

## **2.9 Deputy G.P. Southern of the Minister for Social Security regarding the reduction of G.P. consultation rates:**

What steps, if any, does the Minister have under consideration to reduce the cost of G.P. (General Practitioner) consultations to the public?

### **Senator F. du H. Le Gresley (The Minister for Social Security):**

Deputy Southern has submitted a written question and lodged a proposition on this subject in addition to this oral question. Members may not yet have had the opportunity to look through the written answer in detail and so I will set out some of the information again. A transcription error relating to historic data in an appendix to the 2010 departmental accounts gave a misleading impression that the number of G.P. visits in the Island had fallen by nearly 50,000 visits between 2006 and 2010, a drop of 12 per cent. I can categorically state that this is not the case. The number of visits in 2006, 2007, 2008 and 2010 varied by no more than 1 per cent from year to year. The year 2009 was an exception with approximately 20,000 extra visits recorded probably due to the concerns raised by the prospect of a swine flu pandemic. As Members will be aware the Health and Social Services Department is currently undertaking a major review of health services including the ways in which primary care is delivered in the community. These will involve the provision of services by G.P.s, pharmacists and other healthcare professionals. I will be working very closely with the Minister for Health and Social Services on this project and as plans are developed and funding is identified proposals will be brought to the House for approval.

### **2.9.1 Deputy G.P. Southern:**

Notwithstanding the answer I would have expected a more numerate response from the Minister given that the number of members who are insured in the Health Insurance Fund has gone up by 10 per cent over this 5-year gap and as he correctly says, the number of G.P. consultations has not which, in itself, suggest that people are putting off going to the doctors because the numbers stay steady while the number insured - the number available to go to the doctor - has gone up 10 per cent. Does he accept that people are putting off going to the G.P. because of the cost?

### **Senator F. du H. Le Gresley:**

No, I do not accept that.

### **2.9.2 Deputy G.P. Southern:**

If I may. Despite the numbers, does the Minister accept the findings of 2 previous investigations by scrutiny into the method by which primary health care is funded in the income support system that those people on income support are putting off going to the doctor, at a cost to their health?

### **Senator F. du H. Le Gresley:**

Since I have been appointed Minister for Social Security I have been concerned about the way that the Household Medical Account is operating which I think is a concern of the Deputy as well. We are carrying out a review of the Household Medical Account, looking to improve what is in place at the moment. What I would say is that the existing income support provision provides good cover for those with chronic conditions and those with urgent short term needs.

### **2.9.3 Deputy G.P. Southern:**

Finally, can the Minister justify that last statement? Certainly I accept that it does provide sufficient cover for those with chronic or progressive illness, it does not, however, provide a good cover for those who fall seriously ill in an acute way.

### **Senator F. du H. Le Gresley:**

Once again I do not agree with the Deputy. We have a system of special payments as he is well aware and many people who incur a number of bills in a short period of time are able to have that money reimbursed through special payments.

#### **2.9.4 Senator A. Breckon:**

I wonder if we could ask the Minister if he recognises the information contained in the Jersey Annual Social Survey that says people are concerned about medical and dental costs?

#### **Senator F. du H. Le Gresley:**

Yes, I am pleased to respond to the Senator on that point because the Annual Social Survey to which he is referring makes it quite clear that people are more concerned about dental costs than they are about going to the doctor.

#### **2.9.5 Deputy T.A. Vallois:**

In terms of the children of both working parents having to take their children to G.P.s and trying to find other ways of helping their child while ill to avoid the cost of G.P.s, does the Minister not acknowledge the fact that in one practice a doctor is charging £32 to £38 for a child to be seen and in another practice it is charged at £10. The parents are finding it extremely difficult, especially at this time, to help their children and they will do everything they can to do so but does he not see this as wrong and that there should be at least some fair mechanism for children to be able to access G.P.s at a lower cost?

#### **Senator F. du H. Le Gresley:**

The Deputy makes a very good point but of course the Social Security Department and the Minister do not interfere with private businesses - which G.P. practices are - and how they control the cost of G.P. consultations, but I accept the point the Deputy makes.

#### **2.9.6 Deputy S. Pitman:**

The Minister mentioned that under the H.M.A. (Household Medical Account), people on income support who have chronic conditions receive help. Now it has been said new applicants do not receive that. Could you tell us, new applicants who have chronic conditions, will they receive a special payment for their medical bills and, if so, are they made aware of this when they apply for their income support?

#### **Senator F. du H. Le Gresley:**

While the provision of Household Medical Accounts is not universal to income support recipients, there are still situations where we will offer a Household Medical Account if it is specifically requested by an income support household, particularly where there is evidence of a chronic condition of one of the members of that household. So, in answer to the Deputy, a Household Medical Account is available in certain situations and, as I said earlier in response to another question, we are reviewing the position of Household Medical Accounts and I hope to come back with proposals which will improve the whole process.

#### **2.9.7 Deputy S. Pitman:**

Could the Minister tell us when he is expecting this review to be completed?

#### **Senator F. du H. Le Gresley:**

I could not give a firm date. It is an ongoing review as part of the review of income support this year.

#### **2.9.8 Deputy T.A. Vallois:**

How could the Minister advise that we do not get involved in private businesses such as G.P.s when we provide them £19 per visit to the doctors?

#### **Senator F. du H. Le Gresley:**

My point was that each G.P. practice can charge what it likes. We only provide a subsidy. We do not have any control and in fact the J.C.R.A. (Jersey Competition Regulatory Authority) are quite clear on that; government cannot have control on what individual practices charge.

[10:30]

**2.9.9 Deputy G.P. Southern:**

Is the Minister aware that when recipients of income support can have large medical bills from their G.P. visits, the department is routinely allocating somebody from other components to their H.M.A. in order to pay off what they see as a debt and is not routinely recommending that people ask for a special payment?

**Senator F. du H. Le Gresley:**

If the Deputy has evidence of that in particular cases, he should bring it to my attention.

**Deputy G.P. Southern:**

The Minister will enjoy reading the report attached to my proposition.

**The Bailiff:**

Very well, we will come now to the next question which Deputy Hilton will ask of the Minister for Health and Social Services.