

**WRITTEN QUESTION TO THE MINISTER FOR SOCIAL SECURITY  
BY DEPUTY G.P. SOUTHERN OF ST. HELIER  
ANSWER TO BE TABLED ON TUESDAY 23rd FEBRUARY 2010**

**Question**

“Will the Minister state whether his department has ceased creating further Household Medical Accounts (HMA) for Income Support (IS) recipients, including those with high medical needs, other than those previously in receipt of a Health Insurance Exemption (HIE), and if so why?

Will the Minister also advise whether the provisions contained in the IS (Jersey) Regulations 2007 and consequent Orders, are being correctly applied so that an eligible individual in a household with an HMA will have a fixed sum put aside from their benefit to enable up to 4 visits a year to their doctor?

Would he also confirm that, thereafter, should they need to visit their GP more often, individuals may apply for and receive additional clinical cost components up to 12 visits: and that those who require over 12 visits annually may have the cost of these visits met through special payments and would not be presented with large bills for GP visits?

Would the Minister confirm whether the IS elements designed to cater for other living expenses are being diverted to fund medical needs?

Will he further state whether decisions on medical need, including the number of consultations required, are being made by his officers?”

**Answer**

Prior to the introduction of Income Support (IS) a limited number of households were granted Health Insurance Exception (HIE) status which entitled them to free General Practitioner (GP) visits. HIE status was removed as part of the legislative changes that brought in IS. The Income Support system now includes a range of medical components (clinical cost, personal care and mobility) which give targeted support to a greater range of families than the previous HIE system.

In the knowledge that HIE recipients were not accustomed to budgeting for their GP costs, the Department introduced an administrative function known as Household Medical Accounts (HMAs) to support these households. The HMA mechanism allocates a proportion of their IS benefit each week into a separate account, which is used to pay GP costs. The IS household does not need to deal with GP bills directly, as these are processed through the HMA.

All ex-HIE recipients who have transferred to IS have been offered a HMA facility. IS provides financial assistance in a wide variety of circumstances. Some vulnerable individuals will need a much higher level of support with budgeting and if an individual in this situation also has ongoing medical needs a HMA may be set up as part of the overall support package.

However, the HMA is a purely administrative device and all IS claimants have access to the full range of IS components. It does not affect in any way the total benefit entitlement of the claimant.

The Deputy correctly describes the procedures that are followed in paragraphs two and three of his question. However, as noted above the HMA is an administration function and does not form part of the IS legislation.

The basic IS component which covers day- to- day living costs assumes that the individual may need up to four GP visits per year. The clinical cost component is specifically designed to provide additional assistance with the cost of GP visits for individuals with medical conditions that require regular monitoring from a GP. There are also other medical components contained within IS for personal care and mobility needs that individuals can claim to

assist with associated costs, depending on the nature and severity of their condition. In certain circumstances part of the mobility element of the medical component may be used to assist with the cost of home visits by GPs, where the additional cost of the visit is due to the mobility difficulties of the individual.

Officers in the department work closely with an individual's GP and their consultant (if applicable) who provide clinical advice regarding their patient's condition and the predicted number of GP consultations required over a given period. Officers then make a decision based on the information provided by the medical expert, as set out in Article 10 of the Income Support Law.