

## Review of Government Plan 2024-2027

### Written Submission

### Primary Care Board

19th October 2023

Dear Deputy Ward

Thank you for giving us the opportunity to comment on aspects of the Proposed Government Plan 2024-27 relevant to primary care.

Firstly, we would like to clearly state that we strongly believe that primary care, both general practices and pharmacies, should be providing these services in community settings that are convenient for patients thereby increasing uptake. A combined vaccine is already available in some jurisdictions which would facilitate this initiative.

With reference to your specific questions to us:

1. The Primary Care Board (PCB) was informed of a decision to continue with vaccinations at Fort Regent until at least 2024.

We are unsure why this approach was deemed superior to offering both vaccinations through primary care, which is common practice in most regions of the UK where logistics of supply are responsive to vaccine availability.

Initially, the larger scale of the operation may have favoured centralised administration and delivery, with financial incentives likely playing a role, as the existing infrastructure owned by the States appeared cost-effective, and it facilitated efficient patient flow to dedicated vaccination nurses.

It is now probable, however, that this advantage has been overshadowed by the deployment of practice nurses and a decrease in vaccination uptake, resulting in less consistent patient flow and a reduction in the cost difference between administering vaccines at Fort Regent versus primary care.

Despite this, primary care, having been encouraged by successive medical directors to invest in state-of-the-art infrastructure, is unlikely to match a government offering that primarily constitutes staff costs alone.

Furthermore, while there is centralised correlation of vaccine statistics, the data is split across two parts of the same IT system. Consequently, it is difficult for GPs, ultimately responsible for patient care, to ascertain which vulnerable patients need targeting if they haven't taken up the offer of either vaccination, potentially leading to a further reduction in uptake.

This not only has clinical drawbacks but also increases the overall cost to the island, as every admission due to severe disease significantly strains resources and disrupts the hospital's normal operations. These expenses significantly outweigh any costs associated with vaccination.

We should also note that the current operating model does not seem to have taken patient preferences into account, nor the fact that GPs continue to provide unremunerated support to patients regarding the management of searches and queries.

2. The precedent has always been that primary care, including preventive services administered by primary care, should be funded via the Health Insurance Fund (HIF).

The point of primary care teams is that services cross-subsidise one another and are therefore inherently efficient. Removing an income stream just makes other services more expensive.

It was for this reason the PCB questioned the intentions of the Jersey Care Model which proposed that services traditionally associated with secondary care should be funded through the HIF at the expense of allocating resources to services in primary care, which, in our view, had a higher priority.

We appreciate that the government has addressed this issue and would support funding vaccination delivery by general practices and pharmacies through the HIF, provided that actuarial assessments confirm that current contributions are sufficient to sustain this approach given the various demands placed upon the fund. Conversely, given the comments above, we would consider it inappropriate for the HIF to finance HCS to carry out the service.

Kind regards

PCB Board