

4.5 The Deputy of St. John of the Minister for Social Security regarding the cost of supplying medication to patients since the removal of prescription charges:

Could Members be told if the cost of supply of medication to patients has increased or decreased for the Social Security Department since the removal of prescription charges; if so, by how much, either way?

Deputy I.J. Gorst of St. Clement (The Minister for Social Security):

The Health Insurance Law provides for a pharmaceutical benefit. This is made up of 2 parts; the cost of the medication itself and the dispensing fee paid to the pharmacist for each item that they deal with. As Minister, I am responsible for approving a list of drugs known as the prescribed list. This is a list of all drugs that are currently covered by that benefit. As would be expected, the cost of benefit rises from year to year. During the last year there have been 3 separate factors behind the overall increase: the ongoing trend for more prescriptions from year to year, a major reorganisation of the list in 2007 which added a wide range of drugs previously only available from the hospital, and the removal of prescription charges in February 2008. The department uses an independent pharmaceutical adviser to provide professional advice in this area. The adviser is currently analysing the 2007/2008 prescriptions to quantify the relative effect of each of the underlying trends of these 2 recent changes. As soon as that work is complete I will publish the findings. Members will be aware that I have already made a public commitment to reviewing the prescription charge but, until I have seen the full analysis, it would be premature to draw any particular conclusions.

The Deputy of St. John:

Yet again we get a Minister who is not prepared to answer the question. I asked quite simply, either way, if the cost had gone up or down. Can we have an answer from the Minister whether the costs have gone over the prescribed budget or have they gone down from previous years?

Deputy I.J. Gorst:

I am disappointed that the Deputy thinks I have not answered the question because in my final paragraph I said once the work of analysis of the figures has been undertaken, then I agree to publish them. That will be the answer I believe that the Deputy is looking for, so I will be and I have every intention of answering his question.

The Deputy of St. John:

If I may, I do not believe that is a good answer. He is hiding behind civil servants who have not done their work. He must know whether or not the costs have gone down or not or if they have gone up. All I am asking is for the Minister to tell me whether or not the costs have gone up or down, not to hide behind some civil servants' paperwork analysing all the figures.

Deputy I.J. Gorst:

I am certainly not hiding behind any civil servant. I am sure the Deputy can see me from here. There are no civil servants whom I am hiding behind. **[Laughter]** It is a complicated area; he may not have heard all that I said in my answer. I did quite clearly say that the benefit rises from year to year and last year is no different. I do not have the figures for the final quarter of the year; therefore, I am not at this stage able to answer the question in the way that he would, I perceive, like. However, I give a firm commitment again that once these figures are available I will be publishing them. I believe that probably I am just as keen to see the analysis and understand how the figures have moved or changed in the last year as the Deputy himself is.

4.5.1 Deputy G.P. Southern of St. Helier:

Does the Minister believe that handling free prescriptions without means testing represents good value for money?

Deputy I.J. Gorst:

This seems to be a recurring theme of the last 2 months. I have quite clearly given an undertaking and a commitment to review the decision to take away the charge to members of the public for prescriptions. This analysis of these figures is part of that review. Once I have that analysis then I will be able to answer that question as well. On the surface, it seems as though means testing would be sensible or that a blanket benefit does not always work in the way that we would expect it to, but it is only right that any decisions that I make or any decisions that this Assembly makes are based on proper and full analysis and that is what I and my department are now doing.

4.5.2 Senator S.C. Ferguson:

The Minister notes that he will be analysing the data from the prescribed drugs under no payment. Will he be paying particular attention to such prescriptions as those for Aspirin, which costs less than the cost of the actual prescribing and, therefore, would seem to be not very good value for money for the taxpayer?

Deputy I.J. Gorst:

I have over the last couple of weeks been in conversation or email correspondence with one of the Senator's colleagues about this very issue, who was contacted by one of his electors. As I said in the first part of my answer, the element that the department pays for is broken down into 2 parts, and that is the medication itself and the dispensing fee. I believe I am right in saying that the average medication element of a prescription is around £8. I am not a doctor and I am not aware that we have any in the Assembly of the general practitioner kind, and it is not for me to second-guess what should or should not be on the prescribed list. Medicines, as the Senator has suggested of Aspirin, come in many forms. She or I might be able to go to a high street chemist and secure Aspirin; 12 or 16 of them for around 30 pence; however, some types of Aspirin are not that cheap and it is up to the doctor to prescribe the appropriate Aspirin. I believe that Aspirin has been on the prescribed list, and this, I could be wrong ...

The Deputy Bailiff:

A concise answer, if you would, please.

Deputy I.J. Gorst:

It is very difficult to give a concise answer because it is a complicated issue and that is why sometimes it might be better for a written question rather than an oral one. If the Senator looks at the written questions she will be aware that I have answered a written question on this very issue, but it does not stop me droning on now does it? [Laughter] Therefore, it has got to be doctor-led; what is prescribed for the condition of the patient that they see in their surgery.

4.5.3 Deputy J.A. Martin of St. Helier:

This is about the third time now I have heard the Minister give assurances that he will review the free prescription charges. Can the Minister please give me an assurance that he will not review the free prescription charge outside of the income support review as this was why we had the knee-jerk reaction to introduce the free prescription charges in the first place? Thank you, Sir.

Deputy I.J. Gorst:

It was not my decision to take the money or to introduce free prescription charges. I cannot second-guess why the previous Minister made that decision. As I have said before, it was not necessarily one with which I agree.

4.5.4 Deputy P.V.F. Le Claire:

The principle of giving free medication to people in need in Jersey is one that is being analysed and properly considered by the Minister. Would the Minister also, while he is making this analysis, provide an understanding for Members in his report back as to the provision of free doctors' visits in the U.K. and whether or not that can happen in Jersey? Because in the U.K., I understand, you can go to the doctor and it does not cost you anything. I would like to know, if that is the case, what it would cost to implement such a system in Jersey, when he reports back. Could he look into this issue if he is going to do a robust analysis, please?

Deputy I.J. Gorst:

I might have thought that the early questions and answers were complicated. Here we step to a whole new level of complication and that is how we as an Island monitor and access primary care. That is a subjective review alongside the Health Insurance Fund and Law and that work is being undertaken, but I must just say to the Deputy that it would be a massive step if we were to move to that free at the point of access for primary care which they have in the United Kingdom.

The Deputy Bailiff:

One question, Deputy Le Hérissier, and then I will return to the Deputy of St. John.

4.5.5 Deputy R.G. Le Hérissier:

Would the Minister confirm, apropos Aspirin, that he will as part of his survey analyse the degree to which over-the-counter items are being prescribed and, given the enormous marketing clout of pharmaceutical companies, he will assure himself that there is no other way to obtain this Aspirin other than through prescription? Thank you.

Deputy I.J. Gorst:

Of course I will. That is part of understanding the analysis of the figure. But, again, it is not for Members without medical expertise to second guess why a G.P. (general practitioner) is prescribing the medication that they are for any particular given condition. It is often said that we make a very poor 53 planning panel. I certainly believe that we make a very poor doctor's consultation.

4.5.6 The Deputy of St. John:

Yes, as the Minister has the prescribed list of drugs which are permitted over the counter, of which obviously Aspirin will come into that prescribed list at different levels, will he also explain why over-the-counter things like mouthwash, et cetera, are being given free of charge to customers and, therefore, has he got control of his department, because I do not believe he has. I think he has not got control over his budget or his department. Will he please explain why people can get mouthwash, et cetera, on a prescription?

Deputy I.J. Gorst:

Could I thank the doctor ... oh, sorry, I mean the Deputy [**Laughter**] for his medical advice? I do not believe that it is acceptable to say that my department does not have control over the prescribed list. Of course they do. It is medically and health-driven and that is exactly as it should be. We have one of the best generic drugs prescribing regimes in the western world. We have a high rate of generic prescriptions, and that is excellent. It means that we are getting the best value that we can [**Approbation**] and treating the medical conditions of members of the public in the most cost effective way that we can. I do not think I have got anything else to say.