

# STATES OF JERSEY



## **PROPOSED GOVERNMENT PLAN 2023- 2026 (P.97/2022): EIGHTEENTH AMENDMENT (P.97/2022 AMD.(18)) – COMMENTS**

### **FREE GP VISITS FOR CHILDREN AND YOUNG PEOPLE**

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**Presented to the States on 8th December 2022  
by the Council of Ministers**

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**STATES GREFFE**

## COMMENTS

In amending the Government's Common Strategic Policy (CSP), following a report from the Children, Education and Home Affairs Panel (CEHASP), the Government's policy position is now clarified as follows:

*“We will work towards providing free or lower cost primary healthcare for all Jersey's children, and to reducing other barriers to children accessing primary care, as part of the ongoing review of the Island's overall health and care system and its sustainable funding.”*

This commitment reflects work already underway by the Minister for Health and Social Services to review the funding and financing of healthcare. This work is proceeding over 2023 and will include specific consideration of user fees for children and others, and attendant government subsidies.

The cost of healthcare in Jersey is likely to rise significantly over the coming decades and current funding models will struggle to cope with these increased costs.

Until the Minister's review is complete it would be premature to create an additional cost pressure within the current health system. However the Council of Ministers recognises that current fee structures within primary care may act as a disincentive to prompt access, and potentially reinforce inequalities. For this reason, the MHSS's review specifically includes an examination of user charges within primary care settings and how free access or reduced user fees could be supported within a revised funding model.

There are a range of populations who could be selected for further financial support. These populations include children but also encompass other groups such as people with multiple morbidities (see Amendment 16) or the elderly. In addition, and as described by the amended CSP, government must understand and address other barriers to access, including psychological or cultural factors.

The existing Health Access Scheme (HAS) already supports children in low income households with free surgery consultations. The creation of an additional scheme as the amendment suggests, will not benefit low income children who qualify for the HAS. Although the Council of Ministers recognises the impact the cost of living is having on a high number of households, the benefits of the amendment would be felt by children in higher income groups.

Ministers also wish to consider whether 'free' services affect the demand and productivity of scarce health services. Commentators have raised concerns that demand for GP services exceed current capacity, and that GP recruitment is problematic. In this context the Assembly must be mindful of constraints and open to the potential of other options for accessing care using a wider range of practitioners and settings. The CEHAS Panel in their report comment:

*‘...the Panel believes that the amendment must be developed with consideration for the potential impact on demand for primary care services’*

An actuarial review of the HIF is about to commence with the results due in the second quarter of 2023. It would be premature to commit ongoing additional expenditure in advance of the outcome of the actuarial review.

The figure of £800,000 a year provides an indicative starting point but this is likely to be a significant underestimate of the true cost over time of implementing and sustaining the amendment.

The CEHAS Panel in their [report](#) recognised the importance of sustainable funding commenting specifically that:

*'The Panel believes it is important that Government considers funding options that ensure the amendment is financially sustainable in the long-term'*

### **Conclusion**

- The overall cost of healthcare in Jersey is rising steadily and action will be needed to meet future increased costs
- The need to review the use of user charges within primary care has already been identified and is included in the extensive review of health funding over 2023
- An actuarial review of the Health Insurance Fund is planned with results due in Q2 2023
- The amendment does not identify a sustainable funding source for the extra costs proposed

Until Members have had the opportunity to consider the results of the two planned reviews, it is premature to commit a minimum of an additional £800,000 a year towards this scheme.

**Members are urged to reject this amendment**