

2019.11.12

2 Senator K.L. Moore of the Minister for Health and Social Services regarding a sustainable funding mechanism for primary care: (OQ.269/2019)

What steps has the Minister taken to reach agreement regarding the sustainable funding mechanism for primary bodies, as agreed by the Assembly in P.82/2012?

Deputy R.J. Renouf of St. Ouen (The Minister for Health and Social Services):

The development of the Jersey Care model will create a new relationship between Government and general practitioners. It will also create and strengthen relationships with many other types of healthcare providers. Working together across primary care, a range of professions will support local people with their healthcare needs in the future. Healthcare economists will undertake a full economic and operational analysis of the Jersey Care model over coming months. Once validated, the transformation of our existing primary and secondary care services and the settings in which these are delivered will be considered. Initial plans suggest that many activities currently undertaken by G.P.s (general practitioners) will be provided through other appropriate healthcare professionals in future, for example, practice nurses, or community pharmacists. Once the analysis of the healthcare system has been undertaken, Ministers can work together to agree a sustainable approach to overall healthcare funding.

3.2.1 Senator K.L. Moore:

What consultation has taken place with those primary care bodies to achieve the point that the Minister is at currently?

The Deputy of St. Ouen:

A very significant amount of consultation. Every G.P. surgery in the Island has been visited by officers in my department, who put together the Jersey Care model and the model has been well received by the profession as a whole, together with other partners in primary care and in community work.

3.2.2 Deputy G.P. Southern of St. Helier:

Will the Minister agree with me that those who are financially vulnerable individuals in society are those who are recipients of income support and no further means testing is needed in order to deliver to financially vulnerable individuals?

The Deputy of St. Ouen:

I agree with the Deputy that financially vulnerable people can be found within recipients of income support, but there are also people who are ineligible for income support who might be classed as financially vulnerable. If the Deputy's question is about the work going on in that area - he is asking me a question later as an oral question, there is a written question - but there is a workstream in the Government Plan that commits the Government to deal with financially vulnerable people and their healthcare costs.

3.2.3 Deputy K.G. Pamplin of St. Saviour:

Can the Minister give an indication, or an outline, the sort of timetable for the next stages of this, the economic funding, for when he would like to present that to the Assembly in this time period, for example, before the next election?

The Deputy of St. Ouen:

Certainly before the next election. It is intended that the health economists will complete their work in the spring. I have yet to work out with other Ministers and my Assistant Ministers exactly how that work will be brought to the States, but I do, at some stage, want the States to fully endorse the healthcare model when we have all that information behind us.

3.2.4 Deputy R.J. Ward of St. Helier:

Given that primary healthcare will be absolutely essential to the working of the new healthcare model, can the Minister make some sort of assurance that the services that were being replaced, that were previously held by G.P.s, will be free at point of access for those, particularly the most vulnerable, so that they can genuinely access this healthcare system?

The Deputy of St. Ouen:

That is the work we want the health economists to do, so that we can fully understand the economic factors around this. I think, going forward, there will be some services that will still be paid for, as now, but there will be other services, many more than now, that will be free at the point of delivery, because we can take cost out of the hospital services and put those into primary care services. That is the thinking at the moment, subject to the more detailed work to be undertaken.

3.2.5 Senator K.L. Moore:

The Director General describes the Health Insurance Fund as transformational in the purpose of the new care model and moving forward. Could the Minister describe please how this Health Insurance Fund is deemed to be transformational, how it is intended to be used, particularly given that the actuarial report suggests it could be empty within 10 years, if current use continues?

The Deputy of St. Ouen:

I and my officers are in discussion with the Minister for Social Security and her officers, who administer the Health Insurance Fund, on precisely how this will, or could, be used in the future. We do not regard the Health Insurance Fund as a completely sustainable fund, because it has a certain capital reserve but, of course, healthcare is expensive and that would be used up in time. It is available, perhaps, to pump prime new initiatives. It is available, perhaps, to meet the costs of double running, because we will still be treating patients in present ways perhaps while trying to make the transformation into primary care. There are a number of uses that it can be put to as we develop this model. So, it is a resource. It is a very useful resource and it will be carefully considered and brought back for decision making.