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### **3.3 Senator S.C. Ferguson of the Minister for Social Security regarding the reinstatement of prescription charges:**

What consideration, if any, has the Minister given to adopting a similar approach to prescription charges as was used for the road tax changes when a simple petrol duty was imposed, and would he contemplate bringing back the prescription charge with special assistance available as required for those in need?

#### **Senator F. du H. Le Gresley (The Minister for Social Security):**

As I understand the Senator's analogy, she is suggesting that a consumption tax in the form of petrol duty, or a prescription charge, is a useful method of raising public revenue. While I can agree with the economic analogy I share the concerns of many Islanders as to the current cost of visiting the G.P. (General Practitioner). The cost is currently split with the Health Insurance Fund providing £20.28 towards the cost of the G.P. and covering the full cost of any medicines prescribed as part of the visit. The patient is required to make a co-payment to meet the remainder of the cost of a G.P. visit. A move to increase this cost by reintroducing prescription charges at this time is, in my view, premature. That said, considerable work is being undertaken to review both the primary healthcare system in the Island and to develop a model for future sustainable healthcare funding. The role of a prescription charge will be considered as part of that work, which will be completed by the next Council of Ministers.

#### **3.3.1 Senator S.C. Ferguson:**

Supplementary, Sir. Does the Minister not consider the return of the prescription charge plus use of the support scheme for those needing assistance, that a smaller payment across a wider population is fairer?

#### **Senator F. du H. Le Gresley:**

There are many merits in reintroducing prescription charges but if we learn any lessons from the U.K., in England, and I have the figures from the N.H.S. (National Health Service) for 2013, where they have exemptions, 90 per cent of items dispensed in England in 2013 were free. So that means the remaining 10 per cent was paid by a very small part of the population, and in fact the elderly accounted for 60 per cent of the prescriptions prescribed, and if we were to exempt the elderly and young children we would find that the majority of the cost of prescriptions would be paid for by the working population.

#### **3.3.2 Deputy G.C.L. Baudains of St. Clement:**

Would the Minister agree that there is a problem with doctors prescribing perhaps several months of medication in advance and then the patient finds that that medication does not agree with them so the whole lot gets taken back to the chemist and then thrown away? Does he not believe that an introduction of a modest charge would help to alleviate that issue?

#### **Senator F. du H. Le Gresley:**

As I understand, the Deputy is concerned about waste and it does not matter that the States appointed Primary Care Director is looking into, together with G.P.s, in fact the current rate of prescribing items is about 5 items per consultation which is relatively high and why the recent Government Actuary Department report built-in to their full cost a 4 per cent increase in dispensing items over the next 20 years. That would be unsustainable and therefore it is important that we eliminate waste and this would be done in conjunction with G.P. practices.

#### **3.3.3 Deputy G.P. Southern of St. Helier:**

How much did the removal of the previous charging system cost the H.I.F. (Health Insurance Fund) and how much does it cost now on an annual basis?

**Senator F. du H. Le Gresley:**

I have not got those sort of specific figures with me although I can provide them to the Deputy later, if he so wishes. I think it is fair to say that if we were to reintroduce prescription charges they would need to be at least £3.50 per item to cover the current cost of dispensing fees, and if we were to include the average cost of drugs, allowing for 5 items per consultation, that would be about another £33 which would take the cost of paying for all your drugs and the dispensing fees per consultation to £51.

**3.3.4 Deputy M. Tadier of St. Brelade:**

I think many listeners will be thinking what is the point in having prescriptions free or otherwise if one cannot afford to see the doctor in the first place. **[Approbation]** Does the Minister, referring to written question and written answer 22, acknowledge that if we had a flat rate of social security, be it at a lower rate of 5 per cent or even the same rate of 6 per cent, we could have more than enough money coming into the fund to pay for both prescriptions and free doctor's visits for all residents?

**Senator F. du H. Le Gresley:**

As I said in my opening answer, I am concerned about the cost of visiting the G.P. but I maintain that these are private businesses... and we have recently seen one new practice opening, which seems to be prepared to accept the benefit that we pay as sufficient remuneration for children and also some adults. So I think it very much is a question of G.P.s looking at their practices and whether they are charging a fair rate for the work that they do. Whether the Health Insurance Fund could afford to provide free G.P. visits for everybody, I would very much doubt. The fund is already no longer at breakeven and we need to make some big decisions about contributions going forward, and making all visits to the G.P. free for everybody would place immense burdens on that fund.

**Deputy M. Tadier:**

Supplementary, Sir? It is relevant, I think the Minister ...

**The Deputy Bailiff:**

Sorry, Deputy, we have a large number of questions to get through and there is time for one supplementary unless the Senator wishes to give way.

**Senator S.C. Ferguson:**

I think we need to get on, Sir. Given the £51 ...

**The Deputy Bailiff:**

I think we could have invited the Deputy to ask the final question.

**3.3.5 Senator S.C. Ferguson:**

Oh, right. No, I have got one myself, Sir. **[Laughter]** Because the Senator has mentioned a sum of £51 I think that is somewhat specious because that includes the cost of the drugs. The cost of a script in the U.K. which does not include the cost of the drugs is £8 per script. But given that the major burden of prescriptions - the current system - will fall on the working population, which is decreasing, and an average man will be paying nearly £1,000 additional a year with the increase in social security payments, why is the Minister not looking more carefully at an alternative approach to prescription charges?

**Senator F. du H. Le Gresley:**

Well, that is exactly what we are doing. That is part of the health review, working with the primary care body and also the sustainable funding mechanism for primary healthcare. All of those things are being worked on. We have recently had an excellent Scrutiny report which highlights the urgency of getting these things resolved, and this will be dealt with by the next Minister in conjunction with the Council of Ministers.