

**WRITTEN QUESTION TO THE MINISTER FOR SOCIAL SECURITY BY DEPUTY G.P. SOUTHERN  
OF ST. HELIER**

**ANSWER TO BE TABLED ON TUESDAY 3rd FEBRUARY 2009**

**Question**

Will the Minister inform members what steps, if any, have been taken to prevent those in receipt of Income Support having to repay the costs of additional GP visits, such as a recent case where a claimant was advised by Social Security staff that she would have to pay back to the department the cost of additional visits to and from her GP, totalling over £300?

In particular what steps will the Minister take to ensure that –

- (a) all staff are fully trained in handling such matters; and,
- (b) both GPs and Income Support recipients are fully informed what funding arrangements are in place to deliver full and flexible GP access?

Will he further inform members what guidelines, if any, are now in place to ensure that those who find or return to work are not charged for overpayment for the time taken by the Department to calculate the new level of benefit? In his answer will he indicate for members what targets, if any, are in place for addressing changes in claimants' circumstances promptly?

**Answer**

**GP Costs**

To help cope with the cost of GP visits, Household Medical Accounts (HMA) are available to some Income Support households. In particular, the great majority of those who previously had HIE status were set up with an HMA at the start of Income Support.

Each week, a small proportion of their Income Support benefit is set aside in the HMA. The value of 4 visits per year per person is deducted on a weekly basis from the basic living component. For individuals receiving clinical cost components, the full value of that component is also included in the amount to be saved. Anyone previously with HIE status is allocated at least an additional 4 visits per year (through Clinical Cost level 1), and some have been allocated an additional 8 visits per year (through Clinical Cost level 2).

When a member of the Income Support Unit visits their GP, the Department provides a medical benefit (£15 at present) towards the cost of the visit. This payment is made under the Health Insurance Law, which is not part of the Income Support system.

The remainder of the cost is deducted from the HMA.

The HMA allows the Income Support Unit to budget for GP visits steadily, throughout the year, regardless of when the visits actually take place. If the Income Support Unit does not have an HMA, the full (co-payment) cost of the GP visit must be paid by the person at the time of the visit.

The HMA account is designed to meet the cost of typical visiting levels. However in some situations, the Income Support claim may need to be adjusted or a special payment made. In particular, an individual who has a short, but serious illness may need extra visits which are covered by special payments. Patients who are terminally ill at home are likely to need extra home visits. This cost is also met through special payments.

Sometimes, the patient's medical condition is slowly deteriorating and they will be reassessed to check whether they now need a higher level of personal care, mobility or clinical cost element.

Regular reviews are undertaken with GPs and, at any time, a GP can inform the Department of a patient whose needs have increased.

If the patient chooses to visit the GP more often than is necessary on clinical grounds, then the patient will be asked to save a higher amount to ensure that the cost of all visits is covered by the HMA.

The question refers to a single instance in which an individual needed extra visits to cope with a specific illness and, as explained above, this is dealt with by a special payment. I have already met with the Deputy and this case has been resolved.

I can assure Members that the Department takes staff training very seriously and managers continually monitor and update training requirements amongst all staff.

The Department is in regular contact with the Primary Care Body, the organisation that represents local GPs, and we provide ongoing support to individual GPs and the profession as a whole to ensure that all local practices are kept well informed of current Social Security benefits and the operation of HMAs. Prior to the introduction of Income Support, Social Security staff visited the great majority of local GPs to explain the new arrangements.

Income Support claimants who transferred from the previous HIE benefit were sent details of the HMA system when it started. New claimants receive advice when their Income Support claim is set up.

### **Claimants moving into work**

Income Support claimants are not charged for overpayments in respect of the internal processing time of their change of circumstance within the Department. All claims are dated on the day that they arrive in the Department and, in most circumstances, benefit is paid or adjusted from that day. The sanction of overpayment is applied if the claimant fails to inform the Department of their new employment and continues to claim benefit at a higher rate, in the knowledge that they have now increased their household income.

As a general rule, earnings are included in the calculation of Income Support from the day on which they are due to be paid. For example, a jobseeker moving into full time paid employment with a monthly salary will continue to receive Income Support until the end of the first month of employment when they receive their first wage payment.

In some situations a 28 day disregard of additional earnings is also applied to people moving into work if the position is a permanent job or a contract position that lasts at least 6 months.

The 28 day disregard is applied to :

- Starting a job with a new employer
- Receiving promotion to a new job with the current employer
- Moving from part-time to full-time work with the same employer (at least 10 additional hours per week).

If the 28 day disregard of additional earnings is applied, the person moving into work will continue to receive Income Support at the previous level for an additional 28 days, after their first pay day. The claimant must inform the Department of the change in earnings when they start work in order to qualify for this additional disregard.

### **Processing Changes in Circumstances**

Following an amendment to the 2009 States Business Plan proposed by the Deputy and accepted (subject to some amendment) by the Minister, the Department has included in its Departmental business plan the following objective:

	Establish a minimum service			
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PR.24	level for processing changes of circumstances relating to Income Support households occupying rental accommodation	2009	Service levels established	March 2009
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The amendment only covers households occupying rental accommodation, as specified by the Deputy.

In reality, the Department does not distinguish between tenants and other types of household in applying targets to processing changes in circumstances. The current internal target for dealing with changes in circumstances for all types of claim is 10 working days from receipt of claim accompanied by appropriate evidence.

In the week beginning 19th January, these changes were being dealt with within 5 working days.