

# STATES OF JERSEY



## INCOME SUPPORT: FREE GP ACCESS (P.101/2014) – COMMENTS

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Presented to the States on 30th June 2014  
by the Minister for Social Security

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STATES GREFFE

## COMMENTS

Members are strongly urged to reject the original proposition of Deputy G.P. Southern of St. Helier and support the amended proposition as proposed by Deputy R.G. Le Hérisier of St. Saviour.

Household Medical Accounts (HMAs) are set up by the Department, in a voluntary arrangement, to assist people who have difficulty budgeting for GP costs, but these accounts are not created according to a medical criteria; HMAs should not be confused with the benefits which are in place to help people with a clinical need. Bearing this distinction in mind, the proposition is asking that a sub-set of Income Support claimants are awarded free GP access while others, who may have a similar or even greater need, are not considered. Adopting this proposition would create an inequity in the Income Support scheme and run counter to the core principle, where the amount of benefit awarded is flexed according to household circumstances, including medical need.

The standard Income Support weekly benefit includes an amount to pay for up to 4 GP visits each year. The Income Support benefit also includes a clinical costs component, which provides additional financial support for people who need to make more frequent visits to their GP. This component pays an additional £163.80 to £327.60 per annum depending on the magnitude of need, and is currently paid to over 2,000 households.

Further, people with health conditions and disabilities may also claim personal care components and mobility components. The clinical care, personal care and mobility components are awarded following a medical assessment, and are therefore targeted to people who require this additional support. Claimants may also apply for a special payment to assist with medical costs; during 2013, Special Payments for GP costs totalled £564,300.

Support given via Special Payments and the medical components in Income Support is offered in addition to Medical and Pharmaceutical Benefit funded by the Health Insurance Fund.

The proposition suggests that the cost of giving a sample of Income Support claimants fully funded GP access is in the region of £360,000. However, the cost of such a scheme requires a far more detailed examination. The Assembly is aware that the primary health care services are under review following their adoption of P.82/2012 – *Health and Social Services: A New Way Forward*. The Department is working with the Health and Social Services Department and primary care professionals to consider the future of primary care services. Any change to payment or funding mechanisms requires detailed consideration in order to assess the impacts and unintended consequences on both patient and clinical behaviour. The primary care review will draw upon health economics and modelling expertise, in order to mitigate the risk of a new mechanism being introduced which adversely affects services, access or equity. Any significant changes to medical benefits should be informed by this wider strategic review.

The proposition further suggests that the Health Insurance Fund can be used to pay for the new scheme. The HIF is under mounting pressure as the Island's population ages, and costs associated with pharmaceutical and medical benefit increase. The UK Government Actuary's review of the Health Insurance Fund will be available next

month, and it would be unwise to make a commitment to offer free, unlimited services ahead of the Actuary's advice. In addition, the Minister for Treasury and Resources has confirmed that he will hold the Department to the previously announced savings in the Income Support budget of £3 million in 2014. This means that no funding is available from the Income Support Budget unless other areas of tax-funded benefits are reduced.

Access to primary care for those on low incomes remains a matter of concern; however, this issue is already highlighted in the Social Security Business Plan for 2014 and work is already planned to take place in the second half of the year.

Project 16/2014

*Investigate options to improve support for GP costs within low income groups, within existing budgets*

The amendment lodged by Deputy Le Hérisssier recognises that the delivery of primary health care is being reviewed, and that broader questions need to be addressed regarding access to primary care, low income and high need. An investigation, as suggested by the amendment, will offer valuable information to the wider primary care review.

The Proposition as presented does not receive my support, as it is poorly targeted and would pre-empt the outcome of work already being undertaken. I urge members to reject the proposition and support the amendment.

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

These comments were submitted after the deadline set out in Standing Order 37A because the deadline had been brought forward following the States' decision to sit on Monday 30th June, and it was not possible to finalise the comments before the earlier, noon Thursday, deadline.