

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY G.P. SOUTHERN OF ST. HELIER
ANSWER TO BE TABLED ON TUESDAY 10th DECEMBER 2019**

Question

Notwithstanding the Assembly's rejection of the amendment to the Government Plan 2020–2023, P.71/2019 Amd., will the Minister –

- (a) inform members of his assessment of which vulnerable people constitute 'those in the most need of support' and who would therefore benefit most from a reduction in the level of co-payment for G.P. patients;
- (b) commit to removing the barriers to accessing G.P. services for patients who are financially, clinically or socially vulnerable, as defined within the Jersey Care Model, by the end of 2020 and state what sums he will allocate to reducing G.P. consultation fees from the £12.7 million allocated to improve wellbeing (as shown in Table 57 of the Government Plan); and
- (c) state, in particular, what additional funding (and from which source it will come) he has under consideration for any increased provision of primary care, as indicated on Page 18 of the Jersey Care Model?

Answer

- a) The Jersey Care Model defines the following groups to be vulnerable:
 - A. Financially vulnerable (those who are unable to afford the required GP consultations, either in the short or long term)
 - B. Clinically vulnerable (dental care for children, long-term conditions, mental health conditions)
 - C. Socially vulnerable (0-5yrs, all children, teenagers, elderly, vulnerable adults)

Not all of those categories require GP appointments. In the new Jersey Care Model, and reflective of modern primary care practice, not all patients need to see a GP. Different primary care resources, e.g. nurses, pharmacists, health care assistants can and should be used to provide safe, affordable and high-quality care.

- b) As stated in the recent Government Plan debate, a 2020 commitment is already in place in the Government Plan to develop a model to address access for vulnerable groups, with delivery targeted for 2021. We have engaged health planning professionals to help us develop and cost the model for services, which will improve access to primary care – not just GP services. This is a priority for us and has not changed in the week since the debate.

With regards to the £12.7 million in 2020 allocated to improve wellbeing, it is not envisaged that this will be used for reducing GP consultation fees as there are specific schemes allocated to this funding. We envisage that overall changes in the care model will release funding to support investment in other areas, such as improving access. This is being modelled by a 3rd party to validate our assumptions. It is right and proper that we should await the outcome of that report before deciding on the best way to improve access.

- c) We cannot commit at this point to a source of funding as the model is being worked up and options evaluated. However, it is envisaged that changes in the overall care model and transfer of activity from secondary care to primary and community services will significantly reduce Health and Community Services overheads and allow money to follow activity into primary care. During this transition period, funding is likely to be sought from the Health Insurance Fund to pump-prime this activity.