

2019.11.25

5 Deputy G.P. Southern of the Minister for Health and Social Services regarding the development of a model to support access to and the affordability of, primary care for financially-vulnerable individuals: (OQ.294/2019)

Will the Minister assure Members that the development of a model to support access to - and affordability of - primary care for financially-vulnerable individuals will be completed no later than October 2020 and, if not, why not; and is it his intention to bring down the cost to the patient of G.P. (general practitioner) consultations as part of this model?

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

I can assure the Deputy and all Members that I and my Department are fully committed to an ambitious programme to fully develop and implement the new Jersey Care model and this work will continue throughout the rest of this year and the whole of 2020. This includes the Government Plan commitment to address the development of a model, which supports access to primary care for financially vulnerable individuals during 2020, next year. G.P.s will play an important role in the new model and where patient costs remain in the new system, measures will be included to reduce, or to remove, those costs for financially vulnerable patients.

3.5.1 Deputy G.P. Southern:

Could the Minister enlighten Members about how he is progressing with negotiating fresh contracts for our use of G.P.s in our system? How far has he got?

The Deputy of St. Ouen:

G.P.s are fully engaged in the redesign of the system. We are having very productive meetings with them. We are now embarking with them on a detailed planning stage with the imminent appointment of a health planner and economist to stress test the Jersey Care model and develop an affordable health model, which improves that access to primary care services, which the Deputy and I are so passionate about.

3.5.2 Deputy K.F. Morel:

The Minister mentioned the implementation of the Jersey Care Model and also mentioned that further work is being done on it. Would the Minister provide the Assembly with a rough time, or even a date, as to when you will be bringing the Jersey Care Model before the Assembly for us to discuss and debate?

The Deputy of St. Ouen:

I think we have to await the work of the health planner and the economist. In addition, this week I have been very pleased to learn that the Health and Social Security Scrutiny Panel wishes to carry out a review into the healthcare model and I have no doubt we will be talking of that very question that Deputy Morel has asked. I would anticipate all that work being done and I hope the Scrutiny Panel, having concluded its review, then we can bring so much more information to the Assembly.

3.5.3 Deputy K.F. Morel:

A very brief supplementary. Can we take that as an assurance that the Minister will be bringing the Jersey Care model to the Assembly for debate and voting on?

The Deputy of St. Ouen:

That would be my wish. This should be discussed first in Council of Ministers, it will be discussed in the Scrutiny Panel, exactly how we do this, but I would like to bring all that detail to the Assembly in some manner and get its endorsement at some stage.

3.5.4 Deputy K.G. Pamplin:

I thank the Minister for drawing attention to our Scrutiny Panel review, which we very much would like to pay tribute at this stage to the Minister and the Department for their work in supporting us thus far.

[15:30]

Going back to the original question and intention of bringing down the costs to the patients of G.P. consultations, what has he identified already as some of the blockage in achieving the aims of Deputy Southern and all of us in making healthcare accessible for all?

The Deputy of St. Ouen:

The blockage is the very limited and inadequate model we have at the moment where it is a fee for service. Somebody has to attend and, just by virtue of that, the G.P.s receive something and then that is the end of it. There is no ongoing care, it is up to the patient to present themselves if a problem occurs. That is what needs to change in so many cases. It is not to say that that will be ruled out in all cases, but the challenges facing a health service these days are dealing with long-term conditions and it is very likely that we will contract differently with G.P.s, so that they will be asked to look after a number of patients with long-term conditions and receive a contractual payment for doing so. The contract with them will set out outcomes that we wish to see delivered.

3.5.5 Deputy R.J. Ward:

Given the essential nature of affordable primary healthcare to the very basis of the model that is being created, when does the Minister see tangible change happening - and I mean when, a date - to make primary healthcare access cheaper and more affordable for people on this Island? As, without that happening, then the model that he is presenting, which I said before is very promising, will be doomed to failure.

The Deputy of St. Ouen:

There is change happening now, at the moment. I refer Members to the Listening Lounge, which opened recently, where instead of going to seek the help of a G.P., patients can attend free of charge at a listening lounge. We are also developing clusters of G.P.s and paying them differently to look after, for example, again mental health patients. So, change is happening, but it is being given a boost by the Jersey Care model and the work we are doing with G.P.s. I cannot set out a month-by-month timetable when that work has still to be completed, but the intention is that the work of the planner and economist will be completed in the first half of 2020 and we expect to make very significant progress by the end of 2020. This care model will roll out in 2021 and subsequently, also.

3.5.6 Deputy R.J. Ward:

Will the Minister, therefore, say that residents of this Island will be seeing cheaper access to their G.P. by the mid-2020, end of 2020, beginning of 2021, mid-2021, end of 2021, or just not before the next election?

The Deputy of St. Ouen:

There is a commitment in the Government Plan that by the end of next year we will develop a model that addresses the affordability of patient fees and that is our commitment to do so.

3.5.7 Deputy M. Tadier:

A moment ago, in one of his answers, the Minister said that one of the problems of the current system is that it is up to the patient to present themselves. Could he clarify what he means by that?

The Deputy of St. Ouen:

In the payment model we have, G.P.s are not asked to follow up their patients, or to take a wider interest in their general healthcare in the long term. It is dependent upon the patients presenting to their G.P.s when they have a problem. Now, I know it is not a criticism at all of G.P.s, because I know they do look after the interests of their patients, but it is the payment model that we have.

3.5.8 Deputy M. Tadier:

Does he mean that there should be a different model whereby G.P.s have to guess whether any of their patients, at any one time, are feeling ill and therefore pay them a home visit, or phone them just on the off chance that they might be feeling a bit peaky?

The Deputy of St. Ouen:

No, I do not mean that at all. I mean that we are discussing commissioning G.P.s to take greater responsibility for their patients, but not just G.P.s but a whole range of primary care practitioners, which might include practice nurses and pharmacists.

3.5.9 Deputy I. Gardiner of St. Helier:

I think the Minister, where there is a big difference between G.P.s surgeries ... some G.P. surgeries offer free visits for under 16, for all children under 16, some under 5, some pay £10 and some pay full price. Would the Minister advise if, with consultation with G.P.s, we can address this, basically saying there is a business model that allows under 16 visits free which can be adopted by other G.P. surgeries and, if not, could this information be published, so the public can make a decision which G.P. to go to?

The Deputy of St. Ouen:

What I can say is that we are looking at children and how their access is made available. We include that within the term 'financially vulnerable patients', because children do not usually have their own income. So, we are looking at that in the studies we plan to do and we have spoken to the Children's Commissioner about the issue also.

3.5.10 Deputy I. Gardiner:

The point that I would like to clarify with the Minister, it is not about just Government putting money in to meet the cost for children G.P.s, but a G.P. who is able to create a business model, which allowed them to use existing budgets to offer free visits for children under 16. So, I am talking about the partnerships from both sides.

The Deputy of St. Ouen:

Yes, I am trying to understand the question from the Deputy. Yes, I acknowledge that some G.P. surgeries have provided a service free for children, but that must mean that they are somehow subsidising that service from elsewhere within their practices. But they are private practices, so I do not know the extent of that and we have no control over that, save to the extent that G.P.s can still

claim a proportion of funds that are paid to them from the Health Insurance Fund, the £20 or so, when they do see that child. So they are still receiving for seeing the child, even if they do not charge the parents the remainder of the fee. All that model, that way of doing things, is under consideration and I think will be thoroughly discussed and is very possible that could well change in the next year.

3.5.11 Deputy G.P. Southern:

Does the Minister accept that between £42 and £45 does put off people from going to see their G.P. and does he not accept that it is essential to bring down those numbers attending A. and E. (Accident and Emergency) - 30,000, I understand, attendees at A. and E. -inappropriately, unless he does bring those numbers down that his model will not be made to work?

The Deputy of St. Ouen:

I think I can accept that, that we do know that some patients are put off by the cost of attending their G.P. or do not go early enough and that this does impact to a great extent on the A. and E. Department. I can accept that.