

2019.12.10

1 Deputy G.P. Southern of St. Helier of the Minister for Health and Social Services regarding the identification of patients as financially, clinically or socially vulnerable: (OQ.310/2019)

Will the Minister inform Members which groups of patients he considers to fall into the 3 categories of financial, clinical and social vulnerability, outlined in the Jersey Care Model and for which he will “consider all opportunities for expanding access” to primary care services; and will he state how many people are in each such group?

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

A major theme of the Jersey Care Model is to provide services further upstream than we do at the moment. Currently, our services tend to respond to crisis and that means we provide them at a higher cost than if we were to move services upstream into preventative and primary care. We recognise that the cost of visiting a G.P. (general practitioner) is prohibitive for some groups of patients and we will address that by reinvestment in primary care as we move services away from the expense of secondary care provision. Much activity, that is currently undertaken in the hospital, could be commissioned out to primary care and the intention is that this will be free at the point of access. With regard to numbers, we are about to undertake a needs assessment across the whole care system by the health planner recently appointed to validate figures for each of the target groups. The report of the health planner will be ready early next year.

3.1.1 Deputy G.P. Southern:

Will the Minister inform Members, then, how much is the likely cost of making access to primary care free at the point of contact?

The Deputy of St. Ouen:

Yes, that cost will be worked up by the health planner and health economist that we are engaging with and when their work is done, that information will certainly be made available to States Members and to the wider partners in the health service.

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

I may have missed it in the Minister’s answer, but does he have a timescale for when the first implications of this will be seen by the most vulnerable groups, as are categorised by the Minister?

The Deputy of St. Ouen:

As I have been saying, many times over the previous weeks, it is planned that the health economist and health planner will finish their work by March and then we will be in a better position to put forward proposals to address the financially vulnerable.

Deputy R.J. Ward:

Sorry, the question was not when the financial planners would have their work done, but when vulnerable members of our community would see some sort of change.

The Deputy of St. Ouen:

The Government Plan contains a commitment, by the whole of Government, to have a provision in place during the next year. We are actively working on it. It is a major theme of my departmental work.

3.1.3 Deputy M. Tadier of St. Brelade:

Could the Minister confirm which disciplines of professional would be included in this free point of access? Does that include G.P.s?

The Deputy of St. Ouen:

I fully anticipate that it would need to include G.P.s, but not just G.P.s, but all primary care practitioners, I hope. But that detail is a matter to be worked out, or to be advised upon by the health planner and health economist. I am sure it would include G.P.s.

3.1.4 Deputy M. Tadier:

Does the Minister agree that if he is to give free access, at the point of contact, to certain groups for G.P.s, for example, there are only really 2 ways of doing that? One is to either subsidise fully the cost of the G.P. visit, or the other is to employ G.P.s directly by the States, in order to deliver that. Are those the 2 main options, or are there other options, which the Minister is considering?

The Deputy of St. Ouen:

I do not think I need be prescriptive and say there are only 2 options. There are probably many more ways of making this provision and that is the reason why we are engaging with the health planner and health economist, to understand the different ways that we can provide for the financially vulnerable.

3.1.5 Deputy K.G. Pamplin of St. Saviour:

It is a good moment to remind Members that we have launched, as a Scrutiny Panel, a review of the future Care Model and I encourage all Members to come talk to us with their concerns. I would like to just expand on the second part of the Deputy's original question about considering all opportunities for expanding access. If I could just push the Minister a bit further on his answer to that part of the question.

The Deputy of St. Ouen:

I am not quite sure what the question was from the Deputy. Yes, we want to consider the needs of the financially vulnerable, so that they can access primary care services in a timely way, without being hindered by their circumstances. Because we know that, at the end of the day, that just adds to costs, which usually end up in the secondary care service.

3.1.6 Deputy G.P. Southern:

It is all very vague and up in the air at the moment. Will the Minister inform Members what terms of reference he has given for the body of health economists he has tasked with devising this particular scheme?

The Deputy of St. Ouen:

I will undertake to circulate those terms of reference.