



Health, Social Security and Housing Scrutiny Panel Prescription Charges

WEDNESDAY, 10th JULY 2013

Panel:

Deputy K.L. Moore of St. Peter (Chairman)
Deputy J.G. Reed of St. Ouen

Witnesses:

Chair, Age Concern
Administrator, Age Concern

[14:00]

Deputy K.L. Moore of St. Peter (Chairman):

Thank you very much for coming to this meeting of the Health, Social Security and Housing Scrutiny Panel today. We have to for the record introduce ourselves all officially. So I am Deputy Kristina Moore, Chairman of the panel.

The Deputy of St. Peter:

Thank you very much, and thank you to the public for attending also. If we could start, would you like to outline your view of the proposals regarding prescription charging of hospital outpatients?

Chair, Age Concern:

I have 2 areas of concern right at the beginning. One is that this particular scheme is being used as a pilot scheme and if successful will be used as a vehicle to reintroduce G.P. (General Practitioner) prescription charges next year. If you look at the top of page 4 on the notes you sent out or they sent out, it says: "The reintroduction of prescription charges for hospital outpatients will assist in the development of a policy for the reintroduction of prescription charges in the community." When I see that I start worrying greatly. They are talking about: "Appropriate to introduce slightly different exemptions for community prescriptions. H.S.S.D. (Health and Social Services Department) will look to align their exemptions with those in the community." So it looks very likely to have a change at some time. That is my first problem, my first concern, but I would say right here and now that we will fight it tooth and nail because at a senior citizens' meeting 2 or 3 years ago Senator Gorst, who was then the President of Social Security, spoke at a meeting with Philip Ozouf and both assured us that they would never bring back prescription charges for the elderly. That was minuted at that meeting and so I would fight that on those grounds, if not other grounds as well. My second concern is that older people could be missing out on medication due to this expense. We are offered in this a £100 certificate for a year. Who is going to be able to find £100 of my older people who are living on a pension and having to pay rent and food and everything else? They are offering this £100 or they are even giving £30 for 3 months plus 20 per cent, so we have a levy of 20 per cent if they cannot afford the £100, which I think is disgraceful for a start. So if they are having to pay that way or pay the £5 or whatever it is, it could mean that they will not go to the doctors for their medication. When they go to a doctor invariably they are having to pay a consultation fee. A consultation fee now can be anything between £32, £35, £38, depending on the practice, and they would have to pay that initially, even if they could get it later on, on repeat prescriptions. But they would have to pay this. This is an added charge all the time. It is in fact penalising old people and it seems that whenever they are looking for extra money ... I know we are a nuisance, we old people. It was asked of me the other day if Health wanted us to hold hands and walk into the sea. I think it is beginning to look like that. But it is a very difficult thing. I think older people are finding it hard in our lovely Island. We love our Island but the cost of living is high and everything else is high as well. I know there are exemptions for people on income support, but there are an awful lot of people in middle Jersey who do not receive any help at all and these are the ones I am most concerned about. I know I say this perhaps every time I speak to the media, when they phone me. It is middle Jersey that worries me most because a lot of people can be picked up under income support but when it comes to people who have a few savings, no interest coming on these savings over the last 4 years, and having to pay out more and more, they are now beginning to wonder whether they can manage to last until they pay their funerals. When you get people coming in and saying that to you, when they should be living a ripe old age in comfort and they are not. They are worried about how they will end up. Of course the

more people who run out of money the more people will be on income support, so it is going to cost the Island a lot more in the future.

The Deputy of St. Peter:

We will come back to the issue of exemptions in a moment, if we could. Firstly, what I would like to ask you is your opinion, because Health and Social Services explain in their report that one of the reasons for introducing this new charge is to prevent people or to discourage people from using the hospital inappropriately. Is it your view that they would achieve that by introducing those charges?

Chair, Age Concern:

I think we will be stopping people going to the hospital and to the doctors in future if they feel they cannot get the medical care that they need. I think they will not be going. I mean I hear: "I cannot afford to go to the doctor this month because I have an electricity bill to pay" or: "I cannot afford because I have something else to pay." So I think it will stop them going altogether. A lot of this is to do with money of course, and we know that, and if you read further on, in fact, and I just digress a minute, where they are going to save £150,000 but it will cost them £36,000 to administer it. We can look at £114,000 being bottom line and put people through the stress, whether it be the elderly people or even younger people who are finding it difficult to cope, and then I find this tragic for £114,000.

The Deputy of St. Ouen:

I must ask: have those you represent been consulted prior to the introduction of these charges?

Chair, Age Concern:

No. The first we heard we read about in the paper.

The Deputy of St. Ouen:

So there has been no discussion?

Chair, Age Concern:

We have spoken to our older people obviously but there is no discussion beforehand. We were not called in to discuss this.

The Deputy of St. Ouen:

The Health Department did not come and speak to you about their plans, how it might work, what was required to ensure that the vulnerable and those that mostly needed the support ...

Chair, Age Concern:

Certainly not on this. We have met with Health on numerous occasions, in fact too many meetings. We are just battling now trying to get to all of them. But, no, we have never had anything about this at all. But older people have come to us with their concerns about it, but no, we have had no consultation.

The Deputy of St. Ouen:

The last consultation or discussion you did have around prescription charges was, you said, with the now Chief Minister and the Minister for Treasury and Resources; when was that?

Chair, Age Concern:

That must have been ... when did these finish? They finished about 2008, did I read there somewhere? They were removed in 2008 so it is since then. It must have been about 3 years ago. We had a meeting at Communicare, because we call senior citizens meetings when there are issues to discuss which affect older people so that they can air their views and we always invited States Members to these meetings. On this particular occasion Senator Gorst and Senator Ozouf were in the chair and they were talking about the possibility that at one stage these may come back, and we pinned Ian down at that time and said, after quite a lot of discussion, and I was in the Chair, so I was able to say: "Can we have an assurance from you and from Senator Philip Ozouf that these will not be reintroduced for older people?" We have a lot of people coming to the Island at the moment, a lot of staff being brought in from the U.K. (United Kingdom), particularly in Health, and they have been used to a National Health Service. It is a concern of a lot of older people that they are trying to bring N.H.S. (National Health Service) here. We know it is failing now, the National Health Service, over there, we only have to read the papers and listen to the news. So why do we need to follow some examples - I am not saying that all examples are bad - but why are we needing to follow some and it was said recently by the Minister, if she was reported correctly by the *J.E.P. (Jersey Evening Post)*, and I am sure she was, that we were only getting on an even keel with the U.K. by having to pay for prescriptions. Now in the U.K. they do have to pay for prescriptions but not the old people, and the even keel does not come into effect at all because over there they do not pay for doctors. We do. So it is not an even steven at all. This is something which has been thought out but not discussed thoroughly.

The Deputy of St. Peter:

At what age does the exemption kick in in the U.K. for prescription charging?

Chair, Age Concern:

I think it is 65. I would not be absolutely sure on that, but I think it is around 65, the older ones. And certainly older people who come to me who have sisters over there or brothers over there,

say: "But they do not pay for that." We do not want to bring in things that are contrary to the good health of older people, and this would be, I think.

The Deputy of St. Ouen:

You say quite rightly that pensioners have got concerns about the latest proposals. How aware are they about support that is generally available to them if they are finding life difficult financially?

Chair, Age Concern:

I think those who should be on income support because they are finding it difficult are on income support but there are an awful lot of people, as I said earlier, who are just above that income limit, who are finding it more difficult ... those people are finding it more difficult than the people on income support who are picked up, and rightly so. I am certainly not decrying that. Rightly so. But the people who are just above that limit who feel left out totally, whatever has to be paid, whatever levy is brought in, it affects these people. When you are getting older and living longer you start to creep a bit, I know I am. But eyes go, ears go, walking goes, hips go, they need to have access to medical care. If they need to go to the hospital then they should be cared for and they should be able to pick up prescriptions from there. There was a time when you could get a free X-ray; it is now £17. There was a time when you could go and get a free mammogram, it is now costly. It is everything. It is not just one thing. It is when you take it all together you realise just how difficult it is for older people.

The Deputy of St. Ouen:

Could you just confirm that although people will attend the hospital as outpatients that they are likely to be also visiting their G.P. on a regular basis?

Chair, Age Concern:

I think we have ... it is a difficult one now because I sit on A. and E. (Accident and Emergency) Committee and I do know that they are ... I am talking about accident and emergency now, but of course they go back into the system a lot of them afterwards. It is a culture in some countries to go to the hospital rather than their doctor. So when they come to live in Jersey this culture is brought over to here, and so I think they have to start looking at where A. and E. is being used perhaps indiscriminately rather than going to the G.P., because it is costly to go to the G.P. and it is free to go to the hospital. So I think we have to look at various cultures that come into the Island and maybe are causing some of these drawbacks.

The Deputy of St. Ouen:

But you are focusing on pensioners.

Chair, Age Concern:

You have old-age pensioners coming in as well.

The Deputy of St. Ouen:

I appreciate that, but presumably the majority of pensioners on the Island are generally of local origin, certainly have spent most of their life here, and in that regard would it be right in saying that when they attend the hospital it would be to an outpatients type of arrangement that had been referred to by their G.P.?

Chair, Age Concern:

By their G.P., yes. Yes, the G.P. will usually refer them there.

The Deputy of St. Ouen:

So once they arrive at the outpatients and are seen by the consultant, then what happens? Do they remain within the hospital care or are they then referred back to their G.P.?

Chair, Age Concern:

It all depends I suppose really. I broke a leg, let us say, 18 months ago. I broke my left leg and my right foot so I went in through A. and E. and I came under the orthopaedics, and I attended there and I had my medication from there. But when I was able to manage and I was out of a wheelchair and so on, then I was referred back to my doctor and I have never gone back to the hospital since for that. So I think they will discharge you. I mean there comes a time when they will discharge you. But if they feel you still need their input, their care, then they will keep you presumably.

The Deputy of St. Ouen:

So we are talking about ... because they talk about long-term illnesses, so are we saying that this £100 charge for those with long-term illnesses will be in addition to the normal cost that they would be facing regarding their G.P. and community prescriptions?

[14:15]

Chair, Age Concern:

Yes.

The Deputy of St. Ouen:

Or as an alternative to it?

Chair, Age Concern:

Long-term illnesses will invariably stay with the hospital, I would think, because they need to go in for various X-rays and examinations and so on, because the doctor will only do so much, and the doctor initially has referred them because he/she feels they need that particular care, and you have access there to everything, do you not, all sorts of scans and everything? So the long-term care people I think will probably remain with the hospital. Cancer patients are out of this. They will be cared for and their medication is cared for, so that is fine, and that is a long-term care. But there are other people with chest infections, chest complaints and so on, who will need the long-term care at the hospital, and this is perhaps, as you say, where the £100 is going to be an extension of what they are having to pay elsewhere. Older people come to me and say: "Daphne, I have had to pick up 10 prescriptions today for my various ailments" and that is not exaggerating. I mean people come back with a shopping bag full because they have so many things wrong, and so 10 would be £50 at £5 each, plus your doctor's fee, if you have to go to your doctor, and that could be £80-odd. That is a lot of a money. Really if you think about the £5, and here again I am not sure so please do not quote me on this, but when we used to pay for our prescriptions I think they were £2. Why have they suddenly gone to £5? I think the last time we were paying they were £2 each; do you remember that? I think I am right. So we have gone, you know ...

The Deputy of St. Ouen:

Did that apply to hospital prescriptions as well as the local community prescriptions from a G.P.?

Chair, Age Concern:

Sorry?

The Deputy of St. Ouen:

The £2 charge.

Chair, Age Concern:

That was for all of it.

The Deputy of St. Ouen:

Was that across the board?

Chair, Age Concern:

No, there was nothing at the hospital. You did not pay at the hospital. These were for G.P. prescriptions, you paid £2 for each prescription that you got.

The Deputy of St. Ouen:

So there has never, up until now, been a charge levied by the hospital?

Chair, Age Concern:

Not to my knowledge. This is something new. This is to save £114,000 or something. But I think I am right and they were £2 then. But £5, and even to put them on at the hospital at all it is ... what is £114,000 in the great scheme of things with their budget?

The Deputy of St. Peter:

You mentioned cancer patients are to be exempt from the charge, and you obviously welcomed that. Are there any other groups that you feel should be covered in the exemptions who have long-term conditions?

Chair, Age Concern:

I could not speak with any authority on that, I can on the cancer one because I have been involved with cancer relief for 40-odd years and I am the President of it, so I can tell you ... and of course there are more and more cancer patients, sadly, at the moment being notified. Long-term care we have mentioned and people with chest complaints and so on, children we have already mentioned. I know we are talking about the elderly here but we also have to think of sort of middle age people, parents, whose children are over 16 now and they are finding it difficult to cope as well. We invariably say this, although we speak up for the elderly we also speak up for people who are coming up behind and some of them are living through very, very tight circumstances. It is going to affect so many people and this, I think, is wrong.

The Deputy of St. Peter:

Not everybody receiving income support will be exempt from the charge. It has been stated that it is just people who have a personal care component. What are your views on that?

Chair, Age Concern:

I do not think anyone should have to pay. I really do not. I think it is a nonsense.

The Deputy of St. Ouen:

Just coming back to the exemptions, we are well aware that also there are a lot of people that suffer from heart conditions, it does not seem as though currently that is identified as a group of people that would be exempt.

Chair, Age Concern:

Unless they consider that under long-term care, I do not know.

The Deputy of St. Ouen:

You refer to long-term care how and why?

Chair, Age Concern:

People who are having to attend the hospital, say, coming back to cancer, for chemotherapy, for blood transfusions, to see the oncologist, they need medication. I have a person close to me with cancer, so I know something about this as well. People who have to attend, people who have a heart problem obviously need to have an E.C.G. (electrocardiography) from time to time if not ... depending what state they are, it is sort of more often than most. But there are all sorts of things. You have people with prostate. It does not have to be cancer but it could be prostate care that they need. The hospital is there to cover all our medical needs and ...

The Deputy of St. Ouen:

Would people suffering from arthritis, let us say, require significant medication?

Chair, Age Concern:

I think if people ... again, I cannot speak with authority, I am not a doctor, but we have quite a few people suffering with arthritis, obviously older people do suffer from those. I think once they have been picked up by their doctor mostly the doctors can cope with medication for that. I would think, as I say, and not being medical, the doctors would do that and if necessary maybe would refer to a particular clinic who would write back to the doctor and say: "Yes, you are on the right road" or: "No, try this medication. It is something new that has come in." Doctors do work together with the clinicians down there and the consultants.

The Deputy of St. Peter:

You mentioned that you often speak to older people who have just been to the doctor and been given prescriptions for 10 different drugs. Can you give us an idea of the sort of conditions that they might have if they are having that greater level of prescriptions?

Chair, Age Concern:

One lady I am thinking of at the moment had a broken shoulder, she fell. And she had a hip op when she fell and she has eye problems, she has breathing problems. You know, there are so many different things that one could think of but they need to go to the doctor to get these prescriptions. They have the odd visit to the hospital once they are better, but then having to go and get their prescriptions.

The Deputy of St. Peter:

So often it is not one particular condition, it is an amalgam?

Chair, Age Concern:

Yes. Eye drops, you know, all these sort of things that ... some people have lung problems, breathing problems, have to take things for heart ... pills for heart condition. It is just surprising. We have so many people who we look ... when I say we look after, who we care for, if you like, and make sure they are all right or try to. You could have a book full of various conditions because there are so many different things that you go down with from time to time.

The Deputy of St. Ouen:

You did mention about the Accident and Emergency Department and the fact that there are certain individuals that choose to go there rather than the G.P. We also know that many people, including those that are more elderly, will attend the Accident and Emergency Department because they have fallen over, had a heart attack or whatever. I would like to know your thoughts on the proposal to charge those that are attending Accident and Emergency Department for medication that will be prescribed by the doctor on duty.

Chair, Age Concern:

That comes under the hospital again, it is the hospital pharmacy. It will be the pharmacy who would dispense that. I mean if they are taken there, if they have a fall through no fault of their own, they are going to the hospital for care, any medication that is prescribed they will expect them to pay for that under this scheme. I do not see that that is fair either.

The Deputy of St. Ouen:

Currently it is suggested that there is going to be a machine in Accident and Emergency that you can put your card in or cash it that gives a voucher to pay for your drugs. How realistic is that going to be?

Chair, Age Concern:

Totally unrealistic. I know of one lady, nothing to do with that at all, but this lady had a very bad nose bleed in the middle of the night, 3.00 a.m. and it really was bad. They called the ambulance and got her to A. and E. and they saw to her and so on, and then called a taxi to take her home because the ambulance does not work at that ... they bring you in but they will not take you home. So this poor lady arrived back at her home, she lives in a States flat, and the taxi driver asked her for £27. She did not have £27. She did not have the money. She was taken back again about 5.00 a.m. when she had another massive nose bleed and they went to call another taxi because they did not know her circumstance and this lady when she knew she was able to move she walked back home because she did not have the money to pay for the taxi. Would she have had money to pay for her drugs and what would they do to her if she did not have the money for her drugs? If you have had an accident you do not, first of all, look for your handbag, do you really? It is unrealistic.

The Deputy of St. Ouen:

With regard to the charge, you have already spoken about it could have a different effect on different groups of people, is there any particular group of people that you are concerned about that it might impact on the most?

Chair, Age Concern:

Middle Jersey; I come back to that. It is always those middle soles who seem to have to pay for everything, any benefit that other people get these do not get at all. It is hard when you have ... you have saved all your lives, as they tell me, and they may be living in their own homes but they still have rates to pay, and they still have the upkeep of the property, and they are on their own because their husband or wife may have died. It is expensive to live. So these are the people who are saying to me: "Well, I could not go to the doctor this month because I have had my electricity bill in or my oil bill in" or whatever. These are the people I worry about because these are the people people seem to think are coping well. They are all right because: "Well, she owns her own house or he owns his" so they are all right. But they are not. They are the ones who are hurting most.

The Deputy of St. Peter:

Do you think there are any groups who should pay perhaps, say people who are working and earning over the average wage?

Chair, Age Concern:

I think that would be difficult as well. I honestly think we should not be charging for prescriptions, that is the bottom line. We hear about we have millionaires here and we have just heard Sir David Kirch's has left £100 million to the Island, not to us particularly, but for the older, but I do not think that he would go in and say he did not want to pay. I think he would probably be going privately so when they are worried about people at the top end of the financial scale getting things for nothing, I do not think they will because most of them go privately anyhow and pay everything. To try and think you have to have a cut-off somewhere so that some people do not benefit and others do is just not easy. I speak to people with money who I know go privately, they go to London very often for their treatment, they go to Southampton, they go all over because they can afford to do so. So cut-offs are always difficult. I think we should have a no-no right from the start, particularly on those and try and ensure that all older people and all people, not just older people, all people who need medical care will not be put off going to the hospital because they have to pay prescriptions afterwards or pay their doctor's consultation to get those prescriptions. I think it is just adding to cost, which they cannot afford.

The Deputy of St. Ouen:

Looking to the slightly bigger picture, we are all aware that much work is going on to review and redesign primary health care; can you just tell us whether or not the people you represent are being consulted about the development or improvements that are proposed?

Chair, Age Concern:

People like ourselves and Good Companions and everyone else belonging to charities within the Island will be invited to these meetings. It is not so much consultation as being told what is going to happen. I mentioned that at a meeting and said: "We came here for consultation" and this was right at the beginning of when PMG(?) had been paid nearly £1 million to bring in this new look, if you like, and we were invited to a meeting at the hospital and, sadly - I mean I am quite forthright, but I need to be - I stood up and said: "We came here to be consulted and you are telling us what is your preferred options, so why are we here?" And I got a big clap because other people were saying the same thing. If you have a consultation it is a consultation, it is not something that has all been decreed beforehand and then you are told. It is a waste of our time as volunteers. I mean I am a volunteer, I have never been paid for a penny in my life. I have been with Age Concern 25 years. I am a founder member and I am still Chairman. Never taken a penny and I am going to meeting after meeting after meeting and we are being told what is happening rather than being consulted. It is supposed to be a consultation but it is decided.

[14:30]

The Deputy of St. Ouen:

The Minister for Social Security yesterday did indicate to us that he believed that matters should not be looked at in isolation and issues such as prescription charges and the like should be included and incorporated in the discussions taking place about primary health care. Would you agree that that would be a better approach than introducing ad hoc charges at the moment?

Chair, Age Concern:

I know from information I have anyhow that primary care is being looked at very closely because the doctors are looking at that extremely closely and taking great care to try and ensure that whatever is brought into being is in the best interests of the people in this Island. They spend a lot of time meeting, and I think meeting with you, at Scrutiny, so I know that there are people out there who are really banging the drum, if you like, for population and we need that. Because it is all right to look at saving money but you have to keep the whole thing on the rope, do you not? So we need doctors and we need nurses and people who are willing to stand up and be counted really.

The Deputy of St. Peter:

If, as a Government, we have to save this money ... in this instance it is £114,000, would you have any other suggestions of areas where we could save £114,000 if we were not to charge in this instance?

Chair, Age Concern:

Recently looking at salaries being paid to senior civil servants, I could just suggest that we drop one from the hospital and your £114,000 is covered. I think we are taking on a lot of a people. I think the salary bill is going up and up. We have a lot of chiefs, looking for more Indians. We need nurses, we need people down below, and I think we have an awful lot of people, as I said earlier, coming in from the U.K., and they are not au fait with what we do in the Island or what we have done in the past, and I know things have to change, I am not saying that at all, but I think there is a way of changing them and maybe this is not being followed in many respects.

The Deputy of St. Ouen:

It is stated in the report and proposition, P.72/2013, on page 3, that one of the benefits of the scheme would be to reduce hospital waiting times. Do you agree that that might be the outcome of introducing such a charge?

Chair, Age Concern:

By cutting back people coming into the hospital?

The Deputy of St. Ouen:

Or introducing the charge, which is basically the reason ...

Chair, Age Concern:

I cannot see that really. I mean introducing a charge means that they will be offloading them possibly on to the doctor more, that is what they are trying to do, and keeping the clinics open perhaps more. It has been suggested in the U.K. recently that maybe they could keep clinics open into the evening, Saturdays, evening clinics for people who cannot get there in the day who could get there at night. Maybe we have to look at revamping that side of it rather than look to cut services because there are other ways of looking at it besides that. I think weekends and evenings would be good.

The Deputy of St. Peter:

Thank you very much for coming in today. I think we have covered a lot of ground in a short space of time. Thank you for your submission and I close the meeting

Chair, Age Concern:

Thank you very much for asking us. It is nice to have the opportunity to say how people feel and we speak for a lot of people in the Island.

The Deputy of St. Ouen:

Thank you very much.

[14:34]