

STATES OF JERSEY



COMMON STRATEGIC POLICY (P.98/2022): THIRD AMENDMENT (P.98/2022 AMD.(3)) – AMENDMENT

**Lodged au Greffe on 15th November 2022
by the Council of Ministers
Earliest date for debate: 22nd November 2022**

STATES GREFFE

COMMON STRATEGIC POLICY (P.98/2022): THIRD AMENDMENT (P.98/2022
AMD.(3)) – AMENDMENT

1 PAGE 2, PARAGRAPH 1 –

After the words “free” insert the words “or lower cost” and after the words “in Jersey” insert the words “, and to reducing other barriers to children accessing primary care, as part of the ongoing review of the Island’s overall health and care system and its sustainable funding”.

COUNCIL OF MINISTERS

Note: After this amendment, the amendment would read as follows –

THE STATES are asked to decide whether they are of opinion –

COM amendment to the amendment:

“We will work towards providing free or lower cost primary healthcare for all Jersey’s children, and to reducing other barriers to children accessing primary care, as part of the ongoing review of the Island’s overall health and care system and its sustainable funding.”

Note: After this amendment, the proposition would read as follows –

THE STATES are asked to decide whether they are of opinion –

in accordance with Article 18(2)(e) of the States of Jersey Law 2005, to approve the statement of the Common Strategic Policy of the Council of Ministers as set out in the report of this Proposition, except that on page 13, paragraph 6, before the words “We will invest also” there should be inserted the words –

““We will work towards providing free or lower cost primary healthcare for all Jersey’s children, and to reducing other barriers to children accessing primary care, as part of the ongoing review of the Island’s overall health and care system and its sustainable funding.”

REPORT

Ministers welcome the amendment and strongly support the need to remove barriers for children accessing primary care services.

In many cases, barriers to access are cost-related, but accessibility is also hampered by other factors including an understanding within the family of what services and support are available.

However, as the Report supporting the Panel's Amendment acknowledges, the costs of free primary care for children have not been explored.

Furthermore, there are questions to resolve about what services constitute primary care¹, as well as whether unlimited free services in all circumstances is appropriate or affordable. There may be other options, including for some or all services to be more targeted or include a small minimum charge.

Differing definitions of primary care could include the majority of services provided to children outside of a secondary care setting, including mental health services, podiatry, and speech and language services.² However, unless primary care is well-defined, there is a risk of misinterpretation, or unrealistic expectations being set in the minds of the public and health care practitioners.

The most benefit in addressing child health inequalities will be gained by removing cost barriers to the most commonly utilised services, which in turn will have most impact on child health. It is therefore likely that general practice and dentistry will be high priorities to address within the Common Strategic Policy commitment.

General Practice

Currently, free GP consultations (within normal hours) are provided to children who are eligible as a result of households qualifying for the Health Access Scheme (HAS). The scheme benefits approximately 17% of Jersey's children or 3,000 of our 17,500 under 18s. Over 2021 General Practice held approximately 30,000 consultations (attracting medical benefit) with children under 18. Of these, approximately half were for children under 5 years old. The majority of these under 5 appointments were for vaccinations, which are commissioned separately by the Government and are already free at the point of care.

A calculation of the overall cost of free appointments has not yet been performed, and estimates or ranges will be dependent on a number of factors including:

- the additional demand created by a completely free service. In many jurisdictions a small charge for all appointments is levied to avoid 'moral hazard' (the increased demand effect created by a free service, which may be overused or inappropriately used by some citizens)
- the inclusion or otherwise of home visits and/or out of hours services within the 'free' definition. These services have tended to contain higher patient payment elements as a disincentive because of their inherent inefficiency
- the commissioning process and negotiated outcome with Jersey's general practices.

¹ Primary care is defined by NHS England (in terms of clinical services) as including general practice, dental care, optometry and pharmacy

² Physiotherapy is considered a 'community health service' as opposed to 'primary care' in the UK

Dentistry

Unlimited free dental services for children is not common in comparable jurisdictions. It is more usual for a limited set of check-up and treatment services (within a cost boundary) to be subsidised. In this context, Jersey currently provides services via its Community Dental Department to under 11s (which have been subject to long waiting times) and offers a dental fitness scheme which includes a patient co-payment to 12–21-year-olds. In addition, dental catch up schemes have been operating to address some of the disruption to child dental access caused by the COVID pandemic.

COM agrees that a better, simpler, and more accessible scheme/s is needed for children. However, the costs of dental treatment can be significant and so the provision of free or lower cost access which promotes better oral health but does not provide unlimited access, is needed to strike the right balances between access, population health and value for money. Whilst the options and associated costs have not yet been estimated, a free and accessible dental scheme for children, even with limitations on the no cost elements, is likely to exceed the cost of free access to general practice.

Dentistry is also a good example of where barriers to access include psychological, education or other social factors, as well as cost considerations.

The wide range of other services that could constitute ‘primary care’ are not fully considered here, but the examples demonstrate that a thorough assessment of services and what elements could be free or lower cost, is needed.

Conclusions

Ministers accept the underlying principle established by the Panel’s amendment that cost should not be a barrier to children accessing the primary care they need - but do believe that much more work is needed. Action needs to be sustainable for patients, practitioners, and the public purse.

In her Ministerial Plan, the Minister for Health and Social, working with the Minister for Social Security, has already committed to a consultation on primary care, which will explicitly set out options for change as they affect Jersey’s children.

This consultation will be aligned to the existing Government Plan 2021-2024 commitment to identify and implement a sustainable model for healthcare funding and financing by 2025.

For these reasons, Ministers have proposed an amendment to the amendment which creates an orderly path to the objective we all agree with: Children should get the primary care they need, without money being a barrier.

Financial and manpower implications

There are no additional financial implications arising from this Amendment to the Amendment.