

**WRITTEN QUESTION TO THE MINISTER FOR SOCIAL SECURITY
BY DEPUTY G.P. SOUTHERN OF ST. HELIER CENTRAL
QUESTION SUBMITTED ON MONDAY 23rd JANUARY 2023
ANSWER TO BE TABLED ON MONDAY 30th JANUARY 2023**

Question

“Further to the response to [Oral Question 122/2022](#), will the Minister provide a detailed explanation of the changes to the provision of Household Medical Account benefits over the past 5 years, including the use of grants and loans through the Health Access Scheme for medical costs and the use of Long-Term Incapacity Allowance and Income Support medical or personal components?”

Answer

The question asks how the provision of the previous Household Medical Account (HMA) scheme changed between 2018 and its withdrawal in 2020 and seeks information on how unrelated benefits and schemes interact with HMAs and the new Health Access Scheme (HAS). For clarity the response is set out in numbered paragraphs below.

1. A Household Medical Account (HMA) was not a “benefit”, meaning it did not give people additional money. HMA was a purely administrative scheme, which allowed some households to save money from their existing Income Support benefit to pay for GP costs. Up until the scheme was closed in 2020, it had not been subject to change. The scheme assisted some Income Support households, tending to be used by:
 - A long-standing cohort of Income Support claimants [(transferred across from benefits that predated Income Support)],
 - households who had difficulty managing money,
 - households who had high care costs, and
 - those referred for a HMA by their GP practice.
2. The amount saved to a HMA varied depending on household circumstances and was initially based on the number of recent GP appointments. Savings into the HMA would be taken from Income Support entitlements including basic adult/child component, clinical cost, mobility and personal care components. Money was not taken from Long Term Incapacity Allowance to save into a HMA.
3. The HMA scheme had several disadvantages - most notably that it was originally set up in Social Security systems to assist with GP costs and could not be adapted to include costs incurred for appointments with nurses or other health care staff. In addition, General Practice billed Social Security directly meaning the cost of the appointment was not always apparent to the patient. This means that people with a HMA risked paying more for their care than people who did not have a HMA.
4. Deficits sometimes occurred in a HMA because the same amount of money from Income Support was automatically set aside each week. If there was a bout of ill health or a change in family circumstances deficits could build up. Deficits were addressed by increasing the amount saved into the HMA or, if a long-term deterioration had occurred, the household would be reviewed to check if they qualified for further additional Income Support components. Large deficits were

also managed with Income Support Special Payments. The reference to ‘operational improvements’ in the management of HMAs, in response to Oral Question 122/2022, is describing a process where a better understanding of natural variation in the accrual of deficits or credits allowed appropriate action to be taken, and for savings into the HMA to be adjusted or maintained at the correct level. This meant that accounts did not build large debits or credits and that claimants were proactively helped to access the components to which they were entitled. These operational improvements occurred around 2016/17 (outside the suggested 5-year time frame in the question).

5. In 2019 the Minister for Social Security took a fresh look at access to GP services aligned with Common Strategic Policy (2018-2022) and Government Plan commitments to *‘improve access for vulnerable people including children’* to primary care services. Working alongside the Primary Care Board the Minister for Social Security launched the Health Access scheme (HAS) in 2020, at which point HMAs were closed. HAS puts households back in charge of their money and their health care costs; at the same time these costs have been significantly reduced but there has been no reduction in the clinical and health care components of Income Support.
6. The Health Access Scheme works by agreeing the fee which will be charged to eligible patients under a contract between the Minister and Primary Care providers which is funded by the Health Insurance Fund. Adult members of HAS households pay £12 for a surgery GP consultation, £9 for a nurse and £6 for a Health Care Assistant. Children receive surgery consultations free of charge. Income Support Special Payments (loans and grants) are not used in the HAS.
7. The HAS is provided to all members of Income Support Households and all Pension Plus Pensioners (around 10,000 people) whereas provision of HMAs was perhaps imperfectly limited to certain households, referrals and legacy claims.