

STATEMENTS ON A MATTER OF OFFICIAL RESPONSIBILITY

The Bailiff:

The Chairman of the Health, Social Security and Housing Scrutiny Panel will make a statement regarding the review of the Draft Health Insurance Fund (Miscellaneous Provisions) (Jersey) Law 201-, P.125.

[12:15]

5. Statement by the Chairman of the Health, Social Security and Housing Scrutiny Panel regarding the review of the draft Health Insurance Fund (Miscellaneous Provisions) (Jersey) Law 201- (P.125/2010)

5.1 Deputy G.P. Southern (Chairman, Health, Social Security and Housing ScrutinyPanel):

Following brief but intensive consultation with stakeholders, the Health, Social Security and Housing Scrutiny Panel has decided that it will not call-in P.125/2010 - Draft Health Insurance Fund (Miscellaneous Provisions) (Jersey) Law 201-, in accordance with the panel's powers under Article 72 of Standing Orders. The States have already agreed, in P.36/2010, Draft Health Insurance Medical Benefit (Amendment Number 3) (Jersey) Regulations, that there is a need for modern systems to underpin better-organised primary healthcare and that it was appropriate to use the Health Insurance Fund monies in the short term to fund progress in this area. The panel fully supports compliance with the General Medical Council's requirement that General Practitioners are properly registered, regulated and validated. The panel is aware that there is little time left to scrutinise the proposals in P.125/2010 without endangering the G.M.C.'s (General Medical Council) deadline of May 2012 to have the necessary structures in place. Although the panel has certain reservations (explored below), it believes that no value would be added by delaying access to the necessary funding to deliver what is outlined in Article 3 of P.125/2010. The panel has, however, noted the issues brought up by several Members during the debate on 2nd November 2010. In its brief examination of P.125, the panel has recognised the following areas of concern. The Minister for Health and Social Services does not have an overarching strategic health plan. The panel considers that this is long overdue and questions how, in the absence of a strategic healthcare plan, any informed decisions can be made with regard to delivery, not only of primary care but of all aspects of healthcare. The Assembly has been given no definition of primary care, nor have we been provided with evidence of what services and treatments would be moved from the general hospital to general practitioners. In adopting the U.K. model, it must be recognised that we have a barrier to accessing primary healthcare in that, unlike in the U.K., a visit to the G.P. in Jersey normally has a cost. At this stage, it is unclear whether the cost of accessing previously free primary care at the hospital will be met in part or wholly by the States or by the patient attending the G.P. P.36 and P.125 are not explicit in requiring the States to approve an ongoing annual £200,000 for manpower, although the reports do refer to this requirement. The financial and manpower statements in both of these propositions are at best ambiguous and at worst misleading. In the absence of a strategic healthcare plan, no clear funding mechanism for changes has been identified. The inclusion of a requirement for £4.9 million within P.125 was not contained within P.36. References to this first appeared in the 2011 business plan, which in turn referred to P.125 that was lodged during the time that the period of the business plan was being debated. This £4.9 million has no clear connection with the requirements of P.36 but is a means to avoid serious cuts to frontline services at the hospital as a direct result of the C.S.R. The panel has heard conflicting evidence on the development and use of the proposed medical database, giving concern as to whether it will be fit for the purpose in the timeframe available. The panel considers that the inclusion of £4.9 million of additional funding in P.125/2010 is inappropriate. The panel considers it was a direct response to budgetary pressures, which required additional funding to avoid frontline cuts to the Health Service. The result is a lack of clarity over what the Ministers were trying to

deliver and confusion on the part of Members. The result, we believe, was bad practice and a precedent that must not be repeated. The panel will be monitoring the development of a strategic plan for the Health Service and its impact on the business plan for 2012.

The Bailiff:

Very well. Does any Member wish to ask any questions?

5.1.1 Senator S.C. Ferguson:

Before I begin, I must congratulate the panel on the summary; I could not have put it better myself. Did the panel get any idea as to when some sort of strategic plan for primary and secondary healthcare would be brought in?

Deputy G.P. Southern:

Our understanding is that we will be seeing the bare bones of such a plan in the first quarter of the new year.

5.1.2 Senator J.L. Perchard:

The Chairman lists an impressive list of concerns that he has over P.125 and he also mentions in his statement that the additional £4.9 million is inappropriate to sponsor this P.125 initiative. Could he then tell the House why he is not calling it in?

Deputy G.P. Southern:

Fundamentally, in response to the Senator, I have to say that the House, I believe, and this body, have been somewhat held to ransom over the timescale of what has been proposed. The fact is that these propositions, whether it be P.36 or P.125, and the rolling of them into the C.S.R., has been a very late development in the process. Of critical importance, I believe, has been the desire of the panel not to interfere with the first part - Article 3 of P.125 - which delivers the moves towards a better-funded primary healthcare system by objecting to the additional elements that appeared in P.125 at the last minute in order that serious cuts were not taking place in the rest of the Health Service. So, the fact that several items were bundled together at the last minute is the objection. To object strongly and at length would mean that the important and vital part of that may not get through and that was what we were concerned not to do.

5.1.3 Deputy I.J. Gorst:

I wish to thank the panel for their preliminary work that they undertook when they met with officers at an officer level. While I would not necessarily share all the Panel's concerns, I am grateful for the action that they are taking and I look forward to working with them in the future to address some of their concerns, and to working towards a more sustainable and a new approach to healthcare and health provision within our community for the benefit of the whole of the community.

The Bailiff:

Your question is?

Deputy I.J. Gorst:

I thank the Chairman and I ask that he will be prepared to work with me and with the Minister for Health and if he will just confirm that?

Deputy G.P. Southern:

I am, as ever, always willing to work with any Minister who comes within my remit. Can I just take the opportunity to point out to the Minister that, in fact, what I believe was fundamentally wrong with what occurred was that the financial and manpower implications were not fully explored. There were no direct implications, and that statement was made, however, we were

told some time down the line there will be manpower and financial requirements and, I think, on 2 occasions that was not made clear and the House, myself and our panel missed that implication and we should have picked them up on it. So, there is a default where Ministers are getting away with saying: “We will bring the financial and manpower consequences later.” It is almost like saying: “Do not worry your little socks about it” in principle. I would draw attention to all Ministers that their financial and manpower statements must be accurate and must contain as much as possible and not leave them to a future decision.

5.1.4 The Deputy of St. Mary:

Can I thank the Chairman for a very clear statement which has certainly put the issues very nicely? I want to ask him about the last bullet point; about conflicting evidence on the development and use of the proposed medical database, giving concern as to whether it will be fit for purpose in the timeframe available. I am very concerned about this I.T. project and I would just like him to expand a bit on that last point, please?

Deputy G.P. Southern:

We heard from the G.P. involved in primary care - who is responsible and seems to have steered the process of bringing the new I.T. system to a head and putting it in place - and we also heard from an officer at the Social Security Department and there are appeared to be some differences between their 2 versions of what was going to happen and when it was going to happen. That is the concern and that was the problem that we had there. It is not, at this stage, clear how that database is going to be delivered and we will be following that particular aspect as a matter of some urgency as we develop this through the coming months.

5.1.5 The Deputy of St. Mary:

Excuse me if I am being obtuse, but do you know how long this database has been worked on; when was it started in terms of terms of reference and framing the scoping and so on?

Deputy G.P. Southern:

The need for a G.P.s database has been, I believe, around and a matter of concern for at least a decade. The issue that I think we may have a problem with is linking it to the new Population Register which has the unique identifier which then enables G.P.s to say: “I am treating this person and this person is not on anybody else’s database,” so that a G.P. can say: “I am delivery primary care to this person and not elsewhere.”

5.1.6 Deputy A.E. Jeune:

Can the panel’s Chairman confirm that his panel has received the project plan from Health, identifying timescales in order that his panel can monitor the strategy for primary care?

Deputy G.P. Southern:

It is always the easy questions at the end that catch you. No, I cannot confirm that, however, I will take a look and ensure that we have it and if it is in the system and we have not got it, I will get hold of it.

5.1.7 Senator P.F.C. Ozouf:

Just for the avoidance of doubt; the statement is clear that the Chairman is not calling-in the legislation, but will he be voting in favour of the Articles?

Deputy G.P. Southern:

My individual conscience will dictate to me which way I vote on anything. **[Approbation]**

5.1.8 The Deputy of St. John:

Given that the Chairman and his panel were only given, shall we say, in principle information, in future will he insist in having the meat on the bones before he has to look at things?

Deputy G.P. Southern:

I will do my best to endeavour to make sure that the meat is on the bones in any proposition that comes from the 3 panels that have serious, heavyweight legislation before me at all times.

5.1.9 The Deputy of Trinity:

I, too, like the Minister for Social Security, thank the panel for their very swift response to looking at the P.125. One thing I would just comment on, the Deputy's last sentence: "The panel will be monitoring the development of a strategic plan for the Health Service and its impact on the business plan" can I just ask, does that mean that he will look at the strategic plan right from the start or just in relationship to the impact on the business plan, because I would like to think that the scrutiny panel is alongside us as we develop the strategic plan? As I said before, it is a very important issue, not only for Health and Social Services but for the Island. So I just want clarification on that last sentence.

[12:30]

Deputy G.P. Southern:

My panel will be examining the strategic plan just as soon as it is laid in front of us. However, we will not be developing the strategic plan but we will be scrutinising the strategic plan. I would like to make that clear at the very beginning.

The Bailiff:

Very well. I am afraid that brings questions to the Chairman to an end.