

STATES OF JERSEY



PRESCRIPTION CHARGES AND INCOME SUPPORT FOR PRIMARY HEALTH COSTS (P.20/2012): COMMENTS

**Presented to the States on 16th April 2012
by the Council of Ministers**

STATES GREFFE

COMMENTS

The Council of Ministers rejects this proposition.

The Council does not believe that now is the right time for the Social Security Department to make changes to one part of our Island's healthcare system – changes that should be seen in the overall context of health and social care reform.

As Members are aware, the Health and Social Services Department is currently developing a White Paper which will set out options for the re-design of health and social care services in Jersey. One of the fundamental principles that underpins this work is the recognition that people should be treated in the most appropriate care setting – for many this will mean being treated in the community as opposed to needing hospital treatment. This will result in significant changes to the primary care services that are provided in the local community by G.P.s, pharmacists, nurses and other healthcare professionals.

The Health and Social Services Department is progressing this work in partnership with the Social Security Department and other key stakeholders. The White Paper which is due to be published in May will be brought to the States for debate in autumn 2012. It will be brought alongside a Transition Plan which will support the delivery of the services set out in the White Paper and will set out clear proposals for the future development of primary care. The White Paper will go through an extensive public consultation process and will reflect the feedback received by Islanders, health and social care professionals, third sector organisations and service providers alike.

Adopting P.20/2012 now would set in train a requirement for significant legislative and administrative changes at the very time that the White Paper, which aims to set out the future direction of healthcare, is being finalised and debated.

Whilst the timing of P.20/2012 is wrong, there are elements which dovetail with current plans. As set out in the 2012 Business Plan (HSSUP-5), the Health and Social Services Department is reintroducing a £5 prescription charge later this year. That charge will relate to items dispensed from the Hospital Pharmacy to out-patients and those attending the Emergency Department. Full details of exemptions will shortly be made available and will include those on income support as considered appropriate, plus cancer drugs, paediatric drugs and certain drugs for psychiatric conditions or infectious diseases that have potential implications for public health (e.g. Tuberculosis). In addition, those with chronic conditions will be able to purchase a "season ticket" allowing them to access medications at a reduced rate.

The re-introduction of Hospital Pharmacy prescription charges will encourage patients to make more appropriate use of community-based services where free G.P. prescriptions will continue to be available.

The Social Security Department is also committed to the re-introduction of charges for community prescriptions. The timing of this will be carefully co-ordinated with the re-introduction of Hospital Pharmacy charges and any other potential changes associated with the Health White Paper. It will also include a "season ticket" to cover their prescription charges over a set period. This provides a simple and cost-effective mechanism for reducing the cost of prescriptions to those with long-term chronic conditions who rely on regular medication.

The proposal in P.20/2012 to exempt everyone aged 65 and above from prescription charges reduces the income raised and does not address directly the 3 specific groups that need protection. There are many older people who remain healthy and have substantial incomes who do not need additional support from the public purse. Those with long-term conditions will be able to make use of the season ticket, providing all their medication needs at a fixed, annual sum. Income Support and specific benefits aimed at lower-income pensioners can be used to provide financial help with the cost of the season ticket.

The total number of G.P. visits in 2011 showed an increase of 2.1%¹ over the previous year, confirming that families can and do access their local doctor when needed.

Income Support provides a range of support with healthcare costs in the community for low-income households. Over 2,200 income support claimants currently receive an additional weekly amount to assist specifically with the cost of additional G.P. visits in respect of ongoing medical conditions. In addition, as noted in the answer to written question 6784 (20th March 2012) just under £1 million² was provided in direct payments for healthcare costs in 2011 to Income Support claimants.

Deputy Southern's proposals are costed at over £4.4 million per annum, which includes a drawdown of over £1.9 million a year from the Health Insurance Fund, in excess of the income from prescription charges. No discussion is provided to justify the allocation to the specific areas set out in part (b) of the proposition, compared with many other demands for support with health-related costs. In particular, the evidence in the report accompanying P.20/2012 suggests that the cost of dental treatment is the area identified by the largest group of survey respondents as being difficult to afford.

There are very substantial legal and operational issues involved in implementing the proposals set out in P.20/2012. Significant resources would need to be diverted away from the joint, ongoing work on the Health White Paper and associated Transition Plan, in order to draft legislation and develop these new benefits. Implementation in January 2013 is completely unachievable, given the complexity of the proposals and the significant amount of law drafting that would be required.

The Council of Ministers believes now is not the time to commit to any legislative changes. The public must be provided with an opportunity to comment on the White Paper and make their views known prior to States members making decisions on changes to primary care – changes that must be viewed in the wider context of our overall system of health and social care in Jersey.

Statement under Standing Order 37A [Presentation of comment relating to a proposition]

This issue was not able to be considered by the Council of Ministers until Thursday 12th April and due to the Easter holidays and officials not being available, it was not finalised for approval until after noon on Friday 13th April.

¹ 2010: 344,054 visits; 2011: 351,268 visits

² £989,631