



Primary Health Care
Jersey Consumer Council

**‘TARGET’ PROPOSALS
AND OTHER KEY ISSUES
FOR FURTHER DEBATE**

Spring 2013

Primary Health Care Jersey Consumer Council 'Target' Proposals and Other Key Issues for Further Debate

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Survey Data (see other accompanying report)

Foreword

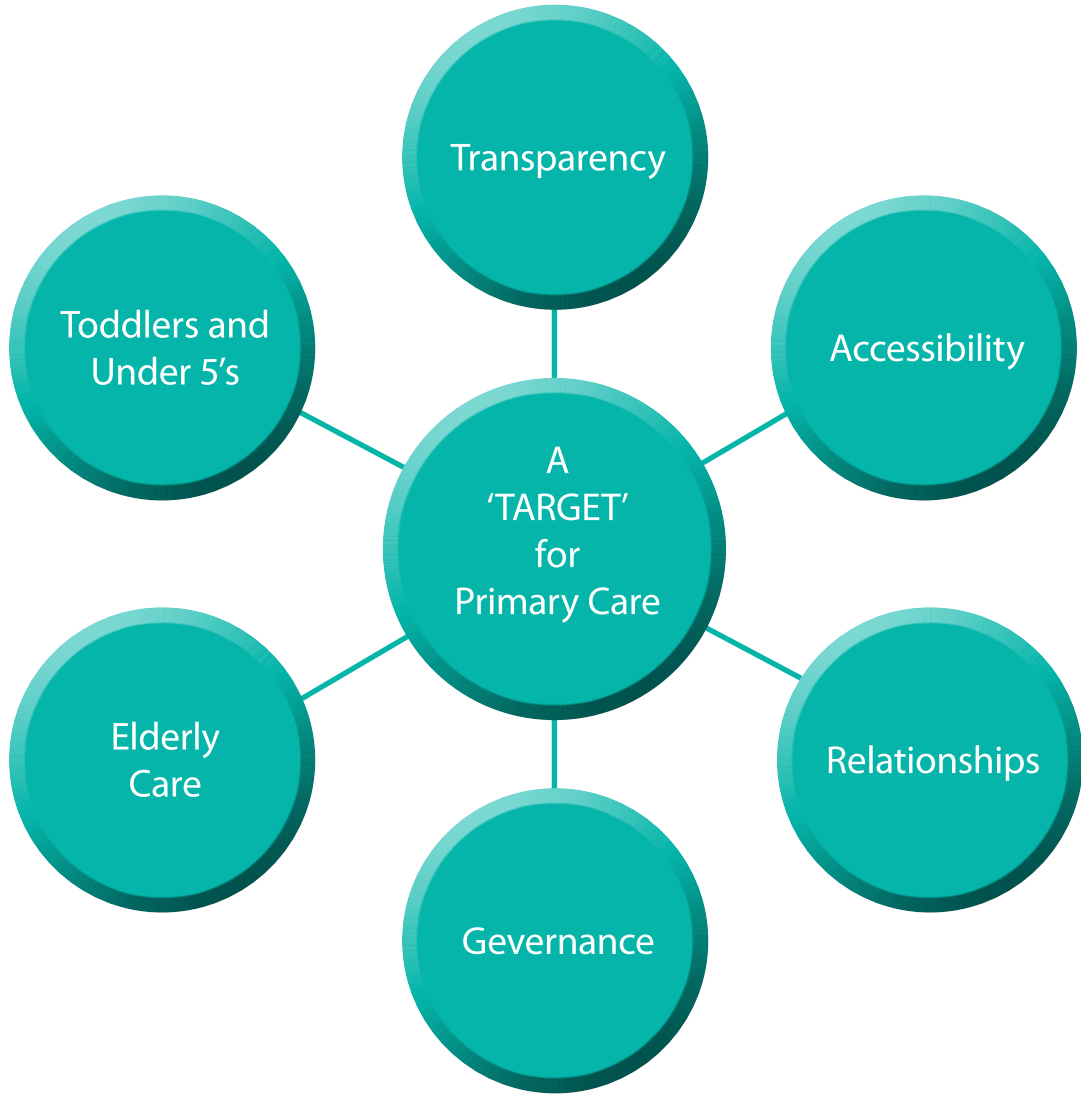
The Consumer Council undertook an Island wide survey during June 2012. The survey was designed to gather information on Islanders experiences when paying for services in primary health care, including GP's, Dentists and other items provided by allied health professionals. The survey also aimed to seek Islanders' views on the perceived quality of customer care received. The questionnaire also sought to gauge the public mood on ways of paying for primary health care in the future.

To date the preliminary questionnaire results were presented as findings and data in the Health and Social Services Report and Proposition 'Caring for Each Other, Caring for Ourselves'.

The Council welcomes the current health review and the raft of planned benefits; however it is also committed to ensuring that the views of the 6,588 islanders', who responded to the survey, are not overlooked.

The statistics used in this paper have been taken directly from the results of the survey; it should be noted that it was the survey was a self-selecting survey and no weighting has been applied to any of the data.

For raw data from the survey see other book accompanying this report.



6 'Target' themes emerged from the survey

1. Transparency

Consumers lack clarity over costs incurred at general practitioners (GPs), dentists and other providers.

2. Accessibility

Consumers report avoiding care from GPs and dentists due to costs and identify using A&E as an alternative. Ability to pay for primary healthcare does not reflect willingness to pay; self-reported attendances to A&E for 'non-urgent' problems were as common in high income as low income groups.

3. Relationships

Better relationships can be developed between patients, public and providers. Dialogue and feedback may be supported through traditional focus groups and online patient forums.

4. Governance

Quality Assurance is needed for consumers using primary healthcare. We suggest this includes a formalised complaints procedure and a public information strategy to advise and signpost patients towards appropriate points of care.

5. Elderly Care

Respondents suggested frequently that prescription exemptions for the elderly should be considered. Public information is needed for consumers and providers of nursing and residential care to clarify the impact of the Health White Paper and forthcoming Long Term Care legislation on assets and mechanisms of funding care.

6. Toddlers & Under 5's

Respondents frequently suggested that universal free or subsidised access to GP appointments should be made available for the under 5's. Prescription charge exemptions for this group were also frequently suggested for consideration.

Main Report

The report will now discuss each 'Target' in detail:

1. Transparency

Evidence for better Transparency:

- The majority of respondents are either unaware or unsure as to whether price lists are available at their GP and Dental Surgeries.

Are price lists available at GP?

		Frequency	Percent	Valid Percent
Valid	Yes	1507	25.4	25.7
	No	1321	22.3	22.5
	Unsure	3030	51.1	51.7
	Total	5857	98.8	100.0
Missing	System	73	1.2	
Total		5931	100.0	

Price lists available at dentist

		Frequency	Percent	Valid Percent
Valid	Yes	1409	23.8	24.7
	No	1538	25.9	26.9
	Unsure	2766	46.6	48.4
	Total	5713	96.3	100.0
Missing	System	218	3.7	
Total		5931	100.0	

Recommendations for transparency:

- For relevant bodies to support GP and dental practices to make available itemised price lists for services and treatments available.

2. Accessibility

Evidence for better Accessibility:

- 8% of respondents felt GP charges were ‘so expensive it stopped them visiting a GP’
- 10% of respondents report using A&E as an alternative to seeing a GP
- 27% of respondents felt Dental charges were so expensive its stopped them from visiting a dentist”.

Rating for cost of visiting GP

		Frequency	Percent
Valid	Good value	243	4.1
	About right	565	9.5
	Expensive but worth it	1406	23.7
	Expensive, therefore restricts visits	3149	53.1
	So expensive it stops visits	485	8.2
	Total	5847	98.6
Missing	System	84	1.4
Total		5931	100.0

Ever attended A&E as an alternative to GP

		Frequency	Percent	Valid Percent
Valid	Yes	578	9.7	9.9
	No	5231	88.2	89.3
	Unsure	51	.9	.9
	Total	5860	98.8	100.0
Missing	System	70	1.2	
Total		5931	100.0	

Rating for cost of visiting dentist

		Frequency	Percent
Valid	Good value	80	1.3
	About right	236	4.0
	Expensive but worth it	1392	23.5
	Expensive, therefore restricts visits	2409	40.9
	So expensive it stops visits	1585	26.7
	Total	5702	96.1
Missing	System	229	3.9
Total		5931	100.0

Good Dental Health helps us communicate more effectively, eat and enjoy a variety of foods and generally contributes to better health and wellbeing.

Poor dental health results in pain, discomfort, sleepless nights, limited diet and therefore poor nutrition, time off work and school and poorer physical and mental health. The cost of getting dental care when in pain is a significant problem for those on lower incomes, who do not quite qualify for the £500 emergency treatment benefit. Children, those with mental health problems, learning difficulties and the elderly are often among those with a disproportionate risk of poor dental health, which leads to further deterioration in their general health and social circumstances. More affordable access to dental services for these vulnerable groups should be considered.

The Council proposes that the costs of visiting the dentist and treatments be reviewed as consumers clearly restrict visits to the dentist and research indicates that poor dental hygiene significantly increases the risk of a variety of other illnesses, contributing to cardiovascular disease for example.

Comments submitted as part of the survey clearly indicate that there is a significant desire for patients to be able to reduce GP visit costs: *'We pay £37.00 per visit 4 times per year simply to have a blood test and blood pressure check. Why can't we have practice nurses who could do this at a reduced rate which would also free up appointment space?'*

Regular GP visits pose a considerable financial burden on families, individuals and pensioners and may in the longer turn generate additional hospital costs as individuals cannot afford to visit their GP.

Have you ever attended A&E for a problem that was not as accident or emergency?

	Total	Less than £25k	£25k to £95k	£95k to £115k	Over £115k
Total	5950	1977	3291	289	393
Yes	18.47%	20.84%	17.11%	18.34%	18.07%
No	80.10%	77.24%	81.71%	79.93%	81.17%
Unsure	1.43%	1.92%	1.19%	1.73%	.76%

Recommendations for Accessibility to Primary Healthcare:

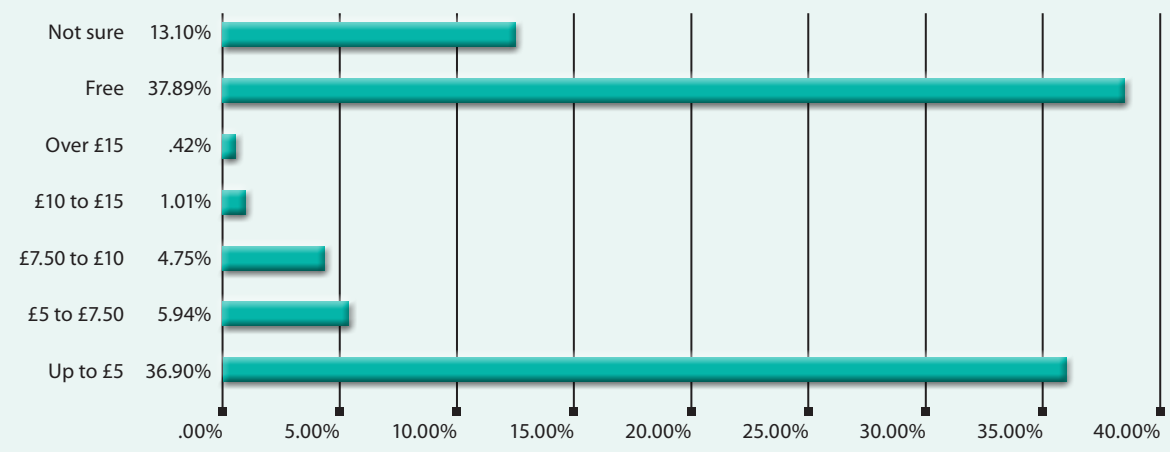
- a. States Assembly, Health & Social Services & Social Security to consider appropriateness revising eligibility criteria for subsidised, free access to primary care for: low income groups, under 5's and elderly individuals.
- b. For relevant bodies to consider economic modelling of the impact of the above recommendation on Health & Social Services, General Hospital. Greater accessibility to primary care and preventative medicine may reduce hospital admissions through more treatment in the community and reduced exacerbations of chronic diseases. The costs and benefits of the current and other models of primary healthcare funding should to be examined to achieve best value for consumers as patients and tax-payers.

- c. For relevant bodies to explore methods of defining and costing a scheme to cover 'basic dental assessments'; in order to encourage more affordable and accessible dentistry to support good dental public health for a broader population than the current scheme.
- d. The Council recommend better public information and education in schools in order to facilitate better decision making by individuals as well as clearer responsibilities and government direction given the potential impact on health care expenditure.
- e. The Council recommend that alternative community care approaches are investigated; for example access to practice nurses, midwifery care, elderly care - which are more cost effective and beneficial for patients by delivery with in the community? And if introduced to help reduce regular recurrent/on-going costs?

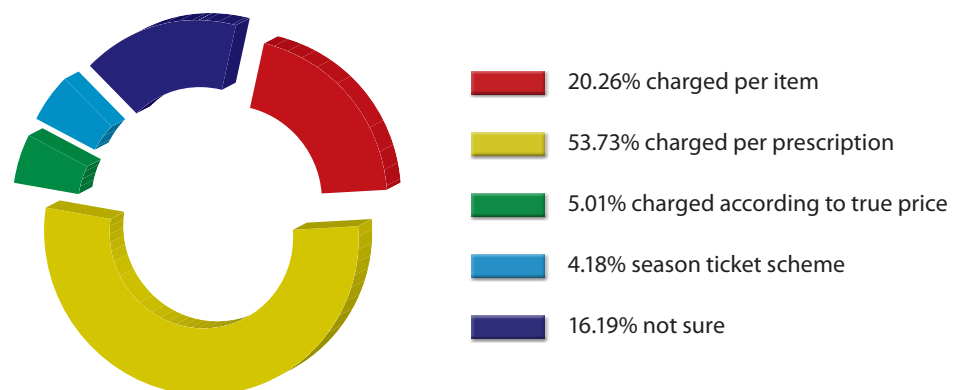
Costs of Prescriptions

Respondents of the survey clearly stated their views regarding prescription charges in relation to hospital and GP prescriptions. The graphs below also highlight views relating to prescription charges.

How much would you be willing to pay per item on hospital prescriptions?



Preferred Charging Options



Case Study

“Regarding prescriptions I think that prescriptions for the under 5’s and over 70’s should be free and that prescriptions for those with long term chronic illnesses such as asthma, heart disease, diabetes etc should also be free”

Recommendations for prescription charges:

- a. The Council request that consideration is given to free prescriptions for the elderly and for the under 5’s, based on the volume of comments received as part of the questionnaire.
- b. The survey gives a rough indication of how much the public maybe willing to pay if charges are introduced for hospital prescriptions.

3. Relationships – Providers and the Public

Consumers reported ‘excellent/good’ quality of customer service:

- 85% of respondents rated their GP customer service as good/excellent (Total 6,315)
- 73% of respondents rated their Dentist customer service as good/excellent (Total 6,060)

Despite this, patients need to understand how they can communicate dissatisfaction with any treatment they receive.

- 66% of the respondents would not tell the GP or Dentist immediately.
- 45% of respondents do not know if there is a formal complaints procedure.

Recommendations for developing better relationships between consumers and primary care providers:

- a. The Council would like to see the introduction of on-line patient forums which provide all patients with the opportunity to pass on their experiences, opinions and suggestions of a particular service/surgery. For local primary care providers to engage in an online forum such as <https://www.patientopinion.org.uk/> or similar.

Online forums can give better transparency for all parties, it facilitates service providers stating any changes or remedies, it allows for statistical review and for reassurances for patients. ‘Patient Opinion’ is a forum which is working well in the U.K. This is an independent site about experiences of UK health services; the site states that good or bad stories are then ‘passed to the right people to make a difference.’ <https://www.patientopinion.org.uk/>

The Council considers that there is a place for an independent forum in Jersey, the volume of responses to the survey would indicate that consumers and patients need a voice and a platform for an input into health and customer services

Extract from the Patient Opinion website:

About Patient Opinion

Patient Opinion was founded in 2005 and since then has grown to be the UK's leading independent nonprofit feedback platform for health services. Patient Opinion is about honest and meaningful conversations between patients and health services.

Patient Opinion is a website where the public can publish their experiences of local health services. The website allows health service staff to interact with these patients to help improve care.

Patient Opinion is a not-for-profit social enterprise. We exist to help improve dialogue between patient and health service providers and to improve health services. Over 450 organisations subscribe or are registered with Patient Opinion.

How does Patient Opinion work?

- *Members of the public anonymously post a story (positive or negative) on the website about a local health service (we have their email address, but you won't know who they are). Our highly experienced team moderates all stories to ensure they are not defamatory for any member of staff.*
- *Health service staff can then be alerted when a story is posted about the health service, ward or department that they are interested in.*
- *The organisation can then publish a response to the story on the website*
- *The patient or carer is then alerted to the organisation's response and the dialogue continues*
- *Where appropriate, the health service provider can demonstrate whether a change has been made as a result of the story posted on the site*
- *People visiting the website are able to search and review all patient/carer stories about healthcare services. Responses from relevant healthcare organisations are also public. Visitors to the PO website are able to see the number of people in the healthcare organisation listening to patient stories.*

4. Governance

Evidence for better Primary care Governance:

55.8% of respondents are not aware of a formal complaints procedure for primary care covering GPs, dentists and allied health professionals.

Not aware of formal complaints procedure

		Frequency	Percent	Valid Percent
Valid	Yes	2523	42.5	43.3
	No	3309	55.8	56.7
	Total	5832	98.3	100.0
Missing	System	99	1.7	
Total		5931	100.0	

Recommendations for developing Governance of Primary Care:

- a. For the established Primary Health Care Governance Body to prioritise the development of a formal complaints mechanism
- b. For the Primary Healthcare Body to provide consumers with a public information strategy to advise and signpost patients towards appropriate points of care.

5. Elderly Care (Including nursing & residential care)

Selling homes for social care - Consumer Perceptions

Reviewing the free-text responses to the survey, it can be seen that there is a widely-held perception and anxiety that Islanders in the future may be forced to sell their houses in later years to pay for care. This perception needs to be fully addressed and a true and transparent communication effected as soon as possible to inform consumers of current future legislation.

In light of the health white paper and the forthcoming Long Term Care legislation the Council proposes that a framework and information pack be generated to help elderly people staying longer in their own homes, carers and staff in all homes.

Recommendation for Elderly care:

- a. For the Social Security department/Citizens Advice Bureau to support the design clearer public information regarding current payment system for social care, clarifying co-payments and thresholds are needed.

6. Toddlers and Under 5's

Reviewing the free-text responses to the survey, it can be seen that free access to GP appointments and subsidised prescription for under 5's were frequently supported by respondents.

Recommendations for developing Governance of Primary Care:

- a. For the relevant authorities to explore costs and benefits of States' subsidised, free GP appointments for under 5's .

Other key issues for further debate

Charging and funding for future Jersey Health Care

The extract below highlights respondents' views on payment systems for the future funding of health care.

Preferred system of payment for healthcare	Total	6251
	Current system	52.02%
	Payroll based contributions	7.76%
	Means tested contributions	14.45%
	Reduced taxation and obligatory health insurance	10.38%
	Not sure	15.39%
Willing to pay additional social security	Total	5183
	Yes	36.18%
	No	46.81%
	Unsure	17.02%
Willing to pay additional income tax	Total	4640
	Yes	15.24%
	No	67.54%
	Unsure	17.22%
How much willing to pay per month to cover primary health care services	Total	5554
	Over £15	4.81%
	£10 to £15	15.45%
	£7.50 to £10	12.08%
	£5 to £7.50	10.24%
	Up to £5	14.51%
	None	24.74%
	Not sure	18.17%

Accident and Emergency (A&E)

A&E services were explored as an integral part of the survey whilst A&E is in the secondary care sector it has a significant effect and overlap on primary care.

The survey asked several key questions in relation to A&E, the statistics highlighted:

- Nearly 75% of Respondents surveyed feel that patients attending A&E with non-urgent health problems should pay a fee (n=6,336)
- 72% of Respondents surveyed feel that A&E should charge the same amount as a GP for non-urgent health care provided (n=4,717)

Although respondents' clearly indicate that patients attending A&E with non-urgent health problems should pay a fee; the Council recommend that this approached carefully as non-urgent needs to be defined and well communicated. Consideration must also be given to the impacts of charging on those who can least afford medical treatment and we urge due consideration be given to those other than the obvious recipients of Income Support as often pensioners and families on low incomes need A&E.

The issue of better patient information featured strongly in the survey with '62% of respondents feeling that they would benefit from better advice and information on non-urgent health problems'

The Council proposes that improved information on non-urgent health problems be considered and made available to assist people in making choices as to where they visit for their treatment.

What is a non-urgent health problem – who should decide? How is this information to be disseminated in a useful manner to adequately reflect cultural, age and fitness related variations?

Recommendation for Non-urgent care in A&E/Primary Healthcare:

- a. The Council believe that A&E data should be made publicly available so that consumers and health professionals alike can understand the profile and volumes of patients and the treatments being administered at A&E.
- b. If more non-urgent cases are directed back to community GP's as a result of A&E charging and/or decisions being made regarding the nature of a medical problem; will there be adequate capacity within GP surgeries to meet demand? The Council believes that alternatives need to be identified and considered.

Conclusion

The Consumer Council is an independent consumer organisation, working to bring about change to benefit Jersey's consumers. Our aim is to make the consumer voice heard and make it count.

Our job is to speak up for consumers and give them a voice.

The Council recognises that the survey respondents were self-selecting and thus may be those who have an interest in health issues whether as patients, carers or providers.

However the perceptions and views of 6,588 respondents are none the less substantial and consideration must be given to their views.

The Council recommends that public-provider focus groups are run over the next few months to explore some of the main Primary Health Care "TARGET" proposals, some of which are complex and need further investigation.

The Council are working with Social Security and the Primary Health Board to ensure that key topics which have been highlighted in the survey are retested in the next Jersey Annual Social Survey; for example pricing transparency and accident and emergency usage.

Summary of Recommendations

1. For relevant bodies to support GP and Dental Practices to make available itemised price lists for services and treatments available.
2. States Assembly, Health & Social Services and Social Security to consider appropriateness revising eligibility criteria for subsidised, free access to primary care for: low income groups, under 5's and Elderly individuals.
3. It may be prudent for an independent body to conduct economic modelling of the impact of such subsidies on Health & Social Services and General Hospital. Greater accessibility to primary care and preventative medicine may reduce hospital admissions through more treatment in the community and reduced exacerbations of chronic diseases. The costs and benefits of the current and other models of primary healthcare funding should to be examined to achieve best value for consumers as patients and tax-payers.
4. It may be prudent for an independent body to to explore methods of defining and costing a scheme to cover "basic dental assessments". In order to encourage more affordable and accessible dentistry to support good dental public health.
5. The Council recommend better public information and education in schools in order to facilitate better decision making by individuals as well as clearer responsibilities and government direction given the potential impact on health care expenditure.
6. The Council recommends that alternatives are investigated and introduced to help reduce regular recurrent/on-going costs.

7. The Council request that consideration is given to free prescriptions for the elderly and for the under 5's, based on the volume of comments received as part of the questionnaire.
8. The survey gives a rough indication of how much the public maybe willing to pay if charges are introduced for hospital prescriptions.
9. The Council would like to see the introduction of on-line patient forums which provide all patients with the opportunity to pass on their experiences, opinions and suggestions of a particular service/surgery. For local primary care providers to engage in an online forum such as <https://www.patientopinion.org.uk/> or similar.
10. For the established Primary Health Care Governance Body to prioritise the development of a formal complaints mechanism
11. For the Primary Healthcare Body to provide consumers with a public information strategy to advise and signpost patients towards appropriate points of care.
12. For Social Security department/Citizens Advice Bureau to support the design clearer public information regarding current payment system for social care, clarifying co-payments and thresholds are needed.

Additional Information

The objectives of the Council as stated in our Constitution:

1 The Objects

The Objects are:

- (a) to seek information, investigate, highlight and publicise anomalies and irregularities in consumer affairs and to encourage good trading practices by local business;
- (b) to provide a consumer response to consultations, to advise on consumer priorities and concerns and identify anti-competitive practices in support of the statutory roles and responsibilities of the JFSC, the EDD, the JCRA, Trading Standards and other relevant departments or organisations including any financial services ombudsman that is appointed in the future; and
- (c) to provide consumers with adequate, accurate and timely information so that they are able to make informed decisions and to know their rights in doing so, where this is not already adequately provided for by the activities of relevant statutory agencies of the EDD, to include the Jersey Competition Regulatory Authority, the JFSC and any future financial services ombudsman.

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