

2019.10.22

1 Deputy G.P. Southern of St. Helier of the Minister for Health and Social Services regarding the affordability of access to primary care: (OQ.265/2019)

What measures, if any, does the Minister have under consideration to reduce the level of G.P. (general practitioner) consultation fees, and to what timescale; and furthermore, what steps is the Minister considering taking to improve the affordability of access to primary care for those with the greatest clinical or financial need?

Deputy R.J. Renouf of St. Ouen (The Minister for Health and Social Services):

We must remember that G.P. practices are private businesses and are currently able to set their fees as they wish. All G.P.s offer discounts against their published fees for many patients. However, the Government Plan for 2020 includes a commitment under C.S.P. (Common Strategic Policy) 2 to deliver new models of primary care, including the development of a model to support access to primary care for financially vulnerable individuals. This includes considering support for individuals who see cost as a barrier to accessing G.P. services. As part of preparatory work under this commitment, working groups, which include G.P. colleagues, have already been established to support the design and delivery of a scheme or service to improve support to primary care services for agreed groups of people with a low income. In fact, a project has started providing a range of accessible health services aimed at clients of the Shelter and other vulnerable people. Plans are also in place to establish a working group to review options for improving access to dental services for children. The longer-term plans in the new Jersey Care model will include a review of the options for sustainable funding model to ensure a comprehensive accessible primary care system. Under the new care model, a new relationship with primary care providers is envisaged, in which the Government will contract with a wide range of primary care providers, including G.P.s, to deliver more services in the community based on the needs of the patient. Those contracts are likely to provide for some services to be provided free to the patient. Others may allow for a set patient fee, or an unregulated patient fee. The overall aim of the model is to improve access to patients and access for financially vulnerable people will be specifically addressed to ensure cost is not a barrier. Subject to the approval of the Government Plan, the actions to move to a more accessible and comprehensive primary care system will be taken.

3.1.1 Deputy G.P. Southern:

I thank the Minister for his extended answer. However, he failed to mention the vital key element always in questions is: by when. When are we likely to see anything coming from his department to reduce the expense of G.P. fees, as they currently are over £40 for a visit?

The Deputy of St. Ouen:

As I did mention, the Government Plan for 2020 includes a commitment to deliver new models of primary care. This is being worked on at the moment. The Minister for Social Security is also involved, as the Minister with responsibility for the Health Insurance Fund, which of course plays a vital part in this area.

3.1.2 Deputy R.J. Ward of St. Helier:

Does the Minister not believe that improving access for all of our residents to primary healthcare and G.P.s, making it as affordable as possible, is integral to the new model of healthcare and integral to development not only of that, but our new hospital?

The Deputy of St. Ouen:

Access for all is very important but, of course, we must begin by addressing those who have the greatest difficulty at the moment and I am certainly very willing to have that discussion about greater means of access, what tax resources, what parts of the Health Insurance Fund might we make available to funding G.P. care.

3.1.3 Deputy R.J. Ward:

Is it not the greatest need that is vital here, because unless the greatest need is met early on then if we look economically at this situation the cost will be much higher in the long term, so it is not necessarily just in terms of income, but in terms of greatest need?

The Deputy of St. Ouen:

Yes, I do agree. When we are talking about vulnerable people, it is not just those who might be financially vulnerable. So, somebody might feel that they cannot afford the doctor's fee, but if they are in good health and perhaps need to visit the doctor rarely, their need is perhaps less than those who might need to visit the doctor once a month, but have a greater income. So, we are considering also those groups of people who are regular users of G.P. services and may find difficulty meeting those costs. There is work presently happening where the surgeries group together in clusters and see patients, for example diabetic patients, on a contractual basis. So, no charge to the patient, but instead the arrangements are made with the G.P.s that they are funded for a year to see a certain number of patients with diabetes. That sort of work will continue.

3.1.4 Deputy M. Tadier:

I have come across 2 constituents in the last week, who have been told by their G.P.s not to come back because they have an outstanding G.P. bill; one is less than £100 and only a few months old. Is the Minister aware of other examples of this happening and what duty of care does he think he has, as a Minister for Health and Social Services, to make sure that this does not happen?

The Deputy of St. Ouen:

I am aware of the very few instances where that does happen. I have discussed it with G.P.s. I believe that G.P. surgeries are very careful before they might issue such a measure, as the Deputy has referred to, and they will do all that they can to support their patients. But we must remember that G.P.s are private businesses, so I cannot intervene in that sort of decision, but what is happening is that we have a procedure whereby vulnerable people, these are perhaps homeless people very often, they are being attended to in a new project that has started at the Shelter where G.P.s and other primary care workers attend to meet the needs of clients of the Shelter and other vulnerable people in the community, free of charge.

3.1.5 Deputy M. Tadier:

The Minister is correct that G.P.s are private businesses and there is no requirement for them to act in any other way when they perceive a bad debt but the Minister, of course, is not a private business and he, as a Government Minister, has a moral duty to ensure that all citizens in our society are able to access healthcare and that cost should not be a prohibition to that. I think, even when he was Chair of the Health Scrutiny Panel, he may have come up with recommendations to that effect. So, can I ask: how has he been implementing the recommendations of the previous panel which he chaired in regard to this very urgent issue?

The Deputy of St. Ouen:

I understand that there is a reporting arrangement so that if G.P. surgeries feel the need to send this message to one of their patients, they will advise the Department and the Department will pick up and will see that that patient's needs are met in some way. So, an individual approach is taken. But as to the wider question: yes, the Department and I - and the Customer and Local Services Department - are working on new ways to deliver primary care. There is a lot of work going on, a lot of activity, and we will be bringing forward proposals.

3.1.6 Deputy I. Gardiner of St. Helier:

Last week, one of my constituents approached and asked if this is the new tendency that we will see in Jersey. He has every 3 months blood test at the hospital, he has been redirected to a G.P. and now - and I am talking about a person who is 80-plus - he needs to pay £50 every 3 months. Basically, his question was: is it the new way that we would go, or it will happen other way?

The Deputy of St. Ouen:

I do not believe that is the intent of the proposed new Jersey Care model. If the Deputy wishes to come and discuss her constituent with me, or put us in touch, I will certainly try and understand the reasons why that is the case. But for somebody needing regular treatment that can easily be delivered in a G.P. setting, rather than in a hospital setting, that would be the intent of the new Jersey Care model wherever possible and the money can follow the activity. So, those costs at the moment are met in the hospital. Those costs can come out of the hospital and be used to fund the G.P. service, without that patient needing to pay.

Senator K.L. Moore:

Sir, my light had been on. Perhaps you did not see it.

The Bailiff:

I am sorry, I did not see your light. I am afraid, although I did not see the light and I did not notice you wishing to ask a question, we have already spent well over what might reasonably be allocated to this question. So, I am afraid I will give final supplementary now to Deputy Southern.

3.1.7 Deputy G.P. Southern:

Yet again the Minister has failed to mention any timescale. Does he have any short-term solution for what is already a major problem? Has he considered what is called double running of the Health Insurance Fund, which pays for G.P. consultations which currently stands, or is predicted to stand, at £135 million? Is he prepared to considered double running that fund?

The Deputy of St. Ouen:

I think those involved in this topic are willing to consider all options. There may well be an element of double running. The use of the Health Insurance Fund is certainly under consideration, but I can assure the Deputy that there are things happening at the moment. I have mentioned the new work at the Shelter. I have mentioned the G.P. clusters that are working well and attending to patients in long-term conditions. At the same time, we are planning further changes.

The Bailiff:

Senator Moore, could you press your button just to make sure that we are functioning? Yes, it seems to be working. I apologise for the last occasion.