WRITTEN QUESTION TO THE MINISTER FOR SOCIAL SECURITY BY DEPUTY G.P. SOUTHERN OF ST. HELIER

ANSWER TO BE TABLED ON TUESDAY 1st APRIL 2008

Ouestion

Following his announcement that around a further 1,000 households, previously covered by the HIE scheme, were to receive additional transitional support to create a Household Medical Account (HMA) under Income Support (IS), will the Minister inform members of the following in respect of these households:

a) how many qualified for HIE and under which mechanisms other than low income?

Answer:

- a. In November 2007, there were a total of 2966 households (around 4,000 individuals) who qualified for HIE prior to the implementation of Income Support. There were various eligibility criteria for HIE but all applicants had to fulfil a form of means assessment. This means assessment was completely different to the assessment now used for Income Support. The system of disregards used for HIE meant that some people could qualify for this benefit with much higher actual income than others who did not qualify, depending on the source of their income.
- b) how many now have no entitlement to receive IS?

Answer:

- b. As at 25 March 2008, there are only 158 *individuals* who were previously in receipt of HIE who are not receiving Income Support or a Protected Payment. These individuals have chosen not to make an application for Income Support however the department is still receiving and processing a small number of late applications.
- c) how many have been assessed to receive IS at a rate below the level of their States rental, and therefore have insufficient funds to pay into an HMA?

Answer:

- c. This situation does not arise as priority is given to payment into the HMA, then remaining monies are paid towards rent.
- d) whether his department has informed *all* GPs that all previous recipients of HIE will now have their GP consultations funded from an HMA, and when did this occur?

Answer:

d. On numerous occasions over the months leading up to and since the implementation of Income Support, the department has communicated with GPs, their staff and the GP representative body, through electronic, verbal and written means to keep them informed of the position of former HIE recipients and the setting up of Household Medical Accounts (HMA).

All former HIE recipients, who have applied for Income Support, have been offered the facility of an HMA to enable direct payments to their GP. Some claimants, or their agents, have

requested receipt of all benefit (whether Income Support and/or a Protected Payment) on the understanding that they will pay any GP fees directly.

All GP surgeries are informed on a daily basis through means of an electronic file as to which of their patients has an HMA facility.

Will he also confirm his statement that, despite previous agreements with representatives of GPs that former HIE recipients would now be expected to pay £5 per visit directly to the GP, with the rest of the consultation fee coming from the patients' HMA, he believes that GPs were not going to charge the £5 fee?

Does his statement include most GPs, all GPs or the agreement of GP representative bodies, and is it permanent, or temporary, and if the latter, how long will the agreement be in place?

Answer:

The £5 charge at the surgery was proposed on the recommendation of GP representatives, after initial discussions. However, as the implementation of Income Support approached, and officers met with wider groups of GPs, it became evident that many had reached the conclusion that they would not make a nominal charge as initially proposed.

Most if not all surgeries, are *not* charging a £5 consultation fee directly and the department has agreed with the GP representative body that all aspects of charges will be monitored.

Will the Minister inform Members what sum per visit was to be paid through the Social Security department by the individual's HMA?

Answer:

It should be remembered that GPs are independent businesses and will set charges according to the different services provided; therefore the amount that will be paid from an HMA will depend on the service and level of charge made by the GP.

If the absence of the direct £5 payment is to be permanent, will he further state what new arrangements will be put in place for payments to GPs?

Answer:

As with all elements of Income Support, arrangements for GP visits will be monitored and where appropriate proposals for change brought forward.

Will the Minister make clear to members, to GPs and to recipients of HMAs what arrangements are in place to cater for funding:

a) home visits from the GP, for those who cannot get to the surgery, and

Answer:

a. For clarification, the HMA is a payment mechanism available to Income Support recipients, including those receiving Protected Payments, and not a benefit. The amount of benefit given

depends upon the clinical need of the individual family members, which may include home visits.

The actual funding of GP visits is through monies included in the living allowances and the impairment component, specifically the clinical cost element. Therefore, all households on Income Support have received funding towards the cost of GP visits but most will not have an HMA as this facility has, in the initial stages of implementation, been targeted as priority to former HIE recipients.

The clinical cost element (CCE) provides additional funding for individuals who have ongoing, increased medical need. The rate of the CCE was based on the average cost of a doctor's visit and resulting prescription charges. As prescription charges have been removed, individuals have more money available to pay for GPs and other medical costs. Further funding may be available through a special payment, for those who require higher levels of medical care in the form of home visits, which, if they have one, can be paid directly into the family's HMA.

b) payments for the services of the Family Nursing and Home Care (Jersey) Inc.?

Answer:

b. Individuals previously receiving support with FNHC costs through the Parish Welfare system continue to receive the same level of support through Income Support. New FNHC clients can apply for the personal care element of the impairment component to assist with the cost of personal care services provided by for Family Nursing and Home Care Services. The personal care element is set at 3 separate levels providing more flexibility than previous disability benefits.

What will happen to the support delivered to these 1,000 households in October 2008?

Answer

The support provided to these 1,000 households is over and above any Protected Payments that they are already receiving. Whilst, along with other Protected Payments this support will be phased out over a number of years, it still represents an additional direct investment towards the potential cost of healthcare for these families.