Government Plan Response

Thank you for your request for our views on the funding of healthcare in the current Government Plan.

You specifically ask for our opinion on the funding of Health IT and digital initiatives from the HIF. Capital projects and their ongoing operating costs should be met through HCS budgets and money should not be diverted from supporting patients in accessing care. The benefits of secondary care IT changes to patients in primary care are likely to be limited and this investment does not reduce costs to Primary Care providers or allow for community IT solutions to be rolled out more widely.

We are not aware of how the Jersey Care Model (Revenue) sum of £6,100,100 is to be spent and what projects this will support. Nor are we privy to information as to how £1,050,000 (Digital Capital) or £5,300,000 (Digital Care Strategy) will be spent.

We understand that a sum in excess £11,000,000 has already been allocated to Health to replace Secondary Care IT. Whilst this capital investment is overdue as a result of decommissioning of previous software with limited capabilities and much needed, it does not represent investment in Primary Care IT, nor does it appear to have any link to the JCM.

The Government Plan has no specific proposals on how General Practice and wider Primary Care will be funded and no specific proposals as to how the HIF will be maintained. Indeed, the PCB have previously raised concerns in this regard (https://statesassembly.gov.je/scrutiny/Pages/ReviewSubmissions.aspx?ReviewId=337).

Furthermore, although Government proposes to consider sustainable funding and the funding of General Practice and wider Primary Care during 2023, any changes are not likely to be implemented for several years thereafter.

Although the recently introduced time-limited wage support scheme for allied healthcare professionals allows practices to evolve their workforce to reflect modern practices (as first proposed in the government paper "A Sustainable Primary Care Strategy for Jersey 2015-2020"), we have yet to see any proposal in support of the statement that "money will follow the patient" to allow transfer of care to the community in the longer term. In addition, the need for associated infrastructure and its cost has not been addressed.

In the meantime, diverting funds will inevitably further reduce the sustainability of the HIF and its ability to continue to support patient benefits.

It should be remembered that the principle of the HIF is to support patient access to Primary Care services. As such, HCS budgets should not be supplemented by the HIF.