

**WRITTEN QUESTION TO THE MINISTER FOR SOCIAL SECURITY  
BY DEPUTY G.P. SOUTHERN OF ST. HELIER  
ANSWER TO BE TABLED ON TUESDAY 12th NOVEMBER 2019**

**Question**

Further to the responses provided by the Minister for Health and Social Services to Written Question 464/2019 and Oral Question 265/2019, will the Minister –

- (a) advise whether it is her assessment that there is an urgent need for action to make G.P. consultations affordable for those in clinical, financial or social need;
- (b) state what action, if any, she is prepared to take in order to make the cost of such consultations affordable to those in clinical, financial or social need;
- (c) state whether she will lodge an amendment to the Government Plan that would explicitly deliver lower-cost primary care; and
- (d) advise which groups are at the top on her priority list when considering the delivery of affordable primary care and state what consideration, if any, has been given to the part means-testing could play in the development of proposals in this area?

**Answer**

Parts A and B of this detailed question refer to GP consultations. Parts C and D refer to primary care. The question does not refer at all to the new Jersey Care Model (JCM).

I fully support the Minister for Health and Social Services, who has identified one of his highest priorities for urgent action is to continue the exemplary work that has been undertaken in the last few months to develop the JCM. This work is vital to creating a holistic, patient-centred health system and will form the basis of planning for the new hospital and the development of a sustainable health system to serve Jersey for many years to come. The Government Plan includes a commitment to develop a model to support access to primary care for financially vulnerable individuals.

The development of the JCM will create a new relationship between government and general practitioners. It will also create and strengthen relationships with many other types of health care providers. Working together across primary care, a range of professions will support local people with their healthcare needs in the future. The role of patient fees in the new system will be developed over the next few months following an intensive exercise to be undertaken by health economists who will consider and validate each aspect of the JCM. That work will start in December and will be completed in the first half of 2020.

I fully support the HSS Minister's view that completing this validation process to enable the JCM to begin implementation in the second half of 2020 should be a high priority. This will begin the transformation of our existing primary and secondary care services and the settings in which these are delivered. I support the HSS Minister's decision to complete these preparatory steps comprehensively, but also as quickly as possible to allow the new system to commence. Given this significant and transformational workstream, it would not be a good use of public resources to undertake work on making adjustments to the current primary care system in advance of the completion of the validation exercise.

Once that high-level work is complete, I understand that the Government will promptly develop plans to address any barriers to access that might be faced by patients in the new system.

To address the 4 parts in turn:

- (a) advise whether it is his assessment that there is an urgent need for action to make G.P. consultations affordable for those in clinical, financial or social need;

There is an urgent need for action to reaffirm and redesign the role of the GP within the overall healthcare system. This work is currently underway as part of the development of the Jersey Care Model. Following a detailed financial analysis of the model, plans will be drawn up during 2020 to address any financial barriers faced by patients who require GP consultations under the JCM. Initial plans suggest that many activities currently undertaken by GPs will be provided through other appropriate healthcare professionals in future (for example, practice nurses or community pharmacists). Some services will be provided free of charge and others will still require a patient fee. Some services will be provided outside of the traditional GP surgery. For example, last week the Listening Lounge was opened. This community-based free service provides direct support for people with mental health issues.

- (b) state what action, if any, he is prepared to take in order to make the cost of such consultations affordable to those in clinical, financial or social need;

Detailed work will be undertaken during 2020 to identify potential barriers to accessing healthcare as part of the Jersey Care Model. Initial plans suggest that individuals with long-term conditions which need regular monitoring will receive this as part of a patient pathway which will be provided free to the patient. Where fees are retained in the new system, plans will be drawn up as part of the overall implementation to support low income groups with these costs. Embedding health services within communities will help to ensure that hard to reach groups are encouraged to access the health system and are signposted to appropriate health and wellbeing advice and education.

- (c) state whether he will lodge an amendment to the Government Plan that would explicitly deliver lower-cost primary care;

There is no need to lodge an amendment as the Government Plan already includes a commitment to support financially vulnerable people in 2020 and this commitment will be fulfilled during 2020 within the context of the Jersey Care Model. This is detailed on page 47:

*“Deliver new models of primary care including: ...*

- the development of a model to support access to primary care for financially vulnerable individuals.”*

- (d) advise which groups are at the top on his priority list when considering the delivery of affordable primary care and state what consideration, if any, has been given to the role means-testing could play in the development of proposals in this area?

As noted above, a full economic and operational analysis of the healthcare system has been commissioned by the Health and Community Services Department with work starting in Jersey in December this year. Once this is complete, the findings will be incorporated into the detailed plans for supporting low income groups in 2020.