

## **5.5 Deputy G.P. Southern of the Minister for Social Security regarding the number of Household Medical Accounts in the Income Support System:**

Will the Minister state how many H.M.A.s (Household Medical Accounts) currently exist in the Income Support system and inform Members what progress, if any, he has made in conjunction with the Minister for Health and Social Services towards drafting policies to ensure access to primary healthcare provision for those on low incomes or those with chronic healthcare needs, and if none, why not?

### **Senator F. du H. Le Gresley (The Minister for Social Security):**

At the end of 2012, a total of 1,099 Income Support claims were making use of a Household Medical Account. Members will recall that the Household Medical Account is not a benefit, but an administrative device to help low-income households spread the cost of G.P. (general practitioner) visits. The Income Support scheme includes a contribution towards G.P. costs for all adults and children: 35 per cent of all Income Support households also receive one or more additional medical components. These are personal care components, mobility components and clinical cost components, each of which provides targeted financial support to individuals with chronic healthcare needs. Special payments are also available to help with one-off primary care costs. Additional support with dental, optical and chiropody cost is available for those aged over 65 through the 65 Plus health scheme. Finally, prescription medicines are still provided free of charge. As most recently explained in a written question answered on 18th June this year: "Following the approval of P.82 of 2012, I am working with the Minister for Health and Social Services on an independent review of primary care, which will lead to the publication of a primary care strategy by September 2014. A key part of this strategy is reviewing access to primary healthcare for all Islanders, particularly those who are vulnerable and/or have low incomes. The 2 departments are progressing this review with primary care professionals."

### **5.5.1 Deputy G.P. Southern:**

A supplementary, if I may. Could the Minister indicate how that number of 1,099 compares with previous years? Is it in fact a reduction and is he reducing the number of H.M.A.s that people can use to get sufficient help to deal with their primary healthcare?

### **Senator F. du H. Le Gresley:**

Yes, it is a reduction. The figure for end of December 2011 was 1,429. It should be pointed out that most of the H.M.A.s that were set up when Income Support started were previously people on Health Insurance Exemption and they were automatically offered a Household Medical Account. Quite a considerable number of these people were elderly and have either died or are now in residential care, where there is a separate H.M.A. scheme.

[10:30]

Currently, there are 514 people in residential care who have an H.M.A. and those people who have not been using their Household Medical Account and have accrued a large balance were invited to close the account and the money was recredited or given to them. Some people requested that they retain their H.M.A. and this has been agreed.

### **5.5.2 Deputy R.G. Le Hérissier:**

Would the Minister not acknowledge that the issue is with the H.M.A. group, but in fact it is also with middle Jersey, and that the whole way in which G.P. services are delivered, the financial basis upon which they are delivered is increasingly proving to be a highly defective system and sticking plasters are not going to work for much longer? Is he pressing the Minister for Health and Social Services to come up with more radical alternatives before the whole of the Island ends up getting its care in the Accident and Emergency Department?

### **Senator F. du H. Le Gresley:**

I think Deputy Le Hérissier has had a good time in Johannesburg, judging by his performance this morning. The middle Jersey obviously would not qualify for income support so the Deputy is correct in that respect. We have to understand and I think this is perhaps misunderstood by some people, that all G.P. practices are private concerns. The States of Jersey merely refunds, through medical benefits, part of the cost of a consultation. It is a refund. If the person receiving the care visit does not claim that refund and sign the form we do not give the money. That is the system we have. We do need to do a lot more work. This is what the primary healthcare review is there to do. We will be involving the professions from Jersey, the primary care body and we will make progress in the next 12 months.

#### **5.5.3 Deputy R.G. Le Hérissier:**

The Minister may have evaded the question. I wonder, could the Minister say whether he thinks a more radical solution is required than the sticking plaster solution and the fact that more and more people are deterred from visiting G.P.s?

#### **Senator F. du H. Le Gresley:**

The Deputy may well be right. A radical solution may be required but at the moment I have not got all the evidence so I cannot make those sorts of conclusions.

#### **5.5.4 Deputy J.A. Martin of St. Helier:**

The Minister has just stated that there is work ongoing and hopefully work ongoing with G.P.s but this has not been finalised and I think he said nowhere near finalised. Could the Minister state whether new applicants to Income Support now are offered an H.M.A., in fact, even told about an H.M.A. and if require an H.M.A., are dissuaded from having one? Basically, is the Minister trying to phase out H.M.A.s before he has got a complete other fix without speaking to all the G.P.s?

#### **Senator F. du H. Le Gresley:**

I think there were about 5 questions in there and I hope I get most of them. I think the Deputy was asking whether new applicants can apply for an H.M.A.? They can apply but obviously this would be in a situation where they have already a health condition which requires frequent visits to the G.P. and would have already been awarded clinical components. We do open new H.M.A.s but it is purely a device to save money. It is not new money. It is the components that are put aside to help with the cost of G.P. visits. I must apologise to the Deputy. She did ask a lot of other questions and I am not sure I can remember them all now I am standing up. Sorry.

#### **5.5.5 Deputy J.A. Martin:**

The supplementary to that, I do understand it is not new money. I understand it is taking out all the components added together for the person basically because of either sickness or they are unable to manage financially. This is the problem where some States Members think, and I do not know if the Minister will agree, does he think: "Well, we have given you the money. Stick it in a pot every week and when you need to go to the doctors, raid the pot", because it does not work like that in real life. Would the Minister not agree?

#### **Senator F. du H. Le Gresley:**

I think the Deputy misunderstands how an H.M.A. works. An H.M.A. works in that the G.P. bills the department for the visit. The person who goes to the G.P. does not receive a bill, does not pay any money. The G.P. bills the department direct and we take the money from the H.M.A. In some cases H.M.A.s get what we would call overdrawn and we therefore use special payments eventually to reduce that to nil.

#### **5.5.6 Deputy M. Tadier:**

During his time in office, has the Minister had a chance to look at the merits of making all G.P. visits free at the point of access and the costs and funding mechanisms available in order to deliver this?

**Senator F. du H. Le Gresley:**

The answer is no but, again, I reiterate we are dealing with private businesses here. To make all visits free would be a very big cost to the Health Insurance Fund and we would have to be very cautious about going down that route.

**The Bailiff:**

Would you like a supplementary Deputy Tadier?

**5.5.7 Deputy M. Tadier:**

The supplementary was simply to ask the Minister whether he would give that consideration, whether he would investigate mechanisms given that there are vast swathes of people in Jersey not going to the doctor when they should be and we are suffering as a society the costs of that, both personally and economically. Will the Minister look at funding mechanisms perhaps in conjunction with other Members so that we can look to the merits of that scheme?

**Senator F. du H. Le Gresley:**

Quite simply, that is what the primary healthcare review is doing.

**5.5.8 Deputy G.P. Southern:**

The Minister appears to be at risk of misleading the House. He has repeated several times that an H.M.A. is not new money; it is just a redistribution of money. It is not new money for the first 4 visits. That is what it is catered for but for more visits than that, for extreme need, it is new money and it is extra money going to help people pay for their primary health care needs. Does he not accept that there is increasing evidence that certainly those on low incomes, those on income support are finding it extremely difficult to meet their G.P. bills and that they are not going to the G.P., they are avoiding going to the G.P. when really they should be? There is evidence of that in the social survey 2011, 2012...

**The Bailiff:**

A concise question, if you would, Deputy.

**Deputy G.P. Southern:**

Does the Minister accept that something needs to be done before September 2014 to cater for this increasing need?

**Senator F. du H. Le Gresley:**

I can only repeat that the primary health care review was approved by this House on the basis of a Scrutiny Panel request that we would deal with the financial aspects of that and the full review to be completed by September. That is the process that is taking place. It would be irrational to start bringing in new schemes or making changes to the current system without that full review taking place.

**5.5.9 Deputy G.P. Southern:**

Just to clarify, "misleading the House", I do not want to accuse the Minister of doing that deliberately. Does he accept that there is new money in the system beyond 4 visits per year?

**Senator F. du H. Le Gresley:**

I do not quite understand why Deputy Southern is saying I am misleading the House. I have made it absolutely clear in my first answer that there are components which are awarded to

somebody with a healthcare problem, something like 35 per cent of all claimants and those components, in particular the clinical cost components which are specifically for G.P. visits, are awarded and are credited with the agreement of the claimant to the household medical account. I really do not think that is misleading the House. I think Deputy Southern is twisting my words.