

22.03.01

10 Senator S.Y. Mézec of the Minister for Health and Social Services regarding the Health Access Scheme (OQ.46/2022)

What is the Minister's assessment of the success, or otherwise, of the health access scheme that has provided for cheaper access to G.P.s (general practitioners) by pensioners, children and those on low incomes?

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

I am very pleased that the Minister for Social Security has introduced the health access scheme. As the Senator notes, the scheme provides free access to G.P. surgery visits for children living in low-income households and reduced fixed-rate consultations for low-income adults. The scheme covers everyone in an income support household. It also includes a wider group of pensioners who are eligible for pension plus benefits. Surgery consultations are fixed at £12 for adults and this fee includes a wide range of extra services, including blood and urine tests, referral letters and spirometry. Inevitably, the restrictions required during the pandemic have disrupted access to all G.P. and other health services over this period. So it is not possible at this stage to provide meaningful comparison statistics on the impact of the new scheme. However, this work is being developed and I look forward to monitoring those statistics over the next year as services start to return to normal.

3.10.1 Senator S.Y. Mézec:

I was hoping to hear from the Minister perhaps a clearer view from him on the impacts that this will have had on health outcomes for those who have had their concerns about the affordability of primary care reduced, and therefore seeking help in a more timely fashion. Would he be prepared to comment on that and whether he thinks that the health access scheme will have had a positive impact on health outcomes?

The Deputy of St. Ouen:

Yes, so it is clear that the Senator is asking about health outcomes, because there are other rates at which one could measure success, such as financial or numbers attending and the like. But anecdotally I understand that persons on low income have been pleased to receive this benefit and have made use of it. We do not have the figures from primary care yet and they could also be measured against normal attendances at the Emergency Department, for example, where patients may have gone instead of attending their G.P. But because of the pandemic it is difficult to assess now. We would need to have a period of normality when we could look back at say 2019 figures and see if the impact of this scheme has meant reduced attendances in the Emergency Department, increased attendances in the G.P. surgeries, but the scheme is designed to encourage just those increased attendances. That is where the care should be given rather than in the Emergency Department. I know it is being taken up by people living on low income, which I am pleased about, and I hope and I am confident that this scheme introduced by the Minister for Social Security will be a success over time.

[11:15]

3.10.2 Deputy G.P. Southern:

Will the Minister inform Members whether this is an essential step on the Jersey Care Model, which has meant that people with low income have gone early to see their G.P. for early diagnosis or even

preventative measures, and that without maintaining the support he has done for this particular method he risks putting the Jersey Care Model at risk altogether?

The Deputy of St. Ouen:

It was precisely the intention of the scheme to attempt to remove what was perceived as a barrier to seek early treatment or preventative measures. So the fact of the introduction of the scheme would encourage people to visit their G.P. because of the absence of what might have been a barrier in the past, the payment of up to £50, plus perhaps other costs for certain things, which are now included as extra services in the single £12 fee. So I would be confident that would be happening and therefore that this aligns closely with the Jersey Care Model, which seeks to ensure that we address people's needs at an early stage or indeed prevent the health outcomes and the conditions that we see developing and impacting on people's health.

3.10.3 Deputy G.P. Southern:

Will the Minister commit to funding an expansion of this particular service, either by taking in other groups or by increasing the discount on attending a G.P.?

The Deputy of St. Ouen:

The scheme is funded by the Minister for Social Security from the Health Insurance Fund collected by her. I understand that at present there is no immediate consideration to draw in other groups but this will always be kept under review. The scheme was first launched in December 2020 and the Minister for Social Security has recently renewed it until early-2023. So it is secure for a further year. I certainly hope it will continue long beyond that. But this is not the panacea. The Island and the next Assembly will need to consider the costs of healthcare on a much wider framework. Because we know that those costs are just increasing year-on-year as further treatments come on board, people are living longer but with long-term conditions very often, which need care and attention. So the Government Plan announced that we are conducting this year a full review into health funding, which will come to the Council of Ministers and this Assembly in 2024. That will encompass G.P. costs, but it will encompass all other health and social care costs. That is an important debate that the next Assembly will be undertaking.

3.10.4 Senator T.A. Vallois:

May I ask the Minister over what period of time does he expect the assessment of this particular scheme to identify which qualitative data to identify its success?

The Deputy of St. Ouen:

It is difficult for me to answer that question because of course the scheme is administered by the Minister for Social Security. So I am not privy to the timescales that they are considering in her department. But if this year, 2022, can see us return to some normality and not have COVID worries and COVID spikes, then we may be able to compare 2022 with 2019. I hope that might be possible in 2023.

3.10.5 Senator T.A. Vallois:

May I ask the Minister to work with the Minister for Social Security to share the baseline measurements that are expected in terms of the success of this scheme with States Members so that we can identify the outcome of that assessment when it is due?

The Deputy of St. Ouen:

I will make that request of the Minister for Social Security and discuss with her.

3.10.6 Senator S.Y. Mézec:

Is it not the case that, even without data to compare equivalent years, it is simply obvious that primary care delivered free at point of need is good for health outcomes? Would the Minister for Health and Social Services therefore not undertake to take what measures he can to put us on that path so that at some point in the very near future we can see the health access scheme expanded significantly enough to encompass anybody who has a primary care need for which they will not have to worry about the money for?

The Deputy of St. Ouen:

I do understand the Senator's point. It is important that money should not be a barrier to good health. But of course when the Senator refers to "free" there is always a cost. So I refer to my previous comment that, throughout this year, Government is looking at ways to fund health; all health costs in this Island. It is a major piece of work and it needs time and it is going to be difficult. Because someone has to pay at the end of the day for the healthcare that we want, otherwise we will be failing Islanders in providing good preventative health and good curative health. So that work is being done and I hope the Senator and his colleagues will contribute in every way to considering how we can best deliver care in the Island.