

Minnistre pouor la Santé
et les Sèrvices Sociaux



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Deputy Catherine Curtis
Chair, Children, Education and Home Affairs Scrutiny Panel
BY EMAIL

02 November 2022

Dear Chair

Re: Letter dated 27 October 2022

Thank you for your letter dated 27 October 2022 and please see below responses to your queries.

- 1) How many children and young people (under 18 years of age) have been treated at the emergency department in the past 4 years? (Please breakdown any numerical response by year, if possible).**
 - a. Where possible, please could you provide details of how many of the above have been considered non-emergency / non-urgent cases that could have been seen in a primary care setting.**
 - b. If a case is not considered an emergency, please could you share any generalised data that is collected about the reason for the child's visit. (For example: unable to see a GP quickly; cost of a GP appointment; parents unsure about seriousness of issue; other).**

The table below sets out the number of under 18's who attended the emergency department 2018 to 2021:

Under 18 Emergency Department Attendances					
	2018	2019	2020	2021	2022 to 30 Sept
Emergency	2272	2135	1354	2198	1959
Non-Emergency (anything triaged Category 4 or 5)	5581	5627	4618	5448	4424
Total	7853	7762	5972	7646	6383

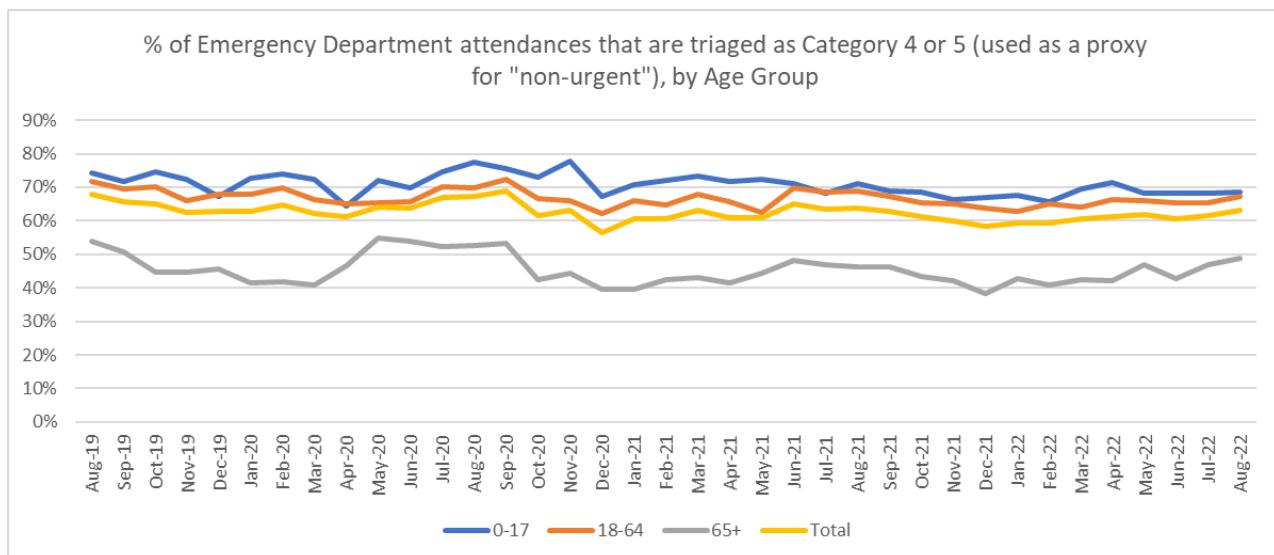
The table below sets percentage of attendance per triage category:

Triage Description	% of Total
Category 1- Immediate Resuscitation	0%
Category 2 - Very Urgent	3%
Category 3 - Urgent	25%

Category 4 - Standard	67%
Category 5 - Non-Urgent	4%
Not Recorded	2%
Total	100%

Data Source: Hospital Patient Administration System (TrakCare, Report ED5A). Excludes ward attenders and planned referrals.

The table below show that a higher proportion of children attending the Emergency Department are triaged as non-emergency, when compared to adults. A number of factors may be driving this higher level of non-emergency attendance amongst children, for example parents' natural caution when their child is unwell.



- Work has been undertaken to try to understand if levels of non-emergency attendances in Emergency Department in Jersey is comparable with the UK. Unfortunately, because NHS data relating Emergency Department attendance includes planned attendances at emergency departments and attendances at different types of units (for example, minor injury units), direct comparisons are not possible.
- Jersey Opinions and Lifestyle Survey 2018 asked adults why they visited the Emergency Department as opposed to primary care. The most common reason being the person thought hospital treatment was needed (49%), followed by being unsure as to how serious it was (36%). 10% (i.e., 1 in 10 adults) said they attended the Emergency Department because of the cost of a GP appointment, with 68% of those people living in households in the lowest income group.

[Jersey Opinions and Lifestyle Survey Report 2018](#)

2) What, if anything, could improve children and young people's access to primary healthcare in Jersey?

Cost is a known barrier to primary care services. Some measures are in place to reduce costs for some groups of children and young people. Under the health access scheme, where a child or young person aged 16 years of age or under lives in an income support household, they will not have to pay to see a GP (or, if a GP needs to undertake a home visit, the cost will be £20). Under the Dental Fitness scheme, children and young people from a low-income household can receive financial help towards cost of routine dental treatment from leaving primary school to the end of their full-time education. We know from the 2021 Jersey Children and Young People's Survey that overall, 20% of children and young people reported not having visited the dentist within the last year.

It is recognised that these schemes are, however, limited to specific groups of children and young people. I will be bringing forward options for health and care funding with a view to a new system of funding being in place by 2025. This work will consider whether all children and young people, or a wider group of children and young people, should be provided free access to more primary care services, regardless of parental income.

Cost is, however, unlikely to be the only barrier.

Research in other jurisdictions suggests that other barriers for children and young people include a poor understanding of their own health needs, a lack of knowledge about services and how to access them, feeling self-conscious or anxious about being asked personal questions, or being 'put-off' accessing services because of the presence of parents / care givers. As it stands at the moment, little is known about non-costs barriers in Jersey, but these issues will be considered as part of the primary care strategy which I have committed to develop.

3) Consultation fees for appointments for children appear to vary between different GP practices. Have you considered whether the Government should support standardised primary healthcare fees for all children, whichever practice they are registered with?

GP's fees are set by individual practices as they are private businesses. The Government currently supports standard fees for eligible adults and children under the Health Access Scheme, with all the 14 GP practices participating in that scheme. The wider question of whether there should be standard fees for all children and young people will be considered as part of the health care funding review that I am undertaking in 2023.

I trust the above is of use to the Panel and please do not hesitate to contact me if you require anything further.

Yours sincerely

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