



Isle of Man
Government
Reiltys Ellan Vannin



NATIONAL HEALTH AND CARE SERVICE GENERAL SCHEME 2017 AND CHARTER RESPONSES TO CONSULTATIONS

Department of Health and Social Care
Rheynn Slaynt as Kiarail y Theay

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Foreword by the Minister for Health and Social Care



Hon. David Ashford, MHK
Minister for Health and
Social Care

Thank you to everyone who responded to the Department of Health and Social Care's consultations on the proposed National Health and Care Service General Scheme and Charter. I promise that your views will be taken into consideration in preparing the final versions of the Scheme and the Charter for submission to Tynwald.

We remain focused on delivering the five year strategy for health and social care, which is aligned with the Programme for Government.

The Department aims to balance having a fair system that does not disadvantage the vulnerable with one which is affordable.

Introduction

The National Health and Care Service Act 2016 (“the Act”) modernised the legal framework for the provision of health and social care services. The Act cannot be brought into operation until at least one “scheme” required by it has been approved by Tynwald.

The six key deliverables of the Act are:

- 1. An integrated health and care service**
2. The Charter
- 3. Schemes setting out the component parts and operation of our national health and care service (“NHCS”)**
- 4. A revised approach to charges and contributions**
- 5. Strengthening our management of commissioning and contracts, and**
6. Updating the roles of our committees and the complaints process.

The proposed General Scheme (“the Scheme”) will provide more detail about the four deliverables in bold above. It needs to be approved by Tynwald in due course. The Scheme will be reviewed and updated regularly to reflect any changes to services or charges.

The Charter will be presented (‘laid before’) Tynwald, and may be subject to debate if Tynwald members wish.

This paper will summarise the consultation responses which were received in respect of both the Scheme and the Charter and will include our initial views on those responses.

Further comments on this report can be sent to:

National Health and Care Service General Scheme Consultation
Department of Health and Social Care Crookall House,
Demesne Road,
Douglas
IMI 3QA

or by email to: colin.brew@gov.im.

Paper copies of this report are available via the above contact methods or by telephoning (01624) 642627.

Electronic copies of this document are available at <https://consult.gov.im>.

1. National Health and Care Service General Scheme

- 1.1. A total of 314 consultation responses were received: although it should be noted that some of them were from more than one person in a household or from a specific interest group. Also, several of the 21 organisations which responded said that they were submitting views on behalf of their members. Two organisations attached lists of signatories to their responses, and one person responded on behalf of a larger group of people who added their signatures to his letter.
- 1.2. On that basis, and as a lot of people responded in very general terms, it is difficult to quantify exactly how many people were in support of or against any particular proposal. Where approximate percentages are used in this report they are based on the 314 responses.
- 1.3. Some of the quotes used in this report are one off comments, but more commonly they are representative of the views which were received about particular issues.

2. The provision of care

- 2.1. Part 2 of the Scheme sets out the Department's commitment to the provision of care. There were very few comments specifically about the content of this part of the Scheme.

2.2. You said

"...I note a blurring of the lines between social care, and health provision...the lack of integration between these two areas, particularly in respect of Mental Health, has seriously disadvantaged many vulnerable people."

2.3. Our response

One of the underlying aims of both the Scheme and the Charter is to develop further the integration of care.

3. The right to impose a charge

- 3.1. Part 2 also confirms the Department's right to impose a charge in respect of care.

3.2. You said

"I am in favour of the aim to ensure care costs are effectively managed."

"...there is mention of the possibility of being charged if you are referred to have treatment across - but it's not known what that charge might be, or how it might be applied!"

3.3. Our response

There is currently no proposal to introduce a charge for off-Island treatment.

4. Contracted services

4.1. Part 2 of the Scheme also provides detail about the existing arrangements which the Department makes with external service providers, such as GPs, dentists, opticians and pharmacists.

4.2. You said

"It seems that practices could set up their own pharmacies? Potentially a game changer for the high street pharmacist."

4.3. Our response

The provision for prescribers to dispense has been carried through from the National Health Service Act 2001. It was agreed many years ago with GPs and pharmacists that, except in very restricted and specific circumstances, Isle of Man GPs will not dispense as part of their normal activities.

5. Charges and contributions

5.1. Part 3 of the Scheme consolidates provisions from all of the existing regulations into one place, makes some procedural adjustments to reflect current practice, and introduces some changes to charges and contributions and their associated exemptions and entitlements.

5.2. Less than 4% of responses could be considered to be positively in support of the proposals contained in Part 3. Just less than 10% of responders specifically stated that they supported the proposed increase in charges, but several then included a caveat that something else in the proposals should be changed.

6. Negative responses

6.1. General comments about Part 3 included concerns from the Manx Blind Welfare Society that the Department had not *"...taken full account of relevant evidence and acknowledged best practice particularly...from our closest neighbouring jurisdictions."* and that *"...changes would bring with them considerable reputational damage to the Isle of Man."*

6.2. The following comments also suggested that changing the charges and contributions was not the best approach.

6.3. You said

"My overriding view is that what is proposed...will do little to resolve the issues surrounding the NHS and will just irritate and in some cases disadvantage people. I think it is tinkering."

"...savings can be made in other areas...without directly affecting the general population first hand."

"The department of health was tasked by the treasury with making savings. Increasing charges is not making savings it is simply passing on uncontrolled costs to the end user."

"I really hope other initiatives can be found instead of the proposals which have been drawn up. There are many people on the Isle of Man who are "milking the system"...We have become a benefits culture, it has to stop. The Government are not addressing the real issues of society, and until they do we will run out of money."

6.4. Several responders made reference to publications from, for example, the British Medical Association, the Royal College of Nursing and the Royal Pharmaceutical Society, which argued against moves in the direction which the Department was proposing.

6.5. Our response

The Scheme as drafted aimed to require those who can afford to pay to do so, and to ask everyone to pay a little more.

6.6. You also said

A very small number of responders suggested that there should be a longer residency period before a patient can access NHCS care, for example

"My sister is currently living (in New Zealand). As she has not been living there for two years she is not able to register with a GP and has to pay for all medical treatment. Could this be considered as a way to aid the shortfall?"

6.7. Our response

This suggestion has been considered but there are no current plans to do this. GPs are encouraged not to register new residents as permanent residents until they have been on the Island for at least three months. This is the current period during which they can register a patient as a temporary resident.

6.8. Other negative responses

"This is a stealth tax on the sick and needy and will result in people not attending dentists and opticians and not taking appropriate medication for illnesses. In the long term it will incur more expense as people will be hospitalised and will require intensive treatment for conditions that could prophylactically have been avoided."

"I appreciate the dire financial difficulty the department is in due to inadequate funding from the treasury and that the current prescription exemption scheme is inequitable, unfair and arbitrary.... However any charge for treatment is a tax on the ill and that is inequitable"

6.9. One responder even suggested that the proposals were *"...discriminating against certain groups.... This may be seen as a hypocritical approach by the Government given the impending enactment of the Equality Act."*

6.10. One responder referred to the standards of care in the National Health and Care Service Act 2016 and suggested that the proposals would not generate any income and did not provide value for money, as the Act requires all payments received to be paid into the general revenue of the Island.

6.11. Our response

The Department drafted the Scheme to be as fair as possible to everyone, in that all people who could afford to contribute towards the provision of their health care should be required to do so. Provisions were included to protect those who might have more difficulty contributing.

6.12. The annual budgetary process takes account of any income paid into general revenue so the Department does benefit from those receipts.

6.13. You said

One responder suggested that the Scheme did not comply with the 2016 Act because it did not include enough detail about how all of the various charges were calculated.

6.14. Our response

The charges are for the most part self-explanatory and where more detail is required, such as in respect of dental charges, this is included in the Scheme.

6.15. You also said

One responder referred to the standards of care listed in the National Health and Care Service Act 2016 and suggested that these should also be applied to the setting of charges.

6.16. Our response

The level of charges and contributions which are set do not directly affect the standards of care which the Department must achieve, or the potential for improvement of such standards.

6.17. You also said

There was some comment about why the Department has proposed coming into line with England in some areas and not in others.

6.18. Our response

There is no reason why the Isle of Man, as a matter of course, should set its charges and contributions in accordance with anywhere else.

6.19. However, the Department has decided, for practical reasons, to try to keep dental charges in line with England.

7. Positive responses

7.1. There was some support for the general direction the Department was proposing.

7.2. You said

"...the proposals outlined in the consultation document are balanced and reasonable and are a good attempt to balance up the needs and expectations of the public... and the requirement for the Department to balance its budget...."

"We are in exceptional times, which need creative solutions. People do value what comes at a tangible cost. This may encourage personal responsibility, ...parental responsibility, ...individual strategic planning and saving for future...health need, not want...less passive approach to health and wellbeing"

"I am extremely supportive of changes being made as the current system is unsustainable."

7.3. The Health Services Consultative Committee said that the Scheme was *"...a positive step forward in the delivery of the Health and Social Care 5 year strategy."* and suggested some adjustments to the wording of the Scheme in various sections for consideration.

8. Health impact assessments, means testing, Public Accounts Committee

8.1. The Pharmacy Contractors Association asked whether the Department had undertaken a health impact assessment to ensure that those in vulnerable groups and ethnic minorities were not disproportionately adversely affected.

8.2. Age Concern also said

"NHS decisions impacting on people with life threatening conditions should be clinically led. Please will you publish the clinical evaluation of the impact of the current proposals on outcomes for individuals with these specific conditions, before any further action is taken."

8.3. The Council of Voluntary Organisations and The Council of Cancer Charities said

"Before proceeding it would be appropriate for the Department to produce a full costed Business Case setting out the current costs of providing these services, the amount of income achieved from charges set against the situation which is anticipated as the result of the changes, incorporating additional costs so that the benefit to the Government can be clearly identified. A full Impact Analysis should also be completed so that no "unintended consequences" suddenly appear which have financial implications."

8.4. The Tynwald Advisory Council for Disabilities noted that the Public Accounts Committee of Tynwald was currently considering the reasons for historic overspends at Noble's Hospital and suggested that the proposals in the Scheme were premature.

8.5. On a similar theme several responders queried why the proposals preceded the outcome of the Government's consultation paper on means testing.

8.6. Our response

The Department has reviewed various statistics and reports, including from adjacent jurisdictions, to help it to draft the proposals included in the Scheme.

- 8.7. The Public Accounts Committee is not looking specifically at NHCS charges and contributions: and the development of proposals for means testing, led by the Cabinet Office, may take some time to deliver.
- 8.8. Prescription charges and dental charges have not been increased since 2010 and 2013 respectively.

9. National Insurance

- 9.1. More than 22% of responders pointed to National Insurance contributions ("NIC") as 'payment' for health care, particularly in respect of pensioners, with a common view being that free health care was a basic right and not a privilege to be paid for.

9.2. You said

"Pensioners...have for all their working lives paid National Insurance contributions on the long-held and universal understanding that their potential medical needs after retirement and resulting loss of income will be met by the Health Service."

"I'm thoroughly depressed by being made to feel like a burden after working and paying tax and NI all my life."

9.3. Our response

There is a common misconception that the payment of NIC automatically entitles people to free health care.

- 9.4. NIC are an individual's contribution towards welfare benefits such as the state retirement pension and, whilst some NIC is used to support health care it does not mean that all aspects of NHCS care should be entirely free to all.
- 9.5. NIC will not provide the amounts required to fund a modern health service.
- 9.6. The introduction of charges for dental care and prescriptions in 1952 was a clear indication that completely free health services were difficult to deliver.

10. Health insurance suggestion

- 10.1. One responder suggested that

"We should consider a dedicated fee as a health insurance, still regulated by government, similar to the German system....Please don't limit comparisons of health care to the US or UK."

10.2. However, another responder qualified this by saying that, whilst people are now being asked to consider saving for their future living and health and social care costs, many older people won't have done this, so they might struggle if a form of insurance was introduced.

10.3. Our response

A personal insurance system to pay for health services is not being considered at present.

11. Prescription charges

11.1. The Department proposed

- to increase the prescription charge per item for those patients who do not qualify for an exemption from £3.85 to £5.00 per item; and
- to increase the pre-payment certificate fees from £19 to £20 for a 4 month certificate and from £54 to £60 for a 12 month certificate.

12. Negative comments

12.1. Only six responders stated that they were specifically opposed to the proposed increase in charges, and even then it was not always clear whether it was the charges themselves which were opposed or some other element of the proposals which were linked to the charges, such as the changes in exemptions.

12.2. There was a common thread in the responses to the effect that those who currently do not pay felt aggrieved that they might have to pay, but they were content for the charge to be increased for those who were not exempt.

12.3. You said

"I suggest that this proposal be abandoned and instead those currently not eligible have their prescription charges increased..."

"The shortfall in budget could better be recouped from the working population, who are better able to stand an increase in contributions."

12.4. One responder suggested a phased approach to the increase

"...£3.85... to £5 - an increase of 29.87% in one go. Charges have not been increased for several years so perhaps a gradual approach might be more acceptable."

13. Positive comments

Some comments in support of an increase in prescription charges were

13.1. You said

"I fully support the increase in prescription charges, users of the service should be prepared to pay more towards it, the same with the pre-payment certs."

"...those who can afford to pay higher charges should do so. A payment of £5 is more than fair for those in work - in fact £60 a year is probably too cheap...."

"Even people on low income should be able to pay a few pence to a couple of pounds for these medications, if they are not then our welfare system needs adjusting."

"I think the proposals should all go ahead.... I... think the system of free prescriptions has been open to a great deal of lost revenue over the years. The people who require multiple medicines should be encouraged to purchase a pre-paid certificate which is still remarkably good value."

"There should be a charge for all prescriptions with no exemptions. If people had to pay for prescriptions, albeit a nominal fee, they would make a conscious effort to only order those required."

14. Pre-payment certificates

14.1. The Scheme includes proposals to continue the existing process whereby a person can purchase a pre-payment certificate in lieu of paying prescription and appliance charges.

14.2. Most responders were happy with the pre-payment certificate system as an option for those who can afford to pay something but for whom the general system of £5 per item might prove expensive.

14.3. You said

"I have ...benefitted for a number of years from the opportunity to have an annual pre-payment certificate which I regard as excellent value for money. Given the checks and balances in place to ensure the least well off are still able to receive services at no charge it doesn't seem unreasonable to expect everyone else to pay £60 a year to cover all their prescription costs."

"I ...am happy to see the pre-payment certificate system continuing which will help me and others with chronic ailments requiring multi-medications to get our meds at a reasonably affordable cost."

14.4. The only negative comments related to

- the affordability of even a pre-payment certificate for people with a long term illness or who were unable to work,
- the possibility that some patients would ask for more items on prescription, and
- a potential inequality in the fact that a person getting a small number of items would pay the same as someone getting lots of items in the same period.

14.5. A few responders enquired about the possibility of making the purchasing of certificates easier.

14.6. You said

"I would recommend that Pharmacists have the ability to supply the 4 month pre-payment certificates at source..."

"...the only improvement which might be suggested is that you investigate the feasibility of allowing people to set up a standing order or direct debit for this amount each month so that no one would have to find the full amount at one go."

"...the Department no longer sends out reminders...this process worked well and should be recommenced."

14.7. Our response

Some responders seemed unclear about how the pre-payment certificate system works.

14.8. Anyone, regardless of their income, is eligible for a pre-payment certificate and can pay either £60 (per annum) or £20 (for 4 months) to cover all of their prescription costs for that period.

14.9. The pre-payment arrangements keep the cost down for everybody by setting a maximum amount that anybody should have to pay. It is accepted that for those who get lots of items this is a considerable saving and for others not so much.

15. Argument for abolition of prescription charges

15.1. Seven responses suggested that the Isle of Man should be following Scotland, Wales and Northern Ireland and removing prescription charges altogether.

15.2. You said

"The proposals are outrageous when you consider so many other countries are abolishing prescription charges...sends the wrong message to the world and will not help in attracting new residents."

15.3. Our response

The Department is aware of the arguments in support of the abolition of prescription charges in other jurisdictions but, on reviewing the evidence to date, feels it is too early to say whether the removal of prescription charges has led to an overall improvement in health or a reduction in admissions to acute care.

16. Administration costs

16.1. Several comments were received which referred to the balance between projected income/savings and the potential administration costs of the Scheme

16.2. You said

"Given that 90% of prescriptions are currently free would it not make sense to have all prescriptions free and make the savings by getting rid of the bureaucracy and staff that currently administer the system."

16.3. Our response

16.4. Accurately predicting additional income is difficult as we will encourage as many people as possible to use pre-payment certificates, but do not know how many will.

16.5. Our current system does not have heavy administration overheads, so making all prescriptions free would actually make little difference from a staffing perspective.

17. Optional payment of charges

17.1. Two responders suggested that people who were willing to contribute towards the costs of providing health services could be given the option of opting in, possibly by way of a tick box on the prescription form.

17.2. Another commented that

"I currently qualify for free prescriptions...but always pay for my drugs as I feel it's fundamentally wrong not to contribute financially when I am well enough to work; and I earn a decent wage."

17.3. **Our response**

The Department was pleased to note this positive response.

18. **Medicines and prescribing/dispensing**

18.1. Although the Scheme itself does not include provisions specifically about how medicines are prescribed and dispensed, more than 10% of responders commented in this area

18.2. **You said**

"...the savings should begin with the Doctors being more judicious about what they prescribe and how much at a time...they should use their independent prescriber nurses to review...That way less is wasted... this can save valuable Doctors time as these nurses can write prescriptions themselves...."

"...I am very disappointed about ...the absence of firmer action in respect of items being either prescribed or dispensed which are freely available to purchase. This would save a huge amount of money, GP time and Pharmacy time."

"...savings could be made by...improved communication between the medical professionals. For example...between Nobles, GPs, Pharmacies and Patients as ... information does NOT make it down the chain of communication quickly enough to prevent waste."

"Currently prescriptions are handed out for all sorts of nonsense such as shampoo, Calpol, gluten free foods, etc and this should be stopped."

"Perhaps there should be a conversation with the pharmacists to ensure a better deal on drugs and more emphasis on generic drugs."

"Pharmacists should... not claim for the high cost of patented drugs whilst they dispense the generics."

"A list of medicine charges should be available outlining how much the government is spending on each medicine."

"An inability to return medication that has clearly not been tampered with...is frustrating..."

19. **Repeat prescriptions**

19.1. In addition to the above some responders commented more specifically on repeat prescribing.

19.2. You said

"Repeat prescriptions have got to be controlled. It is up to the patient to put a line through the non-required. So many do not. I speak to Paramedics who when taking a patient to hospital they have to ask for the medications. In some cases they take away carrier bags of unused meds. What a waste."

"Stop pharmacies making a fortune by sending out month after month of repeat tablets to patients without checking that they are needed or even is the patient still alive...."

"So many times I have phoned the chemist to advise I either no longer require a certain item or can manage on reduced quantity and they keep sending them. Even going in for prescription review or my GP cancelling them off the list does not stop them from sending drugs out incorrectly. This is costing the NHS thousands of pounds...."

19.3. The Noble's Hospital Diabetes Team said

"We regularly find the over dispensing of medications on a monthly basis for patients which they have not requested. It is not uncommon for us on a home visit to find a large supply of insulin in a patients' fridge which would take more than 12 months for them to use. Recently insulin at the cost of £500 was returned by a patient...."

20. Over-the-counter medicines

20.1. Some responders also commented about the provision of over-the-counter medicines on prescription.

20.2. You said

"Non-prescription products can be bought over the counter. For example Lozenges, cough medicine, eye drops, creams for rashes and spots, simple analgesia, head lice lotions..."

"I lived in Canada for years, and there you cannot get a prescription for things that are available over the counter at the chemist."

"Surely it is possible for prescribers to create and adhere to a list of items that do not incur a charge and a list of those that do. Prescription items could be clearly marked as to which category they fell into and be dispensed and charged as appropriate. All it needs is a re-design of prescriptions forms."

20.3. Our response

Work is being undertaken with pharmacies and GPs in respect of prescribing/dispensing activity aimed at reducing costs.

21. Cost of prescriptions

21.1. A handful of responders suggested that it would be helpful if the true cost of the prescriptions were displayed on each item.

21.2. You said

"People may then begin to appreciate what they are getting and start to recognise their good fortune."

21.3. Our response

The possibility of displaying the cost of medicines on prescription items is being investigated.

22. Exemption changes – general comments

22.1. The Department proposed a reduction in the number of exempt categories to only include the young, over 75s and those on income-related benefits.

22.2. Only one responder specifically stated that they agreed with all of the proposed exemptions.

22.3. You said

"In an Island... always crowing about almost full employment why on earth are 90% of prescriptions free? It makes no sense- if you (are) employed you should be paying surely?"

22.4. The concerns which were raised generally in respect of the removal of exemptions included

22.5. You said

"I strongly believe it will leave the elderly and vulnerable in society in a dilemma...and if a choice for them had to be paying their rent, or buying food versus buying medication I would be concerned that they would go without their medication."

"...the patients currently in the exemption section who are going to be thrust into the choice of having to pay £60 per year or just stop taking their medication are probably the most likely not to be able to voice their distress or concerns..."

23. Problems with the existing system

23.1. Approximately 4% of responders felt that the existing system for checking entitlement to free prescriptions needed to be improved before any further changes to exemptions were made.

23.2. You said

"I ...was horrified with the figure of 90% being issued free. ...I have myself heard people openly saying they just tick the box saying they don't have to pay when they should be paying."

"It was found in the UK recently that a large proportion of those claiming free prescriptions were not entitled to them and I am sure it will be the same in the Isle of Man. This is even more important to regulate and monitor if people who pay for prescriptions can obtain unlimited amounts of medication for the cost of a pre-paid certificate."

"Chemists...must...ask each patient if they are entitled to free prescription(s)...chemists staff themselves say they don't have time to and not worth it."

23.3. Another responder, who worked in a pharmacy, said

"...the Dispensary are not there to check on status...the customer signs once they have decided upon which part exempts them but I fear that we will be seen as the 'exemption police' by both the customer and the Government."

23.4. A useful suggestion was that everyone who is exempt should be supplied with a card which they should produce every time they collect a prescription.

23.5. One responder referred to the standards of care listed in the Act and suggested that these should be applied to the setting of the exemption criteria.

23.6. One responder noted that currently there was no facility for payments to be made in respect of housebound elderly or infirm people or people in nursing homes.

23.7. Our response

When developing the Scheme, the processes which support the paying and collection of prescription charges were reviewed and improvements will be made as required. This includes options for card schemes for confirming exemption and for making payments.

24. Age-related exemptions

24.1. The Department proposed the removal of automatic exemption for people between state pension age and the age of 75.

24.2. Positive comments

Only two responders specifically stated that they were in favour of this exemption but there were some positive comments as follows

24.3. You said

"I can see no reason why age alone should be grounds for free prescriptions."

"Raising the age exemption to 75 seems likely to prove controversial, but older people are much more likely to need continuing medication, so it seems only fair. I am 68... My income should remain steady for the rest of my life, so I would question the need for any old age exemption at all."

"Most pensioners can afford £60 per annum...."

"...just because you're retired doesn't mean you are poor,...if you are, then you should be in receipt of benefits...."

24.4. Two suggestions in respect of increasing the age exemptions were that they should be phased in, so that those already receiving this benefit did not have it withdrawn, and that any increase should be fixed for a set period.

24.5. Negative comments

More than 42% of responders specifically stated their opposition to this proposed change.

24.6. Age Concern said

"We cannot support the withdrawal of free prescriptions for people who are of state pension age and are under 75...which would be to the detriment of a very significant number of our older citizens and is a breach of the social contract between the generations. (It)...undermines the ability of older people with significant health issues to manage their own conditions, and provides a perverse disincentive for individuals to access primary health care...directly contradicting the Government's strategy to "help everyone to take greater responsibility for their own health, encouraging good lifestyle choices".

24.7. Some other responses were

"This...tax ...should not be used against those who are unable to fight it i.e. those in retirement and below the age of 75."

"It cannot be right that...a multi-millionaire over 75 would get a free prescription yet a 65 year old just above the income support threshold would not."

"...there appears to be a number of people who do not wish to be identified but are finding it increasingly difficult to cope on just the income of their state pension...senior citizens...do not wish to undergo...means testing...too proud..."

"These proposals disadvantage current Manx state pensioners because generally they are unable to generate other income earning opportunities..."

"We are concerned about the impact on the 60-75 age category... As people get older, that is the time they most often need medication. This is not a lifestyle choice, it is a necessity."

24.8. Several responders noted that exemption in England starts at the age of 60.

24.9. One responder suggested that exemption should be based on the date of receipt of retirement pension, irrespective of whether this retirement was due to age or illness.

25. Medical exemptions

The Department proposed the removal of automatic exemptions for people who are suffering from specific medical conditions.

25.1. Positive comments

This proposal, as drafted, received very little support although one responder did say

"I don't know why those with chronic conditions expect their prescriptions to be free - or more specifically, paid for by other taxpayers. Under the principle of "the user pays" they should expect to pay something towards their illness/treatment...."

25.2. The following response is reflective of a number of comments which supported limiting exemption to only those medicines specifically required for particular conditions

25.3. You said

"My wife has a medical exemption for a permanent condition that is well controlled. It seems random that any other prescriptions have also been free for the last 35 years."

25.4. Negative comments

More than 32% of responses included negative comments about the general proposal to remove medical exemptions.

25.5. You said

"The first issue...is the asserted position of Government to 'Protect the vulnerable'. People who are experiencing illness, particularly long-term chronic conditions can be clearly seen to fall into this category. It is therefore important to ensure that additional stressors are avoided for them...."

"People who are already struggling with health problems should not be threatened with worrying with further money problems..."

"...according to the Royal Pharmaceutical Society there is much evidence to show that prescription charges lead to individuals being selective about which medicines they purchase which leads to inadequate treatment, worsening health and expensive hospital admissions, the cost of which must be set against any revenue from charges."

"Research in the UK has found that 33% of...patients who pay for their prescription have NOT collected medication because of the cost. 30% reduce or skip doses with more than 4 in 10 citing cost as the reason. Almost 60% of those who skip or reduce doses have seen their health deteriorate as a result with 34% requiring additional medical treatment."

26. Comments about conditions which will no longer be exempt

- 26.1. A small number of people commented on the current list of exempt conditions and felt that it was in need of some adjustment.
- 26.2. The Association of Pharmacy Contractors noted that the current system, where some medical conditions are exempt and others are not, is largely unfair, and pointed out that revising the criteria has been considered and rejected by England on a number of occasions.

26.3. You said

"The disorders covered under the current medical exemption... should remain...and in addition conditions such as asthma, following a heart attack or stroke, IBD, MS etc. (should) be added to the list."

"...why is insulin, thyroid medication and epilepsy all exempt however warfarin and asthma medications are not exempt even though they are ...life threatening conditions."

26.4. Other responders commented about specific chronic illnesses which would no longer automatically entitle people to exemption.

26.5. Epilepsy Action said

"Many people with epilepsy...report feelings of loneliness and social isolation. Diverting finances to prescriptions for those on low incomes could mean they are forced to sacrifice other activities that counteract these problems...can lead to stress and mental health challenges..."

26.6. The Manx Kidney Patients Association said that as many renal patients cannot work, they should also be exempt.

26.7. The Manx Diabetic Group said

"...we believe this would have a damaging psychological impact on people who live with diabetes...many vulnerable individuals and families...already struggle to cope with the daily challenges of living with this condition. Charging them for the medicine that keeps them alive represents an additional burden. There is a very real danger that diabetics will skip medication...and ultimately deliver a much bigger cost to health services when complications set in. The complications of diabetes include heart attack, stroke, amputation, kidney failure and blindness."

26.8. You said

"...regarding...diabetes (Type 1 and 2). It will not save the NHS money in the long run. It will cause misery to a huge number of people and it further stigmatises a disease that the press would like you to believe is "self-inflicted". It is not."

"By all means crack down on the continual issue of sleeping tablets and anti-depressions medication for those that have had a bad day at work and really need proper counselling not medication. But what on earth is the rationale behind charging for medication such as insulin which is used to keep my (12 year old type 1 diabetic) son out of hospital"

"I personally have to take a lot of prescription medicines but I will not be paying prescription charges if this is introduced. I have a few friends who are diabetic and they will not pay the charges. It will cost a lot more to admit people to hospital."

"I am a diabetic on a very low income, and, because of my fears that prescription charges may apply in future, have recently had to ask my pharmacist which parts of my prescription it would be least dangerous to exclude, should I not be able to afford to pay. This is causing me a great deal of anxiety."

27. Lifestyle-related illness

27.1. More than a dozen responders commented about perceived lifestyle-related illness and suggested that free prescriptions should not be provided to people who do not act upon advice given by doctors, or to those that deliberately take action that results in their need for such medication, such as smoking, drug use, obesity, tattooing etc.

27.2. One responder commented as follows

"The Government still seems to provide support for the 'Giving up of Smoking' and a 'Drugs and Alcohol' programme both of which are clearly a matter of choice and willpower...I would suggest that it would be more cost effective to remove support for these 'nice to have' actions and concentrate on the core necessities and provide essential life-saving drugs under an exemption."

28. Pregnancy-related exemptions

28.1. The Department proposed the removal of automatic exemption for pregnant women and for women who have given birth within the previous 12 months.

28.2. Only approximately 7% of responders commented on this proposal. Comments for and against included

28.3. You said

"Pregnancy is a state of immunosuppression and maternal infection, dental or otherwise, can progress rapidly and cause life threatening infection or premature labour or miscarriage or changes in placental flow and then the subsequent development of the unborn child. We must not in any way discourage pregnant women from seeking or getting the appropriate treatment."

"Exemption during and after pregnancy turns childbirth into an illness. I support the removal of this exemption."

"No exemptions for pregnancy...Medication required...is part of adapting to being a responsible parent with changes to lifestyle and circumstance."

"I think 12 months after birth is excessive..."

29. Contraception

- 29.1. Contraceptive substances and contraceptive appliances are specifically excluded from the definitions of 'medicines' and 'appliances' respectively in the Scheme and on that basis would continue to be free.
- 29.2. Some responders disagreed with this policy, other than in respect of emergency contraception for sexual assault.

29.3. You said

"...we feel it very unfair that some prescription charges will still be exempt, e.g. contraceptives. The need for contraceptives is not an illness, it is a lifestyle choice."

30. Prisoner exemptions

- 30.1. Ten responders were opposed to the proposed continued exemption for prisoners.

30.2. You said

"It is also completely unfair that a prisoner has the right to receive free prescriptions"

"A person may risk his/her life in the service of the country and pay for medication but a criminal receives free medication."

"...the inmate population of Jury Prison present a somewhat more complex problem...but surely some 'cost repayment on release' would be possible. People tend to feel aggrieved when they think that bad behaviour is 'rewarded' in some way."

30.3. Our response

The Department consulted the Department of Home Affairs on this point and was advised that administering a scheme for individual circumstances would be difficult within the prison environment at this time.

31. Other comments about exemptions

- 31.1. Eleven responders commented on the automatic exemption for people on benefits with seven of those opposing the current policy. A common theme from those responses was that being on a benefit gave people exemption from so many things that overall they were better off than those people on low income who were just above benefit levels.

- 31.2. One responder suggested that patients on disability benefits and not working should also receive free prescriptions.
- 31.3. One responder suggested that removing exemptions for people who had any form of disability was unfair as, in other parts of the Department, disability access and aids etc. are provided free of charge.
- 31.4. One responder said

"It has been said that people in receipt of a war service pension are being mooted as to receive no more free prescriptions. Does this not fly in the face of the Armed Forces Community Covenant?"

32. Appeals against charges

- 32.1. The Scheme includes proposals for an appeals mechanism whereby anyone who is genuinely unable to claim exemption and cannot afford a pre-payment certificate, can apply to the Department for 'exemption'.
- 32.2. There were very few responses on this section of the Scheme.
- 32.3. However, the Manx Labour Party suggested that

"...there should be a "joined up" cross Government mechanism such as one based on a notional income tax payment level to address those persons in the "grey area poverty trap" and provide a consistent addition to the income support ceiling for such essential services..."

- 32.4. Another responder suggested that

"...the system to allow the Department/Minister to determine (exemption) is not a desirable position as it will allow unfairness and inconsistency...it will also provide for undue political interference..."

- 32.5. The idea of pensioners and sick people having to apply for exemption at all also drew some criticism as follows

"The proposed idea of means testing for pensioners to see if they would qualify is absurd. If there is one age group that have pride and not ask for help when they need it that without doubt are pensioners."

"How many more stressful interviews do the sick need to endure to appeal against the system that seems totally in denial of any compassion towards genuine chronic illness, it's outrageous...."

32.6. One responder queried whether an Isle of Man equivalent to the UK NHS Low Income Exemption Certificate could be introduced and another suggested that the process of assessing a patient's means could be automated using data obtainable from income tax records.

32.7. Our response

The Department had anticipated that there would be very few people who would genuinely be unable to claim benefits and would be on a low enough income to make a claim under this process.

32.8. In the UK there is a government department with specific legal authority to operate the low income scheme, and which has access to all of the relevant information it needs to routinely make a full and proper assessment of a person's individual and financial circumstances.

32.9. The Department does not currently have a resource to do this or access to the necessary information.

33. Dental charges

33.1. Apart from an increase in dental charges, the main change proposed in this section of the Scheme is to bring dental exemptions into line with prescription exemptions.

33.2. Only a small number of people commented specifically about dental charges with most comments about the exemptions being the same as for prescription charge exemptions.

33.3. You said

"What I will not be happy with is being charged for the woeful standard of treatment that I currently experience."

"...to expect a pensioner to live in constant pain as they cannot afford the (dental) bill is a disgrace in a civilised society."

"I do not understand why the NHS Dental service is not means tested..."

"If this does proceed I would suggest a payment by instalment system be considered."

"Dental service provision (is a) mess. However, charging for an annual check-up is something I support."

33.4. One responder was particularly unhappy that they were called back by their dentist on a six-monthly basis and had to pay at least a Band 1 charge on each visit.

33.5. Our response

It is accepted that dental charges can be expensive and it is in this category that the Department would anticipate the most enquiries in respect of low income assistance from patients who are not automatically exempt.

33.6. The Department is continuing to work on improving dental service provision on the Island.

34. Optical changes

34.1. The main proposal in this area was that patients would, subject to certain exemptions, be required to contribute £10 towards the cost of a biennial sight test.

34.2. It was also proposed that the Island should come into line with the UK NHS recommended period of two years between routine eye tests: except under certain clinical circumstances.

34.3. Less than 10% of responders (29) commented on the proposal to introduce a charge, with 22 of these being against the idea.

34.4. Less than 9% of responders (27) commented on the proposal to change the NHS eye test frequency, with five of these in favour.

34.5. It should be noted that only nine responders commented on both of the above proposals, with the rest commenting on one or the other.

34.6. The Isle of Man Association of Optometrists and Registered Opticians said that they could not accept the proposals without further discussion and clarification, as they felt that elements of ophthalmic services should not be introduced without a clear framework and pathways for all of the services.

34.7. Our response

The Department has been working with the Association on an Eye Care Strategy, which has recently been published for consultation.

34.8. The Manx Blind Welfare Society also commented as follows

"We...agree that costs to the health service can be saved by a move from the current model of free annual eye tests (and the problem of some people having multiple free tests in any one year) to a Biennial system...(but) the benefits of free eye examinations cannot be overstated in terms of the physical well-being of individual members of the public (and) must be maintained."

34.9. You said

"Maintaining the current system is likely to be more cost effective in the long run. Often diseases can be detected through an eye test, for example high blood pressure. If people cannot afford the tests it may result in a deterioration of their health and therefore become more costly to the NHS."

"I wholeheartedly believe that by not offering a sight test free of charge every year it will lead to illness not being diagnosed in time for treatment to be effective."

"I would be strongly opposed to the removal of free yearly eye tests for diabetics unless a well planned and implemented diabetic retinopathy screening service was created PRIOR to the implementation of proposed changes to annual eye testing."

34.10. Another responder suggested that the Department should consult with local opticians to set a standard price for a non-NHS supported eye test.

35. Visitors' charges

35.1. The main change proposed in this area was a new definition of resident which is aimed at stopping people who for the majority of their time live outside the Isle of Man: returning to the Island to access free or cheaper health care.

35.2. The Scheme also confirmed that the charge to visitors would be 150% of the tariff which is attributed by the Department to the relative aspects of care which they receive.

35.3. Less than 6% of responders to the consultation commented on the proposals in this area.

35.4. All were supportive with most comments being concerned about how the process for confirming residency would be checked, proved and policed. Most responders felt that the existing process was not working very well

35.5. You said

"Implement a residency card for those people who are paying taxes and contributing to the economy to show they are eligible for free health care."

"I believe new residents are required to have a) a permanent address and b) be registered with a medical practitioner. However, in practice, many simply pick the name of a GP at random and either give a false address or use one of their friends', or families', addresses to gain entitlement to health care. Few checks are made."

35.6. Some responders also suggested that residency should be linked to the payment of tax.

35.7. Our response

The Department is in the process of reviewing the mechanisms for establishing residency for NHCS purposes and for proving entitlement to care to ensure that visitors (via insurers where applicable) are appropriately charged.

35.8. Unfortunately, tax residence is not a straightforward concept and the Treasury Income Tax Division has advised the Department not to use it to determine residency for health and care purposes.

36. Issues with visitors not having insurance

36.1. Some responders suggested that visitors were often unaware that they needed travel insurance when visiting the Isle of Man, particularly visitors from the UK.

36.2. The responders also felt that, whether they had insurance or not, many visitors were obtaining more care free of charge than they should be under the terms of the reciprocal agreements and/or the existing exemptions.

36.3. You said

"...UK visitors will, on the whole, fail to make any distinction between here and 'home'..."

"I think the Isle of Man Government on their own website and within ED at Nobles and MIU in Ramsey Cottage and along with the air and sea travel companies on websites and at the terminals should make it very, very clear, that there is a need for travel insurance with repatriation to home country for visitors to the Isle of Man."

"Many countries insist on seeing medical insurance before treating patients from outside the country. This would be harsh in a life or death situation but far too many people...are treated here for non life threatening conditions and the money never recouped."

"I am aware...that (visitors) who are not entitled to care are making use of prescription services during visits due to the lower cost here than the UK...."

36.4. Our Response

For clarification, urgent care which is required during a visit to the Island and which is required to prevent a condition from getting worse is exempt from a charge. All other care provided to a visitor is chargeable, subject to the exemptions listed in the Scheme.

- 36.5. Clinicians decide what is considered to be urgent and non-urgent care. However, in general, if the patient's immediate issue has been dealt with and they are well enough to continue with their visit or to be moved out of the emergency department for ongoing care then they should no longer be deemed as needing urgent care. On that basis any follow-up prescriptions, extended in-patient bed stays, outpatient appointments etc. should be charged for.

37. Exempt care

- 37.1. With regard to those elements of care which are automatically exempt to all visitors the following comments were received

"Why... should we allow free access to our emergency health care for European citizens ? This should only apply if we can have access to EHIC cards."

"...there are visitors... who specifically obtain Family Planning Services during visits as it is cheaper than home."

37.2. Our response

Access to free emergency care for visitors from the EU is linked to the terms of the Isle of Man reciprocal agreement with the UK.

- 37.3. The current exemptions are mostly based on public health advice.

38. Expenses in respect of off-Island travel for care

- 38.1. Only three people responded about this section of the Scheme.

38.2. You said

"I also feel that the use of taxis from Liverpool airport should be reassessed in regard to applying some contributions from patients. My family have benefited from this ...generous totally free service... I would have been happy to pay something."

"Where a patient has to travel off-Island for their (necessary) treatment, I think the DHSC should do more to ensure that this is as stress-free an experience as possible. This means that the travel should be clearly understood, efficient and considerate. It does not require a luxury service, but a kind one."

"...taxis to and from home to Ronaldsway should not be free...."

"I also think that patient transfer patients who, due to their own fault miss their booked transfers/flights etc. and want the department to re-book them should be told to re-book at their own expense."

39. The National Health and Care Service Charter

39.1. Only five responses commented specifically about the content of the Charter.

39.2. The Health Services Consultative Committee welcomed the Charter as *"...a comprehensive and relatively clear set of principles and actions..."* and considered it to be *"...ambitious and bold, containing strong commitments through the use of words such as 'We will'."*

39.3. The HSCC did however express concern *"...that the Charter may be too ambitious and that it may be setting out commitments which cannot currently be met. This may lead to the public having unrealistic expectations."*

39.4. The HSCC also provided some useful suggestions for slightly re-wording some paragraphs of the Charter.

39.5. Some responders stated that they did not believe that the sentiments in the Charter were reflected in the proposals contained in the Scheme.

39.6. You said

"There are high tone words in 'The Draft content of the National Health and Care Services Charter – 'Support – Respect – Excellence – Values'. It is difficult to reconcile such words with charging for vital medicines in a caring society."

"...the Department states it is 'striving towards better health.' I cannot believe that this mantra rings true when considering the latest policy proposals which will undoubtedly result in a substantially less healthy population."

40. Charter v Constitution

40.1. One responder asked

"Why is it a charter and not a constitution as in the UK that also sets out the 'rights' of patients and the public? Why do we need a Charter on the Isle of Man, what is its purpose? Does it form a binding contract between the public and the Department?"

40.2. Our response

A constitution document of the length and complexity of the UK document is not required in the Isle of Man.

40.3. The purpose of the Charter is simply to set out the Department's commitments in respect of the provision of care and to set out some basic rights and responsibilities for service users and Department employees.

40.4. It is not appropriate for it to be a binding contract as that could result in complicated and expensive legal action every time one side or the other did not meet the anticipated standards.

40.5. The Charter will, however, be laid before Tynwald.

41. Wording of the Charter

41.1. Four of the five responders were unhappy about the use of the term 'customers' to describe patients/service users.

41.2. You said

"We object to the use of 'customer' to indicate a user of a health or care service as this shifts the emphasis from a health model to a business model."

"We... anticipate that the use of the term customers will increase anxiety among health and care users, especially in light of changes to other charges such as for prescriptions."

"By calling them our customers, we hope to treat them better'. I don't like this sentence as it seems to imply a change of name will get better service when in fact it should be the same good standard or best practice as before."

"The charter is patronising towards health care professionals assuming they need policies rather than unwritten trust to do the job they do. Having oblivious managers and policies is sad and makes me feel powerless and devalues my professional judgment and experience."

41.3. Our response

The NHCS cannot operate without some policies being written down so that everyone, including senior managers, front line health care professionals and other staff and service users, is clear about what should and should not be expected of them.

41.4. One responder felt that the Charter, in the section about 'raising concerns', should include proposals for reviewing the complaints procedure as it had not been updated or reviewed for some time. The responder had some concerns about some elements of the current procedure.

41.5. Our response

A review of the complaints procedure is being carried out.

42. About the consultation

42.1. 10 responders commented specifically about the consultation process and/or the content of the consultation documents.

42.2. Some responders had difficulty finding all of the online consultation documents and some commented that a more survey orientated question and answer consultation would have been easier to respond to.

42.3. You said

"...many potential responders are intimidated by having to formally write a response to a consultation, whereas a survey with boxes for additional comment are more user friendly and encourage participation. They also make anonymity less of a problem."

"...the issue has created a very high level of general interest...the manner in which the consultation has been presented requires very careful reading with complicated constant cross referral to the supplemental clarification document. This may be one reason for the disappointing rate of reply..."

42.4. Our response

The Isle of Man Government has recently launched a new consultations website but this was too late to allow the Department to use the new system for this consultation. The process will be changed for future consultations.

42.5. You said

"...despite it being labelled as a "consultation", (it) would seem to be a done deal on the basis that the legislation has already been drafted."

42.6. Our response

The Scheme is not finalised and can be amended until it is approved by Tynwald.

43. Content of consultation document

43.1. You said

"...as a Consultative document I find it totally lacking in providing any explanation, reasoning or justification by the Department for such major changes..."

"If we are going to use such statistics to help understand where we are now, we need to understand what makes them up."

43.2. The Health Services Consultative Committee felt that *"...the Consultation document lacks the depth of information on which the general public can formulate an informed opinion."*

43.3. Our response

The consultation was not intended to be an in-depth policy consultation on the reasoning behind the Scheme but rather was a consultation about the draft content of the Scheme as proposed by the Department.

43.4. The draft Scheme was provided to make clear how the proposals would appear in law. In order to keep the consultation document to a reasonable length some of the statistics were approximated.

44. Online petition

44.1. Some reference was made by responders to an online petition.

44.2. Our response

The Department is aware of the petition. However, the petition was not formally submitted as a consultation response.

44.3. It should be noted that

- in order to access the detail of the petition a web user has to sign up as agreeing with the petition,
- many of the signatories did not give addresses on the Isle of Man,
- there was no way of knowing whether any of the petitioners had signed up more than once, and
- the petition was used to log comments about other Isle of Man Government policy issues, for example the construction of a deep water berth for cruise ships.

45. Potential for further consultation/promotion

45.1. A very small number of responders suggested that a more detailed consultation process involving meetings with interested service users and health professionals could be undertaken

45.2. You said

"Perhaps a sensible, albeit, radical approach would be to form a review panel of interested residents to consider the alternative options and maybe allow the electorate to have a fair say in these necessary changes..."

"Health workers from all areas such as Surgeries, Pharmacy and Social Work would be much better placed to look at this before a mistake of huge proportions is made and the subsequent backlash may force the Government into a reversal that it could have avoided."

45.3. One responder felt that there should be

"...a full and comprehensive media and press publicity campaign...to explain the changes and the reasons behind them to the public, before it is implemented."

45.4. Our response

When the Scheme is submitted to Tynwald for consideration more details about specific areas and the implications for service providers and users will be provided.

46. Conclusion

- 46.1. This report relates specifically to comments about the consultations on either the Scheme or the Charter and gives a summary of the responses which were received.
- 46.2. However, a lot of the responses included comment about issues which were not directly related to the content of the Scheme or the Charter. The Department will not be directly responding to them in this report.

47. Next steps

- 47.1. The Department is now reviewing the content of the proposed Scheme and the Charter.
- 47.2. The Scheme will then be submitted to Tynwald for consideration.
- 47.3. The Charter does not need to be approved by Tynwald.



The information in this booklet can be provided in large print or audio format upon request.

Department of Health and Social Care
Crookall House, Demesne Road,
Douglas, Isle of Man, IM1 3QA

Tel: 642627
E-mail: colin.brew@gov.im
Web: www.gov.im

