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Scrutiny Matters

Health, Social Security and Housing Scrutiny Panel
Prescription Charges

MONDAY, 8th JULY 2013

Panel:
Deputy K.L. Moore of St. Peter (Chairman)
Deputy J.A. Hilton of St. Helier (Vice-Chairman)
Deputy J.G. Reed of St. Ouen

Witnesses:
The Minister for Social Security
Assistant Minister for Social Security
Chief Officer, Social Security
Policy and Strategy Director, Social Security

[14:00]

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

Thank you very much for joining us this afternoon, and welcome to this panel meeting of the Health, Social Security and Housing Scrutiny Panel. We will start with the introductions, if we could. So I am Deputy Kristina Moore, Chairman of the panel.

The Deputy of St. Peter:

Welcome, also, the public and ask them if they would kindly observe our code of behaviour, which I am sure they will. The focus obviously today is just to look at our review of the Minister for Health and Social Services' decision to bring a proposition to the States to reintroduce hospital

prescription charging. Really we wanted to understand from you, Minister, at what point you first became involved in this process?

The Minister for Social Security:

Earlier last year, that is 2012, we were in discussions with Health about the reintroduction of prescription charges, both in the hospital and in the community. We felt, I think from our side, that we would rather not proceed with the reintroduction of prescription charges in the community on the basis that the Health White Paper was yet to be debated. Therefore when it came to the Council of Ministers in July 2012 it was agreed that we would delay pending the further review within the White Paper. As you know, the White Paper outcome was that primary health care would be reviewed over the next 12 to 18 months - I think the deadline set was June 2014 - and included within that is finance, the funding of primary health care going forward, and so it is my clear intention not to reintroduce prescription charges in the community until we are more au fait with the outcome of that review, and the long-term funding costs of primary health care.

The Deputy of St. Ouen:

Can I ask, Minister, and obviously it is eminently sensible that one should wait to determine how funding is provided, why in that case the Health Department seem to have arbitrarily chosen to introduce these charges in advance of that particular decision being made?

The Minister for Social Security:

The fact is that this is a C.S.R. (Comprehensive Spending Review) saving for the hospital for Health and Social Services and that there is pressure from the consultants to encourage outpatients to obtain their prescriptions from community pharmacists rather than come back to the hospital to obtain prescriptions for things they could get through their G.P. (General Practitioner) and from community pharmacists. In other words, it is to reduce the footfall of people going back to see the consultant perhaps unnecessarily, and also look at the people coming into A. and E. (Accident and Emergency) who need a prescription, which they would obtain for free, which they will now have to pay for.

The Deputy of St. Ouen:

Is it not the case that, depending on the decisions made around primary care and how that is funded and modelled, that would have a significant influence on that particular area anyway?

The Minister for Social Security:

I think the hospital is a special case, and I think that is why they have felt they should press ahead with their reintroduction of prescription charges. The fact is, as we stand at the moment, it costs nothing to go and get your prescription from your community pharmacist at the moment, it is free,

albeit I accept that you have to obtain a prescription from your G.P. to do that and there is a cost to visiting your G.P. But if you have been receiving treatment or have been under a specialist at the hospital there will be ongoing visits to your G.P. to monitor your progress, your health, et cetera, and therefore it is not unreasonable to expect those prescriptions to be ... which are not required to be prescribed by your consultant but are to be prescribed by your G.P. and collected from the community pharmacist.

The Deputy of St. Peter:

We will probably follow that line of questioning further when we have the Minister for Health with the consultants, but essentially what you are saying there is that consultants currently feel that members of the public can continue in their care under them in the acute care system rather than moving into the primary care system, and visiting a G.P?

The Minister for Social Security:

That is my understanding of what I have read, yes.

The Deputy of St. Ouen:

Can you just confirm whether there is a difference between the way hospital prescriptions are managed and those issued by a G.P.?

The Minister for Social Security:

What is possible and what has happened is that there will be certain drugs that will be prescribed following surgery but a patient may say: "Well, I am also being treated or I need aspirin or I need paracetamol or I need something else. While I am going to the pharmacy can I pick up these here as well?" What has become the habit is that some of that is being prescribed within the pharmacy at the hospital and in fact it is something that should have been prescribed by their own G.P. and collected from a community pharmacist.

The Deputy of St. Ouen:

Sorry, maybe I will rephrase the question. Is it possible for an individual to take a hospital prescription and get access to the drugs at a pharmacy?

The Minister for Social Security:

No, my Director is telling me that is not possible.

The Deputy of St. Ouen:

Why is that not the case?

The Minister for Social Security:

It is on separate prescribing pad, is it not?

Policy & Strategy Director:

Within the hospital, hospital prescribing is funded by Health and Social Services and they are hospital prescriptions which are only dispensed at the hospital pharmacy. So that is one self-contained prescribing area. Then G.P.s and dentists prescribe health insurance prescriptions in the community, those prescriptions can only be dispensed by community pharmacists so you have a separate, so the 2 systems do not overlap at all. The drugs can overlap to a certain extent in the hospital, so you have got red, amber, green drugs. Red are the most dangerous ones, that hospital consultants can only prescribe the red drugs. Anybody can prescribe the green ones. The amber drugs is part of what we have been talking about, which is moving care from consultants into the community and amber drugs are drugs that can start to be prescribed by consultants and then the G.P. can carry ... once the consultant has said it is going to be this particular thing and this dosage, the G.P. then takes over the management of that person and carries on doing the prescribing in the community, which is where we want people to be. So that is really what we are saying, is that the initial consultation needs to be with the consultant, then he sets the field, he sets the path for that particular treatment, and the G.P. carries on with it. So it is all about trying to get the people back into the community as quickly as possible with the minimum use of hospital resources, which are not needed.

The Deputy of St. Ouen:

Just touching on the financial implications. It has been suggested there might be a saving of £160,000, but as you have just described, and it seems to be that this is going to be encouraged, is that more people will access their medication from the G.P., which will then mean that the hospital will not be funding and providing those drugs, it will be funded by the Social Security Department. What are the implications to your department of this move away from hospital prescribing?

The Minister for Social Security:

There will be a cost to the drugs that are issued, yes, because that comes under the Health Insurance Fund; we fund the cost of the drugs. It is not an issue I have really given a lot of thought to. I do not know if any of the officers have any views on that?

Policy & Strategy Director:

The number of drugs that are prescribed through the hospital is very small in comparison to what comes through the community, so you are right, there is an extra cost but it is comparatively a small quantity. The cost has to be borne by somebody so the saving is the fact that the person is

paying £5 to get the drug dispensed. We dispense about 1 million items a month. Here we are talking about 120,000, or about probably 40,000 a year.

The Deputy of St. Ouen:
So has a financial implication been identified?

Policy & Strategy Director:
Sorry, 100,000, yes.

Chief Officer, Social Security:
The consequences in terms of the health side are £150,000 so if that was successful in delivery and that did not amount to charges levied by the hospital, do you see what I mean? If all of this activity did not turn into charges at the hospital, but amounted to charges to the fund then that is the sort of quantum we are talking about.

The Deputy of St. Ouen:
It is not cost recovery though, surely? They are just talking about charging for an issuing of prescription.

Chief Officer, Social Security:
Sorry, say that again.

The Deputy of St. Ouen:
I believe this prescription charge is a charge for issuing a prescription, but it is not a cost recovery on the medication that is being sought.

Chief Officer, Social Security:
No, it is a fee for dispensing.

Policy & Strategy Director:
A dispensing fee.

The Deputy of St. Ouen:
Exactly, so what I am saying is if they are encouraging more people to go to the G.P. and the individuals then access their medication through the G.P. it falls on your budget, as you just described, rather than the hospital's. What are the financial implications of that change or that likely move?

The Minister for Social Security:

There is a big caveat around that because we would not know which drugs we are going to be required to prescribe because the costs will vary dramatically. Is it about £6 average?

Policy & Strategy Director:

I would say £6 or £7 per item, yes.

The Deputy of St. Ouen:

So no work has been done?

The Minister for Social Security:

The point is somebody has to pay in some way. If it does not come out of Health and Social Services budget for drugs, it comes out of the Health Insurance budget for drugs. Somebody, somewhere, is going to be paying for the cost of those drugs. I think the concern, and Sue explained it very well, is that some patients will be asking their consultant to prescribe drugs that are generic drugs that are cheaply available through the community pharmacist but they are getting the hospital pharmacy to prescribe them.

The Deputy of St. Ouen:

I am sorry, I mean I fortunately do not access the hospital services on a very regular basis, however, I have always understood it is the doctor or the consultant who identifies the drugs that are required and issues a prescription. It is not the individual that will determine whether they can have aspirin or other off-the-shelf type drugs that they can easily purchase elsewhere. It will be the doctor or the consultant within the hospital that will write the prescription. Surely it is his choice as to what he includes on that prescription. Am I not right?

The Minister for Social Security:

Yes, but clearly I have it, as accumulated over a number of years, that the consultant will prescribe other drugs, not necessarily related to the condition for which that person has been treated by the consultant.

The Deputy of St. Ouen:

It is a more fundamental issue, perhaps, within Health?

The Minister for Social Security:

I do not know the ins and outs of what the consultants are doing, it is not my area of responsibility.

Deputy J.A. Hilton:

Just as a quick follow-up on that: so are you saying that of the 120,000 items per year being dispensed by the hospital pharmacy a large number of those are, for instance, aspirin, paracetamol, ibuprofen-type drugs?

The Minister for Social Security:

I think you could assume insofar as the people who attend A. and E., who perhaps need painkillers or whatever as a result of treatment and go collect it from the hospital pharmacy, that would probably be the case in those situations. I mean it is impossible to ask me what is in each consultant's prescriptions that are passed to the pharmacy; I do not know the detail of that.

The Deputy of St. Peter:

Essentially this decision is to, as you say, make a C.S.R. saving for Health and Social Services Department, but you must have been given some information to understand the issues so that you were aware of the potential implications on the Health Insurance Fund, if people do what is being encouraged and they go to their G.P.s for prescriptions rather than the hospital.

Policy & Strategy Director:

We seemed to have slightly got away from the idea, which is that this is a hospital prescription, so the majority of them will be prescriptions that are dispensed in the hospital for hospital reasons, and that consultants will be prescribing them appropriately. There will be some inappropriate prescribing by the consultants but ... you are asking us how much it would cost us. It is not an enormous transfer of prescriptions out into the community, there will be some, but that is one aspect of the saving. Perhaps we slightly exaggerated the importance of that compared to the fact that at the end of the day it is the Health Department's wish to introduce a charge for this particular service.

[14:15]

The Minister for Social Security:

I think the point that maybe being asked here is, it is about using the community G.P. and community pharmacist for the continuing care of a person who effectively has been discharged from the immediate care of the consultant out into the community, which is the whole thrust of the White Paper, is to get more people not to attend the hospital unnecessarily for appointments when continuing care can be provided by their G.P. and the community pharmacist. It is about dropping the footfall through the hospital, holding up perhaps other people getting appointments because people are coming back for further referrals or further check-ups when they could be having that done by the G.P.

Deputy J.A. Hilton:

Can I just ask you a question there? I think this is what we are not quite understanding. The consultants are the ones who decide, when they are dealing with their patients I would have thought, when the patient is discharged to the G.P. So if the consultant is the person making that decision why is he not just discharging them to the G.P.? I just do not understand how these patients are coming back into the system when the consultant can just discharge them.

The Minister for Social Security:

I think these are questions you are going to have to ask the officers of Health and Social Services and the Minister because we do not work at the hospital. We do not know how it works. But I would imagine that a consultant will write to the patient's G.P. explaining what further drugs they are receiving or being treated with, but if that patient decides off their own back to request a further appointment with the consultant, I am not sure that there is a filter that will stop that happening. But there may be, I do not know. I do not know the details.

The Deputy of St. Peter:

Shall we move on and talk a little about the exemptions because you will have some involvement, I believe, in assisting Health and Social Services' management of their exemptions; is that right?

The Minister for Social Security:

Yes.

The Deputy of St. Peter:

In your opinion, would it be appropriate for the same exemptions to be applicable for those in the community and those hospital prescriptions?

The Minister for Social Security:

You mean the exemptions that Health are proposing with our agreement ...

The Deputy of St. Peter:

Yes, they differ slightly.

The Minister for Social Security:

... should be the same if we reintroduce prescription charges in the community? Is that what you are asking?

The Deputy of St. Peter:

Yes.

The Minister for Social Security:

I repeat, I have no intention of reintroducing prescription charges in the community so I cannot categorically say that we would stick with what is being proposed here, because we have not discussed it. However, we have had a number of discussions with Health colleagues about the income support claimants and we were particularly keen to restrict it to people receiving the personal care component rather than opening it up to all income support households, of which there would be some 7,000 or something. As you know, it was in the White Paper, there is a move to make care for children cheaper, if you like, rather than it currently is, so all children under the age of 16 are exempted. There is an issue around people in residential care who are on income support who would need prescriptions in many cases, particularly if they are in a nursing home. We felt that they should be included as an exemption as well.

The Deputy of St. Peter:

Why would you support simply personal care component claimants receiving exemptions rather than all income support households?

The Minister for Social Security:

Because the households on income support fluctuate, particularly those on weekly payments, as they move in and out of employment the make-up of those households changes. People leave or join households as well. To give a wide entitlement to free prescriptions for all income support households did not seem acceptable.

The Deputy of St. Ouen:

Will all individuals receiving the personal care component under the income support scheme be exempt from charges?

The Minister for Social Security:

Yes, that is correct.

The Deputy of St. Ouen:

Regardless of their grading?

The Minister for Social Security:

Sorry, can you just repeat that?

The Deputy of St. Ouen:

Will all individuals receiving the personal care component, regardless of the grade?

The Minister for Social Security:

Yes, there are different levels of impairment. It is anybody receiving a personal care component. But not other members of their household, just that person in particular because obviously we know they have a condition, that is how they have been assessed at having that level of impairment.

The Deputy of St. Peter:

Will you have a management role in the hospital scheme, as in deciding on eligibility, or is it simply a sharing of information?

The Minister for Social Security:

The person having obtained an appointment with the consultant can approach us if they are on income support, and if they are on an impairment component can approach us for a letter that they can take with them to receive their prescriptions free from the pharmacy.

The Deputy of St. Ouen:

So the individual will have to apply?

The Minister for Social Security:

Yes, correct.

The Deputy of St. Ouen:

How long will that process take?

The Minister for Social Security:

I imagine the turnaround will be pretty quick because we know who they are. We just need to check their claim that they are on an impairment component. Do you want to qualify that?

Policy & Strategy Director:

Yes, we already have a similar arrangement with the hospital for certain types of things at the minute. I think the idea is the appointment letter will have details on it to remind people to get this information so they can bring the letter with them. If they do not bring the letter with them, and it is appropriate, the hospital pharmacy can phone the department and they can fax it through. So the idea is once the person has taken that ...so they have the letter of who they are and the date of the letter. They will give that to the pharmacy. The pharmacy will then issue them with basically a passport, the one-year exemption certificate, so they do not have to keep on. They then have a hospital card so that we will provide the information, at the most, once a year for people.

The Deputy of St. Ouen:

So in the meantime will they have to fund their own medication?

Policy & Strategy Director:

That is what I am saying. If there is a situation which the hospital, and the hospitals will be in charge of this rather than us, felt the person was not going to be able to pay for it, they thought they were genuinely on income support, they could phone the department and it could be sorted out over the phone.

The Deputy of St. Ouen:

But how does the hospital know that an individual will be on or receiving income support, especially with regard to the personal care component? Because it is very different. Personal care component is different to just being a simple income support claimant.

The Minister for Social Security:

Yes, I think what we are saying is that more than likely ... well, there will be publicity around ... there will be notices at the hospital about who would be exempt from the prescription charge. If somebody is turning up at the pharmacy and says: "I am going to have difficulty paying for this" they can ask them: "Are you one of these exemptions? If you are, if you have not got your certificate we can ring through to Social Security" or whatever. It will be a public awareness campaign to make sure people are aware of when they might be exempt from paying the charge.

Unknown:

Are you of the belief that not everybody will claim or access?

The Minister for Social Security:

It is possible. I mean we have not to bear in mind that the impairment component we pay at 3 different levels is to assist them where there are additional health costs. So it may be that somebody would choose not to claim the exemption but I would have thought most people, if they know they are entitled to an exemption certificate, will apply for it.

The Deputy of St. Ouen:

You also, on another point in time, identified a number of individuals that are absolutely entitled for financial assistance through the income support scheme that do not claim, for various reasons, and it is not necessarily financial ones. Will not the same apply in this case?

The Minister for Social Security:

No, I think that is a different scenario. I mean people who are on income support who receive an impairment component will, in the main, I am sure, be made aware either through advertising or notices at the hospital that they can apply for an exemption and I am sure will do so.

The Deputy of St. Ouen:

So you are confident that the system is going to work?

The Minister for Social Security:

There will be a need for some education of the public and those who are exempt, but like any change the majority of people will soon find out that they are entitled to an exemption.

The Deputy of St. Peter:

Do you feel that the scheme will increase your workload for your staff?

The Minister for Social Security:

Pretty marginal. Anything that requires us to do something extra, but I think in general terms we do not feel it is going to place a great burden on our staff.

Policy & Strategy Director:

We have already had discussions with the operating managers at Health and we have similar arrangements for other kinds of areas where there is joint working now, so as the Minister says, there is going to be some extra work, but not a great deal.

The Deputy of St. Peter:

So the administration cost that has been explained in the report will not be coming from Social Security, just from Health?

Policy & Strategy Director:

That is the Health cost of it.

The Deputy of St. Peter:

Thank you. What proof would be needed if, I presume, all of the patients would be known to yourselves or if they are not known to yourself then they are not eligible for claiming any exemptions?

The Minister for Social Security:

I think I can help you there. If somebody is on income support and requires help with the proposed prescription charge at the hospital, particularly if they are seeking to have an exemption certificate at a fixed cost of £100 for the year, whatever, they could approach the department, even if they are not one of the category on personal care, and we could use the special payment system to assist them by way of a loan to purchase the card, which will be much cheaper than buying on a £5 per script basis.

The Deputy of St. Peter:

Will you advertise that opportunity to people so it is generally understood?

The Minister for Social Security:

We will make the information available, yes.

The Deputy of St. Ouen:

Is it generally known by your clients and others that the special payments system is available to them?

The Minister for Social Security:

What; generally you can get special payments? It is on the States website.

The Deputy of St. Ouen:

I mean special payments is not just specific presumably to this particular matter.

The Minister for Social Security:

No, absolutely not. But the information on the States website about special payments would be expanded saying this could be used by way of a loan to purchase an exemption certificate.

The Deputy of St. Ouen:

Are you simply relying on the website to convey and communicate the information?

The Minister for Social Security:

Because the public as a whole are not entitled to special payments. It would be income support households and those on the margins of income support within 10 per cent, I think, of claiming income support.

The Deputy of St. Ouen:

Is it not the case that generally the people that are likely to be accessing the hospital and requiring significant medication will be elderly?

The Minister for Social Security:

Quite likely, yes.

The Deputy of St. Ouen:

Therefore may not necessarily have access to modern technology and the website and things that you tend to identify in the way of communicating with your clients?

The Minister for Social Security:

We frequently notify pensioners, particularly when they first come to collect their pension, of all the benefits or schemes that are available to them, of which there are numerous, and this could be obviously one of the things we would point out in any publication, should they have difficulty or need hospital treatment, or need to go back for prescriptions, that they could get a loan to assist them with a prepayment certificate.

The Deputy of St. Ouen:

One final question: would you confirm that you would, if the scheme is approved by the States, make a point of notifying those individuals and pensioners about this additional opportunity to access funds for this particular case?

The Minister for Social Security:

As I say, there will be a number of places where we will place the information. Are you referring just to pensioners or are you talking about to any household?

The Deputy of St. Ouen:

You did say that you would notify pensioners or a group of people that obviously may be affected more recently about and told them what special payments would cover, and what they were entitled to. You said that you would now add that to the list. I am saying specifically, would you aim to notify all of those individuals that they could be eligible for a special payment with regard to help?

The Minister for Social Security:

By way of a loan.

Chief Officer, Social Security:

I would suggest that the best way around of doing that would be to do it through standard wording on the letter of appointment rather than relying upon Social Security to blanket all pensioners within the group not at a time when they are accessing the service. You do that as well, but to rely upon that as a primary source of information people may well not remember that at the point of time which they are going to go to the hospital for an outpatients clinic.

The Deputy of St. Ouen:
Would you undertake to do that?

Policy & Strategy Director:
That has already been discussed, changing the wording of the appointment letter, not in that specific area but I mean certainly to make people aware of the fact there is a charge and what to bring with them in regard to trying to cope if they have trouble.

The Deputy of St. Ouen:
Thank you.

[14:30]

Deputy J.A. Hilton:
Were Social Security and the Health Department in agreement when the prescription charges should be brought in?

The Minister for Social Security:
Yes.

Deputy J.A. Hilton:
You were in agreement on the time. I think you stated earlier that you had no intentions of reintroducing prescription charges at the present time but you are going to carry out a review.

The Minister for Social Security:
It is part of the primary healthcare review that is taking place, a major piece of work, as you know. In the essence, it is part of it because there is little point in making people pay for something that is currently free when we do not know what the long-term funding needs of primary health care might be. In other words, should we be giving a greater subsidy for G.P. visits perhaps and redirect any prescription charge money for that purpose? But all of that is under review, as is the funding of primary health care, so it makes sense to me to delay until the outcome of that review.

Deputy J.A. Hilton:
When will the outcome of the review be known?

The Minister for Social Security:
I believe that the timescale is ... September 2014 is the time limit set by your Scrutiny Panel, I believe.

Deputy J.A. Hilton:

So the decision on reintroducing prescription charges will be known around September 2014?

The Minister for Social Security:

Not necessarily, no. What I think the review will do is put forward a whole raft of proposals and recommendations which will then probably have to be considered by the States in the round and the long-term funding implications of providing those new services or enhanced services and how that money could be raised. That is when the issue of reintroducing prescription charges could arise because that could be a new source of funding.

Deputy J.A. Hilton:

So would it be fair to say that it is unlikely that prescription charges will be reintroduced by the Social Security Department in the next 2 years?

The Minister for Social Security:

Two years is a long time. I can only talk in terms of up to the end of September they will not be reintroduced.

Deputy J.A. Hilton:

September 2014?

The Minister for Social Security:

Right.

The Deputy of St. Peter:

Earlier you mentioned that there would be a benefit if this proposition is agreed by the States for those living in residential care. Could you explain what you feel that benefit would be?

The Minister for Social Security:

The importance of exempting them is that they are already on income support. A lot of their residential care costs are being funded by income support and therefore ... sorry?

The Deputy of St. Peter:

But not everybody in residential care.

The Minister for Social Security:

No, but those are the only ones we propose to exempt. Those who are on income support in residential care. So it seems logical to exempt them from the reintroduction of the hospital pharmacy charge.

The Deputy of St. Peter:

I understand. Thank you. Any further questions?

The Deputy of St. Ouen:

Yes, just around the residential care. I am slowly trying to understand ... I do understand, shall I say, that you would want to protect those who are on income support, but we also know that those in residential care, for the individual that absolutely does not fit the criteria for income support it can be and is extremely expensive. I would like to understand why it has been deemed that only those on income support who are in residential care will be exempt from these charges from the hospital? These are people that can hardly travel and go and seek medication wherever they choose.

The Minister for Social Security:

That is a much wider discussion, which could come under our discussions on long-term care benefit.

The Deputy of St. Ouen:

I hear exactly what you are saying, but I refer you back to the decision the Council of Ministers made back in July 2012 that said if you are going to bring in prescription charges it should be in combination with the Health and your department, and in fact you should lead it, that is what their exact instructions were, and come back to them with a plan. It seems as though we have a Council of Ministers that has chosen arbitrarily to: "Oh well, let us grab a little bit of extra money" or save some money and the thinking behind it and the detail is not there. Explain to me how these decisions are being reached if the residential care issue has not even been discussed.

The Minister for Social Security:

Let us pick up on the residential care issue. If people are in residential or nursing care and they are not on income support they are paying their standard care costs themselves, which if you are in nursing care could be as much as £1,500 a week. If they have to pay £100 for one year's prescriptions from the pharmacy, in relation to paying £1,500 a week for their care, it is not a big deal, I would suggest. It is still extra money but in relation to the overall bill it is relatively small. We have no idea, of course, of their means because we do not means test people who can fund their own care costs. Once we get to long-term care benefit and we cap their care costs at

£50,000, if that is accepted by the States, then obviously we would be providing a benefit that would pay their ongoing standard care costs and that might be the time to also look at providing them with a prepaid certificate for pharmacy prescriptions. I do not know, we are looking a bit further ahead there. As to the discussion among the Council of Ministers: yes, this is how it was left in July. I, as I said earlier, was of the opinion that once the States had decided the primary healthcare review had to be looked at in the round, if you like, and also how it is going to be funded going into the future, it would seem foolish, in my opinion, to reintroduce community pharmacy prescription charges when they are currently free. Why would you suddenly impose a charge for something that is free but we may need that money going into the future across all the services that we wish to provide in the community before we start bringing in the small list of charges here and there.

The Deputy of St. Ouen:
Can you just confirm that the Council of Ministers support the idea of levying an additional charge for prescriptions for those individuals not on income support but in residential care?

The Minister for Social Security:
I am not sure the Council of Ministers have thought of it in those precise words. That is the impact of what has been proposed, yes.

The Deputy of St. Ouen:
Surely the Council of Ministers must have considered all the impact and implications of this particular proposal before putting it forward and lodging it to the States to discuss, but the question still is: are you saying that the Council of Ministers, including yourself, support the idea of levying an additional charge of those currently in, and will be in, residential care, and not eligible for income support?

The Minister for Social Security:
That is the outcome ... I mean we have to assume that they would be under the care of a consultant in the first place, and a lot of people in residential care are not necessarily being treated by a consultant otherwise they would need to go to the hospital. It is not across the board that all people who are self-funding in residential care are under the care of a consultant and therefore needing to go to the hospital for prescriptions.

The Deputy of St. Ouen:
Has any work been done? Have you seen any information that identified the number of people that could be involved in and be required to pay the additional charge?

The Minister for Social Security:

We know the number of people in residential and nursing care in total.

The Deputy of St. Ouen:

Who are accessing doctors or consultants?

The Minister for Social Security:

No, I do not think that work has been done. Not down to that fine a detail, no.

Policy & Strategy Director:

We can say though half of everybody in residential care is under income support in the minute. I suppose the second point to note is that the exemptions are exemptions which are being ... the cost is being carried by the Health Department rather than by Social Security, so this is again really a question to the Minister for Health. They bear the cost of the exemptions not us.

The Deputy of St. Ouen:

Have you, as the Minister, or your department, promoted or identified certain groups of people that you believe should be exempt from these charges?

The Minister for Social Security:

I think the group that we have particularly made sure are exempt are those on any level of personal care component. We were anxious that they should be protected. I think all children under 16 appears to be the policy going forward for encouraging the health of our young people and therefore we would be supportive of that.

The Deputy of St. Peter:

I do not think we have any further questions. Thank you very much for your time this afternoon, and I close the meeting.

[14:40]