

STATES OF JERSEY



GOVERNMENT PLAN 2020–2023 (P.71/2019): AMENDMENT (P.71/2019 Amd.) – COMMENTS

**Presented to the States on 21st November 2019
by the Council of Ministers**

STATES GREFFE

COMMENTS

Deputy G.P. Southern of St. Helier proposes the following in [P.71/2019 Amd.](#) –

PAGE 2, PARAGRAPH (h) –

After the words “to the Report,” insert the words –

“except that in Summary Table 8(ii) the total amount for ‘Benefits and other expenditure’ should be increased by the sum of £0.9 million and the estimated closing balance be decreased by £0.9 million to meet the cost of providing G.P. consultations at a reduced charge for certain groups”.

The Council of Ministers opposes this proposal and urges States Members to reject the amendment.

The amendment seeks to make the cost of a G.P. consultation more affordable for certain groups, these being people aged over 65 years, children aged under 5 years, pregnant women, and people in receipt of Income Support benefit. It proposes to achieve this by increasing the value of medical benefit paid under the Health Insurance Law to these target groups – envisioning that G.P.s would reduce the fees they charge, or that there would be a mechanism to require G.P.s to reduce their fees to £10 for these groups.

It is not clear from the proposed amendment whether G.P.s have been consulted on this proposal, and therefore their acceptance or otherwise of Government controlling their pricing to certain groups is unknown.

The amendment proposes that this additional subsidy is introduced by October 2020. The estimated full year effect is £3.6 million.

Whilst the proposal does address themes identified in the [Common Strategic Policy 2018–22](#) and the [Government Plan 2020–2023](#), the mechanism is flawed, and would result in delays in delivering the Jersey Care Model.

The groups specified in the amendment may not be those in most need of support. For example, there would be no support offered to people of working age with a chronic condition. Services for children are already offered at discounted rates, and for many parents a £10 fee would actually increase cost. Supporting reduced fees for pensioners irrespective of their income does not represent good use of public money, and would require a sustainable funding-stream as the population ages.

The amendment focusses entirely on consultations offered by doctors in primary care (as opposed to nurses, pharmacists and other allied health workers) because medical benefit is only claimable when a G.P. sees a patient face-to-face. Therefore, the amendment will detract from attempts to build multi-disciplinary teams, and further embeds an expensive and outdated model of care into our system.

Implementation by October 2020 would displace other activity, and the work needed to deliver the Jersey Care Model would be delayed. Further, the Government Plan 2020–2023 already sets out a commitment to improve access to primary care for financially vulnerable people, and this can be delivered as part of the new, sustainable model of care.

The amendment does not propose any ongoing funding mechanism. If the amendment were accepted and delivered in 2020, it would be difficult to withdraw from this type of support at a later date. Whilst new funding-streams would be required to meet the growing cost, opportunities for transformation would be lost where a fee for service model is supported (as opposed to outcomes or performance) and G.P. activity is incentivised without investment in multi-disciplinary teams.

From June to October 2019, Jersey health care professionals developed the Jersey Care Model. The concepts of this model build on the existing strategy set out in [P.82/2012](#) ('Health and Social Services: A New Way Forward'), in terms of its ambition for primary care and community-based services, but would be delivered in a new clinical model. It also includes a reconfiguration of the Health Insurance Fund. Therefore, supporting the amendment as proposed would make a significant and ongoing commitment to the current financial and clinical model, and would undermine the whole-system change needed to deliver the Jersey Care Model.

Conclusions

- The Council of Ministers supports the overall aim of the amendment to reduce the costs of primary care to well-targeted groups.
- However, the method suggested in the amendment is not supported, as it further entrenches a financial and clinical model that is outdated.
- The amendment is poorly targeted – it seeks to support many individuals who do not face financial barriers to primary care, whilst not addressing some groups that do face these barriers.
- The Jersey Care Model has made significant progress, and will be validated and developed further by external Health Planners and Health Economists (between December 2019 and June 2020).
- A 2020 commitment is already in place in the Government Plan to develop a model to address access for vulnerable groups, delivery targeted in 2021. This will form part of the Jersey Care Model and will be developed in a sustainable and equitable way.