

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY G.P. SOUTHERN OF ST. HELIER
ANSWER TO BE TABLED ON TUESDAY 5th APRIL 2011**

Question

Does the Minister accept the findings contained in Chapter 20 of SR.3/2011 'Review of Benefit Levels' that the cost of a GP consultation is such that it stops some people, especially those on low incomes, from seeing their GP?

Does she further consider that this presents a significant barrier to the implementation of her primary care strategy which emphasises preventative medicine?

What measures, if any, have been put in place to alleviate this problem since it was first reported in Jersey Annual Social Survey 2009, and if none, why?

What steps does the Minister, in conjunction with her colleagues, have under consideration to address this issue, and when will she bring any proposals to the States?

Answer

The Minister notes that the findings of the SR.3/2011 and recognises that the cost of a GP visit reportedly acts as a deterrent for some Islanders, at all income levels.

For those eligible for Income Support (IS) system support, there is provision for some GP visits and additional support is available for those individuals and families whose health is such that they require additional GP visits.

This benefit provision is designed to protect individuals who qualify for IS from the full impact of the costs of GP care and does therefore help families access primary care when they need to. The Minister acknowledges however that prioritising the costs of these visits may nevertheless present a problem in some cases.

The Jersey Annual Social Survey (JASS) 2009 survey does suggest the cost of GP services might contribute to reluctance to access preventative healthcare with people reportedly only visiting the GP "when I have to". It is a matter of public health concern that about half the people in Jersey who pay for GP care may not prioritise spending on preventative healthcare, such as routine monitoring of chronic conditions e.g. high blood pressure and heart conditions.

In May 2010, the Minister for Social Security's Proposition 36 – adopted unanimously by the States Assembly – lay the foundations for reform of primary care, drawing on the Health Insurance Fund to invest in practice infrastructure in return for commitment from the Jersey Primary Care Body to local regulation and delivery of a quality contract from 2012. Once the new quality contract is in place a proportion of GPs' overall remuneration will be dependent on them delivering optimum regular care of their patients, as opposed to their current dependence on the level patient activity (i.e. the numbers of patients they see). It will therefore be in the GPs' interests to reduce cost barriers to patients receiving this care. The effect of this is already being seen with more practice nurses being deployed as part of primary care teams.

In addition, the 'Strategic Roadmap' work which is currently underway will make further recommendations for building on the foundations firmly laid in P.36, towards a future safe, sustainable and affordable health care system in Jersey.