

#### **4.7 Senator S.C. Ferguson of the Minister for Health and Social Services regarding the proposed diabetes system: [OQ.6/2018]**

How much will the proposed new diabetes system save the Health and Social Services budget; what will be the charge per visit to patients attending the clinics; and who will pay for the training of staff working in the clinics?

##### **Senator A.K.F. Green (The Minister for Health and Social Services):**

The diabetes pilot is one of 3 services being trialled as part of the sustainable primary care strategy. It aims to provide a full integrated care service for patients delivered in their G.P. (general practitioner) surgery by a combination of G.P., practice nurse and in this case diabetic specialist nurse. As the pilot scheme develops the service will be evaluated. This will include the cost effectiveness as well as the outcomes it achieves and the views of the patients and staff. The pilot has only started so it is not yet possible to even give an interim report on the evaluation. The pilot is designed in principle that patients should not be financially disadvantaged and that they will pay broadly the same as they do now. The funding from Health and Social Services is being used to pay for training and this is included in the year of care training and funding specialists from the diabetic centre to upskill staff in general practice.

##### **4.7.1 Senator S.C. Ferguson:**

It seems to me that this is an opportunity to outsource services because at the moment patients going to the diabetic clinic do not pay, so is the Minister saying that patients going to the G.P. diabetic clinic will not be paying?

##### **Senator A.K.F. Green:**

That is what I have said. During the period there will be no extra cost to patients who are part of this trial. The plan is not to outsource, as the Senator says, the plan is first of all to treat the whole patient with complex issues rather than just one part of them and the G.P. is the best place to do that. But the plan is also then to release specialist time for the more complicated diabetic cases.

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

My reading of the proposal was that it was designed not to cost any extra than current use and, in fact, was estimated as £2 per year cheaper to do this new pilot. What consideration was given to the possibility of attempting to cover the whole of the problem by offering to subsidise completely this pilot in order that we should make sure that we get every diabetes sufferer that we could rather than have some, although it might not be many, put off by the continued cost? What consideration was given to the provision of a free service rather than a slightly cheaper service?

##### **Senator A.K.F. Green:**

It was important in this trial ... this trial was a trial that was a bid from general practice when we asked them to look at ways that we might do things differently. It was important in this trial that nobody was disadvantaged, and the Deputy is absolutely right, it is just under £2 saving on the year, for which they receive considerably more background support and care. Now, where this is going to go - this is about the first or second week of the pilot scheme - I do not know but I do know that it is worth looking at supporting the whole patient with particular needs around their diabetes. If it works then we will be looking at rolling that out to others as well. The Deputy has a point: why should others not experience it if it works? But this is about the second week of the trial at the present time.

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

Nonetheless, I believe the question is still valid and was not answered, what consideration was given at the time as to the total cost of this particular scheme being developed and the possibility of it being a free service to make sure we got everybody in the pilot. Will he answer the question: what consideration was given to that and what are the current costs and potential costs of delivering this service?

**Senator A.K.F. Green:**

The current cost, from memory, is about £82,000 going into this development. I understand where the Deputy is coming from but this is a trial. Let us see if the trial works, let us iron out the wrinkles and then look at whether we could expand it or whether we could reduce the charge or what that might be. Let us do the trial first.

**Deputy G.P. Southern:**

It could have been a trial with ... it could have been a trial where they know the cost, albeit ...

**The Deputy Bailiff:**

Deputy, that was a further supplementary to the supplemental. Final supplementary, Senator Ferguson?

**4.7.4 Senator S.C. Ferguson:**

Yes, the Minister has not answered the question. He says it is a £2 saving. Well, if they are not paying anything at the moment are they going to be given £2 as they go through the G.P.'s door? Has he got a proper, business-like economic impact assessment for H. and S.S. and an economic impact assessment for the consumer. Is he intending that the consumer should be paying their usual fee to go the G.P. less a couple of pounds? He has not answered any of the questions. Will he now answer them or come back to the States with an answer?

**Senator A.K.F. Green:**

It is clear that Deputy Southern has read the paper properly and the Senator has just brushed over it because you can very clearly see that the cost to patients is not a saving of £2 per visit, the cost to the patient, because we have subsidised the service to the tune of £80,000, is very similar to the cost of their visits to G.P.s now. I do not mean the charge that the G.P. makes, I mean the cost for their treatment over the year. It is £2 cheaper than it would have been for them in this trial. You cannot do right for doing wrong. Here we are trying to involve patients and their G.P.s and specialist nurses in providing a wrap-around service for them to improve the care within the community and their general health, we have this exciting project and that is wrong. But anyway I stand by it, it is a good investment of £80,000 and I look forward to seeing the results.