

## Questions without notice to the Minister for Health and Social Services on 31<sup>st</sup> January 2006

### **3.2.3 Deputy A.E. Pryke of Trinity:**

Would the Minister inform the House the cost of introducing the GP out-of-hours service and if it is proposed to use a frontline ambulance as a mode of transport for the GP visits at night. If so, can he ensure that the 999 calls will not be affected?

### **Senator S. Syvret:**

The cost will be something just under £100,000. The GP Out-of-Hours Co-operative has been under discussion with Health and Social Services for a significant period of time - I think it is certainly over a year, perhaps going on for 2 years. It represents a significant change in working practices and culture for the Island's GP community. A majority of the Island's GP community favour the Out-of-Hours Co-operative. There will be a paramedic car used to provide transport for the GPs who are on out-of-hours duty and there should be no impact on 999 calls. If there ever looked like there were going to be an impact, then obviously we would have to significantly and quickly reappraise the circumstances of the transport. But certainly no impact is foreseen upon 999 responses.

### **3.2.8 The Deputy of St. Martin:**

Could I return to the question asked by the Deputy of Trinity. Many of the proposed charges under the new GP scheme appear to be only at a slight reduction from those under normal circumstances. Given that the new operation to be formed is a co-op, where charges should be reduced, overheads should be reduced also. If the doctors are to be taken around in an ambulance, does the Minister really think that the public is going to get value for money, or would he look again at the proposed charges for the new GP practice?

### **Senator S. Syvret:**

The proposed charges for the GP co-operative do represent an improvement on the present situation. Also the nature of the GP co-operative is going to offer people the opportunity to be able to come into the facilities within the hospital and be seen by GPs out of hours - for example, at late evenings and at the weekends - which would not otherwise be the case. A home call may be £90, £100, £110 by some GP practices. It will vary depending upon the practice. But the fact is if people are ambulant, if they are able to bring themselves in to be seen by the GPs on duty who will be part of the GP co-operative, the charge may for example be £40 or £60 or something of that nature. So, there is a cheaper opportunity there for members of the public to be able to see and access GPs out of hours. The charging structure and the way the co-operative is going to work: as I said previously, I am satisfied that the arrangement does represent good value for money and it is also - this is a new point - it represents an important step forward which is necessary for the Island in terms of rationalising secondary and primary care.

### **3.2.9 Deputy A.D. Lewis of St. John:**

Could the Minister advise as to whether any review is planned of the existence of the numerous small medical practices in favour of larger medical centres in order to fulfil future and possible compliance considerations?

### **Senator S. Syvret:**

Yes, Sir, the GP community is in discussions with Health and Social Services and other stakeholders and their views, along with the views of the public, will be sought as part of the new

directions of the health and social care strategy, which I referred to earlier, which hopefully will be completed by the end of the year. Unlike a majority of GPs in the UK who are under NHS contract, GP practices in Jersey are essentially independent, private businesses, so there is no question of any form of compulsion being brought on to GP practices to drive any change in the way they are organised at the moment. But the point the Deputy makes is absolutely correct: there are going to be imminently some significant changes in the United Kingdom in terms of clinical governance regimes and the probability is - the clear look of those regulations is - that it will make the current organisational structure of GP practices in Jersey virtually unsustainable and that is almost certainly the case. Now, quite what the alternative appropriate structure is to be put in place is still a matter for discussion and we have clear views from some of the GP community on that. But there is no doubt about it that there does need to be a reorganisation of how primary care is governed in the Island.