the new system. So, I believe that there will be a very clear understanding of how monitoring will happen and it will be for those medically qualified people to make those decisions.

**2.11.9 Deputy J.A. Martin:**

Just, I am sorry, he is talking about - this is a supplementary, he has just given some information, Sir, the Minister, about new governance between G.P.s and his department. Could he make that public? Because it is the public that it affects and if somebody asks me whether they can go and the money will be found, I would like to know what governance this comes under. Thank you, Sir.

**Senator P.F. Routier:**

The governance that I was talking about is the work that the Medical Officer of Health is wanting to implement with the G.P.s. It has been something that they have been working on for quite some time under New Directions and they want to ensure that governance procedures are in place for G.P.s.

**2.11.10 Deputy G.P. Southern:**

Can he make that public, was the question? But, anyway, is the Minister aware that the lack of clarity is to such an extent out there among G.P.s that many G.P.s are simply solving his problem

for him by simply not charging for visits, not charging their clients on income support, for visits, until the system settles down and they are clear on what they are doing?

**Senator P.F. Routier:**

The G.P.s are interestingly making some decisions about not charging. Obviously they set their rates at whatever rate they want to, as Members will be aware. The rates G.P.s charge across the Island vary quite considerably. Now that H.I.E. does not exist, because H.I.E. clients used to be just paid a flat rate by the department, and the G.P.s are now finding they are having increased funds per visit for somebody who was previously on H.I.E. because they are now getting a full rate for their visit being paid by Social Security. So they are now in a position to not charge the patient the £5 charge which was initially thought that some patients would be paying. That is a commercial decision which G.P.s are making on their own behalf.

**2.11.11 Deputy K.C. Lewis:**

I thank the Minister for his replies, Sir. Would the Minister undertake to circulate all G.P.s with a note stating what has previously been discussed and would he also accept a letter from a G.P. as proof of someone's need for long term home care visits?

**Senator P.F. Routier:**

Letters are being exchanged now between the department and G.P.s, with regard to each individual patient. It is literally an agreement that somebody's medical need is sufficient for them to have a certain level of visits and that is the process that is going on. As this is the last question, I really want to say to Members, please be assured that the H.M.A. system for income support is being resolved as we go along and people need not worry about not being able to go to the doctor through the lack of funds. If they have a medical need, they must go to the doctor.