

Scottish Conservative Debate: Prescription Charges and NHS Spending Priorities with Particular Reference to Health Visitors

21st Jan 2010

S3M-5572 Mary Scanlon: Prescription Charges and NHS Spending Priorities with Particular Reference to Health Visitors—That the Parliament calls on the Scottish Government to withdraw its proposals for further reductions in prescription charges and, having regard to current pressures on public spending, believes that the money saved would be better spent on other NHS and care priorities, such as the health visitor service. To see the amendments tabled, please check the [Scottish Parliament website](#).

Conservative Health Spokesperson Mary Scanlon (moving the Conservative motion):

- M** The serious deterioration in the public finances means that it is dishonest to make promises that you cannot keep.
- M** The Tories (both Scottish and UK) have promised to protect NHS spending.
- M** They are however supportive of efficiency savings, and in fact feel these could go further (especially in light of the Nuffield Report which highlighted levels of management 70% higher than in North-East England).
- M** Given the financial climate, is it right to be removing prescription charges?
- M** The Scottish Government seem to be increasingly measuring Scottish health by the number of drugs we are prescribed – should improving health not see fewer drugs being prescribed?
- M** The Tories do support the exemptions for long term conditions from prescription charges, but believe that increasing the health visitor service would be a better use of scarce resources than cutting prescription charges.

Cabinet Secretary for Health and Wellbeing Nicola Sturgeon (moving the SNP amendment):

- M** Wanted to make clear from the outset that the Scottish Government was absolutely committed to abolishing all prescription charges.
- M** The SNP government is committed to making Scotland healthier, and improving access to health – removing prescription charges, a barrier to healthcare, is a fundamental aspect of this.
- M** For the SNP, this is a point of principle, and the NHS must continue to be free at the point of care and based on need, not on the ability to pay – prescription charges run counter to these principles.
- M** While the SNP welcome the approach implemented in England where all cancer sufferers get free medication, they feel it is unfair to focus on cancer, thus penalising numerous others with long-term conditions.
- M** The Tory approach of keeping prescription charges but extending the exemptions is fraught with difficulty, and the administrative burden that would be created would not justify it.
- M** It is not only rich people that pay for their prescriptions, around 600,000 low-income families would benefit from the abolition.
- M** Removing prescription charges is the simplest, fairest and most cost-effective plan.

- The Tory idea of playing off two worthy issues against each other (i.e. prescription charges or health visitors) is a false choice.

Labour Health Spokesperson Jackie Baillie (moving the Labour amendment):

- Labour do not favour the complete abolition of all prescription charges, instead they would prefer an incremental reduction – with 92% of prescriptions already being issued free, they believe this is possible (while recognising potential issues with the remaining 8%, some of whom may have chronic conditions).
- However Labour will not stand in the way of the SNP policy, the principle of which (if not the application) they agree with.
- Labour does however have three concerns that they would like addressed:
 - 1) How sustainable is this policy, with medicines demand continuing to increase? What percentage rise has been factored into the future costings?
 - 2) Will this plan be brought in without impacting upon patient care?
 - 3) What will be the impact of free prescriptions on the minor ailments service, which diverts patient away from GPs? With all prescriptions being free, will people currently using the minor ailments service revert back to going to their GP? (Nicola Sturgeon intervened at this point to clarify that there was no evidence this would be the case, and criteria for eligibility for MAS would remain the same as they currently are).

Liberal Democrat Health Spokesperson Ross Finnie (moving the Liberal Democrat amendment):

- The Lib Dems are taking a different perspective – the debate is about government making and taking difficult decisions
- Nobody is asking the Scottish Government to abandon their principles, but to re-consider their applicability given the financial circumstances that we find ourselves in.
- The Lib Dems support the first part of the Tory motion, and would also support the long term conditions amendments
- While the Cabinet Secretary's argument has some merit, allowing those who can afford to pay not to does not make things fairer
- The Lib Dems believe it would be fairer to look at NHS 'fat cat' salaries and bonuses given the financial crisis.

The debate then opened up to the rest of the chamber. The majority of the points raised during the open debate reiterated the main party perspectives outlined above. However, some of the more notable contributions were around the following subjects:

Arguments of principle:

- Up-front charging is contrary to the NHS, and the rich already do pay more via national insurance contributions.
- The Liberal/labour government was against the idea of free prescriptions in 2006, because it would be taking money from NHS and giving it back to those who can afford to pay it.
- Point of need means getting the care the doctor determines, not what the patient can afford to pay for – those on lower incomes do think twice about getting prescriptions because of cost.

- There already exists a framework of charges in the NHS, so this is not an argument of principle.

The economic arguments:

- Losing £33m in revenue from the NHS at this time makes the superficial appeal of addressing iniquity less appealing – now is not the time to scrap prescription charges.
- The introduction of pre-payment certificates means that many only pay £38 a year – surely this is not unreasonable?
- Free prescriptions to those who are both able and willing to pay is not a good use of scarce NHS resources.
- This is not a good use of money, currently only 6% of prescriptions are paid for, and it makes no sense to take money out of the NHS at this time.
- Taking money out of the NHS at this time, rather than targeting early health interventions via health visitors will increase the demand for prescriptions in the future.

Exemptions:

- As the NHS moves towards increasing long-term care taking place outside hospital, why should a patient be charged for treatment at home they would have received for free in hospital?
- Does enlarging the list of exemptions from prescription charges actually make it any fairer?
- The SNP manifesto pledged to immediately abolish prescription charges for cancer – why then are cancer patients in Scotland still paying when in England they are not?

Cost of medicines:

- Prescription charges are a 'monstrous swindle' – almost 42% of medicines prescribed cost less than the £5.20 charge – this would simply not be allowed in other public services (Dr Ian McKee).
- The take-up of pre-payment certificates indicates that many with chronic conditions are still paying for their prescriptions.