

23.03.21

15 Deputy S.Y. Mézec of the Minister for Social Security regarding G.P. costs (OQ.55/2023)

Will the Minister update the Assembly on plans to reduce the cost of seeing a G.P.?

Deputy E. Millar (The Minister for Social Security):

I thank the Deputy for his question. I will of course update the Assembly on those plans as they develop. We are presently conducting very productive talks with the G.P.s and we are all aligned on what we need to achieve and they need to conclude discussions very soon. I am looking to create a new agreement with the doctors that will both reduce the fees patients have to pay and also support G.P. practices with their operational costs.

3.15.1 Deputy S.Y. Mézec:

I would certainly be pleased if that is the direction of travel. In recent years we have incrementally made progress on this with the introduction of the Health Access Scheme and the Government Plan debate at the end of last year to see free G.P. visits for children. Can the Minister confirm whether what she is looking at seeks to maintain those particular advances that there were, including the hopefully soon to be free access to G.P.s for children and when such a new scheme will be in place? When does she anticipate fees will come down?

Deputy E. Millar:

There is more than one element to that question. I am hoping that the reduction to the G.P. costs for adults will reduce. I am hoping to be able to learn something within April. We certainly are trying to do this as quickly as we possibly can. As regards this will not affect the decision of the States regarding children, that particular project sits with the Minister for Health and Social Services and I am sure she is working on that, but that does not sit with me at present.

3.15.2 Deputy G.P. Southern:

Do the conversations with G.P.s revisit the idea of improving fees for multimorbidities?

Deputy E. Millar:

At this stage we are simply looking at reducing the cost for all adults and we are not particularly focusing on specific groups, but rather the population as a whole.

3.15.3 The Connétable of St. Lawrence:

The Minister referred to signing a new agreement with G.P.s. Will she remind us what the current agreement is please?

Deputy E. Millar:

I am not sure what the current agreement is. I think the current agreement is that medical benefit is a fixed sum, which is paid to doctors on the basis of whenever they have a consultation with a patient. We are trying to do a specific contractual agreement because if we simply increase medical benefit there is no guarantee that increase will be passed on to patients, because there is no mechanism within the Health Insurance Fund Law to guarantee that. That is why we are entering into contractual arrangements with doctors. What we do not want to do is increase the benefit to find that 2 months later the doctors all increase their charges and the patients are back to square one. Doctors are private businesses so we are trying to negotiate with them to make sure that

patients do benefit, and this is the way to do it. We do however have a number of contracts with the G.P.s for the provision of services. Those include the Health Access Scheme that Deputy Southern has mentioned, and I think Deputy Mézec. We also enable doctors to now receive the payment for consultations by nurses and other healthcare professionals, which they were not able to do in the past. Also, when G.P.s see people by remote, either video or telephone, because the law as drafted only permitted the benefit to be payable when the doctors had a face-to-face consultation. We are also paying for cervical screening and the flu jab and various other things. So we do have quite a number of contracts with G.P.s at present for the benefit of both patients and G.P.s.

3.15.4 The Connétable of St. Lawrence:

So the new agreement that the Minister referred to sounds as if it is to be a collective with all G.P.s across the Island. What happens if there are those who refuse to sign?

Deputy E. Millar:

I have to confess I do not know whether this will be a single agreement with the primary care body or whether each practice will sign up. I would imagine if practices refused to sign up we would have to come to different terms with them. But we are having very productive conversations with the G.P.s. It is in their interest that the scheme will also support them because they are having the same cost-of-living pressures as every other business in terms of staff costs, premises costs, insurance costs, so this is in the G.P.s' interests as a group. That is certainly our rationale is to ensure that the G.P.s do benefit from this as well as the patients and that the increase does not simply go to the G.P.s to the prejudice of patient cost.

3.15.5 Deputy M. Tadier:

Has any consideration been given to employing some G.P.s directly at the hospital?

Deputy E. Millar:

I do not think the question sits with me. I am not engaged in employing doctors at the hospital.

Deputy M. Tadier:

It sits with the Minister insofar as I still think there is joint working between the Ministers in different departments.

[12:15]

The Bailiff:

Is this a supplemental question?

3.15.6 Deputy M. Tadier:

This is supplementary. I presume that the ultimate goal that this Minister and other Ministers are aiming at is to get access to G.P.s, which is affordable, and so that there is no barrier of cost for members of the public to access G.P.s, irrespective of where they might access them. So does the Minister think that one option would be to work collaboratively with the Minister for Health and Social Services and look at all options including whether G.P.s might be employed by government, possibly with some funding from her department, to allow access to a wider pool of G.P.s?

Deputy E. Millar:

I can confirm that the Minister for Health and Social Services and I are very much seeking to work collaboratively together and a Healthcare Reform Group has been established, of which I am a member. We have had some very early, preliminary meetings. But the question of how healthcare is provided, whether that is through doctors as private businesses or through the hospital, is a matter for that review and I maintain the view that it sits more correctly with the Minister for Health and Social Services and funding will follow that decision later.

3.15.7 Deputy S.Y. Mézec:

When the Assembly dealt with the matter of free G.P. visits for children that was done in the context of a Government Plan debate because of the financial implications of such a move. I would presume that to reduce the cost of seeing a G.P. for all adults in the Island will come with some fairly significant financial implications. Could the Minister therefore inform us what kind of debate she anticipates the Assembly having to hold to authorise the payment for such a deal and would that come either in a Government Plan or before a Government Plan?

Deputy E. Millar:

I believe I have the powers to make the increase and that the States will not be necessarily asked to debate it. I have not got as far as considering how the changes are made but I had not assumed that the States had to approve it. The funding will come from the Health Insurance Fund. Again, I can only repeat that the review is in hand, this is being done pending the longer-term review of healthcare funding, which is being conducted under the auspices of the Minister for Health and Social Services.