



**Pre-Budget Submission 2017
Department of Health**

“My husband has dementia. He is 85 years old and I am 75 years old. I have arthritis. I get only 1.5 hours home help a week from the HSE. My husband requires 24 hour care now and I find it very hard, especially when I am unwell myself.”

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List of Recommendations

1. Increase **home help hours** and reverse the decline in the quality of the service by providing an additional 4.1 million hours to ensure a service that meets the diverse needs of a growing number of older people. The estimated cost of this is €73.8 million¹. Whilst this is a substantial investment, research from Britain suggests that for every extra £1 spent on earlier, targeted, interventions for older people within their own homes and communities, approximately £1.20 additional savings can be made on emergency bed days².
2. Provide **an additional 1,062 Home Care Packages (HCPs)** and double the average HCP hours provided from the current average of 8 hours per week to 15 hours per week to meet the assessed needs of older people. This will require a budget of €273 million in 2017, an increase of €100 million on the 2016 budget of €172 million (€132 million + €40 million allocated in June 2016). However, the implementation of this recommendation has the potential to save €64 million in the NHSS budget.
3. As a first step towards **reinstating the over 70s medical card** expand the range of services provided by the GP visit card to include prescriptions and the Community Ophthalmic Services Scheme, estimated to cost €36 million.
4. Amend the means test limits for **the medical card** to take into account the €3 increase in the State Pension introduced on 1 January 2016 and any increase in the State Pension this year, ensuring that no one loses their medical card because of an increase in the State Pension.
5. Remove **the prescription charge for medical card holders** with an estimated cost of €120 million.

¹ In 2011, €211 million bought 11.98 million hours (cost per hour €17.61), in 2015 €185 million bought 10.3 million hours (cost per hour €17.96), 4.1 million hours @ €18= €73.8 million.

²<http://www.pssru.ac.uk/pdf/rs053.pdf>

1. Introduction

Age Action was established in 1992 as the voice for older people and Ireland's leading advocacy organisation on ageing issues.

We act both as a network of organisations and individuals, including older people and carers of older people, and a service provider, assisting tens of thousands of older people every year.

Our mission is to empower all older people to live full lives as actively engaged citizens and to secure their rights to comprehensive high quality services according to their changing needs.

This submission outlines our recommendations to the Department of Health with regard to the budget allocation for 2017.

Separate to this we will make individual submissions to the following Government departments:

- Department of Social Protection;
- Department of Housing, Planning and Local Government;
- Department of Communications, Climate Change and Natural Resources;
- Department of Foreign Affairs and Trade (Irish Aid);
- Department of Education and Skills;
- Department of Finance.

2. Development of Pre-Budget Submission 2017

Our members and supporters drive Age Action's policies and campaigns. In preparing our pre-budget submission each year, we engage in an extensive consultation with our members and with other older people who use our services.

During this year our policy team carried out a nationwide consultation. This included a series of meetings around the country along with distributing a short survey through our magazine *Ageing Matters* and through other Age Action networks.

Consultation Meetings

The aim of our consultation meetings was to ask those attending to identify the top priorities to be included in Age Action's pre-budget submission. Members worked in small groups to identify the most important issues. After a general discussion, everyone voted to decide the top priorities.

Table 1 lists the top five priorities identified by our members from all four meetings.

1.	Home help and home care
2.	Increase in State Pension
3.	Prescription charges
4.	Property Tax
5.	Household Benefits Package (including Telephone Allowance specifically)

Home help and home care were identified as one of the top priorities at all four meetings. Other health priorities included prescription charges and the full restoration of the medical card for over-70s.

This submission will provide background context as to older people's experiences in accessing home support and care, accessing primary care and make recommendations for Budget 2017 to ensure the health and wellbeing of older people is supported and protected.

Survey of Older People

We received almost four hundred responses to our survey. Of those replying, two-thirds were female. There were equal proportions aged between 65 and 74 years (43 per cent) and over the age of 75 years (43 per cent). The vast majority of respondents lived in an urban area (77 per cent).

The medical card was the most important health and social care support identified by survey respondents (45 per cent). Very few respondents (18 per cent) had received a visit or been in contact with the Public Health Nurse in the previous 12 months.

Finally, the survey provided respondents with the opportunity to outline their own lived experience of growing older in Ireland. In particular respondents referred to the difficulties they had accessing health and social care and how these affected their ability to fully participate in their communities and lead fulfilled lives. A selection of some of these experiences is provided throughout the document.

3. Older people's needs and preference for care and support in their homes

Our older population is growing, with the number of people aged 65 and over expected to increase by 3.1 per cent, or 19,802 people, between 2016 and 2017. There will be approximately 2,584 additional people aged 85 and over (see Table 2).

Table 2 Population		
Year	Pop. 65 and over	Pop. 85 and over
2008 ³	481,500	53,200
2011	531,563	58,242
2012 ⁴	549,010	60,605
2013 ⁵	567,155	62,454
2014 ⁶	585,825	64,635
2015 ⁷	604,825	67,062
2016 ⁸	624,183	69,873
2017 ⁹ (projected)	643,985	72,457

In the next 30 years, the number of people aged over 65 will double and the number aged 85 and over will nearly quadruple¹⁰.

Older people are not a homogeneous group. The vast majority of older people are fit and healthy, however approximately 15 per cent have health problems which impact on their ability to live full, active, lives in their communities¹¹.

A further group of older people (approximately 5 per cent) are very frail and dependent¹². Older age is also associated with increased disability. For example, one in five people aged 85 and over will live with dementia¹³. The percentage of the population aged 85 and over who have a disability is estimated to be 72.3 per cent¹⁴.

As people age, we must provide the health and social care services they need to ensure, as much as possible, they will stay well and maintain independent lives.

³ <http://www.cso.ie/en/media/csoie/releasespublications/documents/otherreleases/2008/womenandmen2008.pdf>

⁴ <http://health.gov.ie/wp-content/uploads/2016/01/Projected-Demographic-Effect-on-Health-Service-Costs-2015.pdf>

⁵ Ibid

⁶ Ibid

⁷ Ibid

⁸ Ibid

⁹ Ibid

¹⁰ http://www.cso.ie/en/media/csoie/releasespublications/documents/population/2013/poplabfor2016_2046.pdf

¹¹ <http://www.atlanticphilanthropies.org/app/uploads/2015/09/new-ageing-agenda-report.pdf>

¹² Ibid

¹³ Ibid

¹⁴ <http://www.cso.ie/en/media/csoie/census/documents/census2011profile8/Profile,8,commentary.pdf>

Current home care provision is inadequate and is not meeting the needs of older people

Older people's preference is to receive care and support in their home. Government policy since 1968 is to enable older people to 'age in place' receiving the support and care they need (Care of the Aged Report)¹⁵.

The National Positive Ageing Strategy 2013 continues to be underpinned by a commitment in principle to support older people to age in place¹⁶.

However, policy is very different to practice. In reality, funding is biased towards residential care, with over 60 per cent of the current budget for the provision of services for older people allocated to support for long-term residential care¹⁷.

Unlike access to community care, long-term residential care in Ireland is underpinned by legislation, the Nursing Home Support Scheme (NHSS) Act (2009), ensuring ring-fenced funding is allocated to the scheme from the Social Care (Older People Services) budget each year.

The European Convention on Human Rights (ECHR) protects older people's right to respect for private and family life, which includes respect for dignity and autonomy (Article 8). If older people's right to remain at home and receive support is to be upheld, home care must be put on a statutory basis and ring-fenced funding allocated based on the number of older people likely to require support.

Currently, care in the community generally means informal care. It is estimated that 89.5 per cent of care is provided by family carers to community dwelling older adults. This care includes help with personal care and household tasks and amounts to an average of 30 hours per week¹⁸.

Between 2008 and 2012, the number of people receiving home care services (home help, HCPs, IHCP) fell by nearly 30 per cent (17,138 people) (see Figure 1). There has been a nearly 30 per cent increase in the population aged 65 and over between 2008 and 2016 (see Table 2). The evidence clearly points to the needs of many older people going unmet.

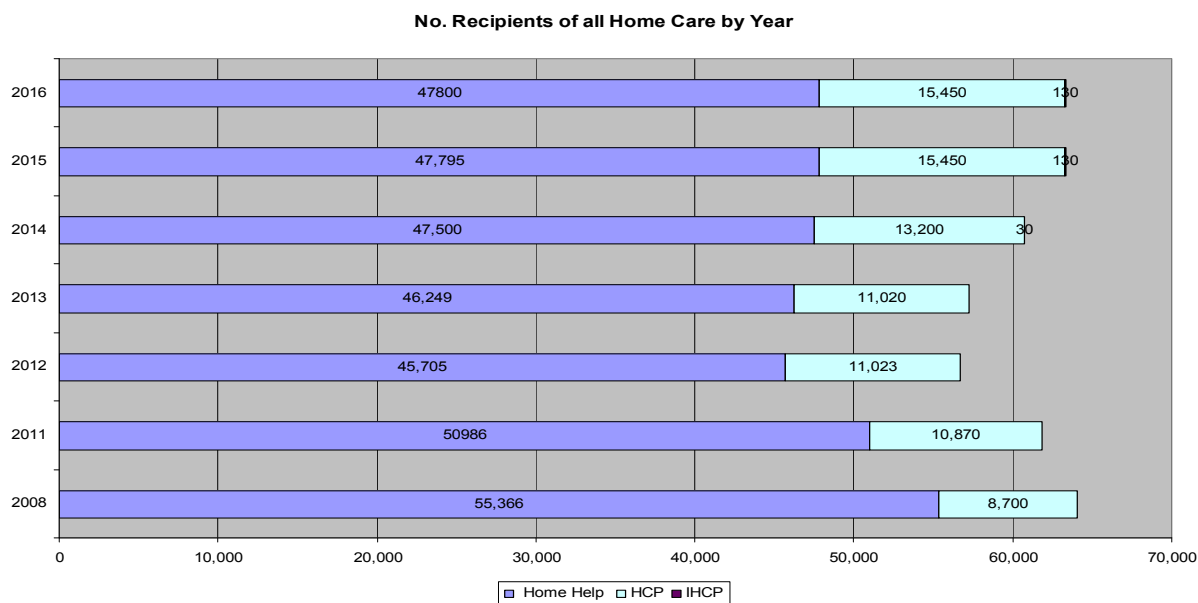
¹⁵<http://www.lenus.ie/hse/handle/10147/559466>

¹⁶ http://health.gov.ie/wp-content/uploads/2014/03/National_Positive_Ageing_Strategy_English.pdf

¹⁷ <http://health.gov.ie/wp-content/uploads/2015/07/Review-of-Nursing-Homes-Support-Scheme.pdf>

¹⁸ <http://www.carealliance.ie/userfiles/file/Family%20Caring%20in%20Ireland%20Pdf.pdf>

Figure 1: Number of Recipients of all Home Care by Year



The Programme for Partnership Government commits to improve supports and services for older people to live independently in their own homes by increasing funding for Home Care Packages and home help every year and ensuring a uniform home care service is delivered to all recipients, 7 days per week, where possible. The exact details of how this will be achieved are not stated.

The Fine Gael Manifesto committed to put new structures in place to ensure the delivery of a consistent, high level home care service; and provide extra funding for an additional 2.2 million home help hours and extra Home Care Packages.

While Age Action welcomes these commitments, the additional home help hours proposed will not be sufficient to meet the growing needs of older people.

Furthermore, along with the provision of additional home care hours, ring-fenced funding for home care is essential. This must be a priority for Budget 2017 to ensure older people’s preference and right to receive care and support in their homes is met.

4. Home help service

The Lived Reality for Older People

The experience of Age Action members and social workers who participated in the research report *Meeting Older People's Preference for Care*:

"I am 92 and very immobile. I do not get enough home help and am completely dependent on my daughter who is retired and never gets a break. I have no other family. She is in bad health and I'm afraid if she gets a stroke or dies I'll have nobody." (Age Action member)

"My husband has dementia. He is 85 years old and I am 75 years old. He has bad knees together with heart bypass and pacemaker, glaucoma, waterworks problems etc. I have arthritis as well. I get only 1.5 hours home help a week from the HSE. We were told several months ago by the district nurse that we would have someone for 10 hours a week. My husband requires 24- hour care now and I find it very hard, especially when I am unwell myself." (Age Action member)

"I am 88 years of age and have quite severe arthritis. My 91 year old husband has heart failure, renal failure and vasculitis. He now has Alzheimer's and I am his carer. He cannot be left alone." (Age Action member)

"Often [for] the people [in the community] we are coming into contact with...domestic tasks may be where their greatest need lies. It's that big gap, we can wash them but we can't feed them." (Social Worker)

"The home help needs to be allowed to sit down have a cup of tea and chat as part of undertaking specific tasks. These types of things keep the person at home longer." (Social Worker)

"It's all about minutes and tasks...[they] may allocate half an hour to a man for a shower...this ignores that, to ensure this task is carried out with dignity for the man, this task needs more time...a carer can't go in and stick the man in the shower; it is a process." (Social Worker)

The home help service is the main publicly financed formal home care service for older adults in Ireland. It was set up to provide support to older adults with low to moderate levels of dependency

with such tasks as housework, shopping, or personal care like help with dressing and bathing¹⁹. Research from the United Kingdom demonstrates how £1 spent on providing this type of support resulted in savings of an additional £1.20 on emergency bed days²⁰.

Cuts to funding in 2012 saw the budget for the home help service fall from €211 million to €185 million. This remained the allocation up until 2016, when an additional €7 million was allocated.

In June 2016, additional funding of €40 million for home care was allocated. However, it is unclear at time of writing how this will be divided between spending on home help services, HCPs, IHCPs or to provide short-term HCPs to facilitate acute hospital discharge.

As illustrated in Table 3, home help hours have fallen from 11.98 million in 2011 to 10.44 million in 2015. The number of recipients has also fallen from 50,986 in 2011 to 47,795 in 2015. Hours allocated have also decreased from 0.433 hours per week per person 65 and over in 2011 to 0.338 hours per week per person 65 years and over in 2014²¹.

Table 3: Home help budget, number of hours and recipients

	2011	2012	2013	2014	2015	2016
Budget (million)	€211	€185	€185	€185	€185	€192
Home Help Hours (million)	11.98	9.83	10.1m	10.3	10.3 (outrun 10.437m)	10.44
Recipients	50,986	45,705	46,249	47,500	47,795	47,800
Hours per week per person 65 and over	0.433	0.349	0.349	0.338	0.327	0.327

It is important to be clear that the cut in funding has created two linked problems for the home help service.

Firstly, the number of hours of home help support provided by the HSE has fallen so fewer people are getting home helps and waiting lists are increasing. In March 2016 there were 1,712 people on waiting lists who had been assessed as needing the home help service.

¹⁹ www.oireachtas.ie/parliament/media/housesoftheoireachtas/libraryresearch/02250-HOI-Research-Matters-Proof06-Final_165129.pdf

²⁰ www.pssru.ac.uk/pdf/rs053.pdf

²¹ <https://www.hse.ie/eng/services/publications/planningforhealth.pdf>

But linked to this, with fewer hours available there has been a change in the type of service a home help can provide. Before 2011 a home help would be able to assist with domestic tasks like shopping, meal preparation and so on.

But the cuts in funding mean this is no longer the case and so even when an individual can get home help support, the quality of that service has degraded and no longer meets the diverse needs of older people as is clearly shown in the findings of the recent research report, *Meeting Older People's Preference for Care*²².

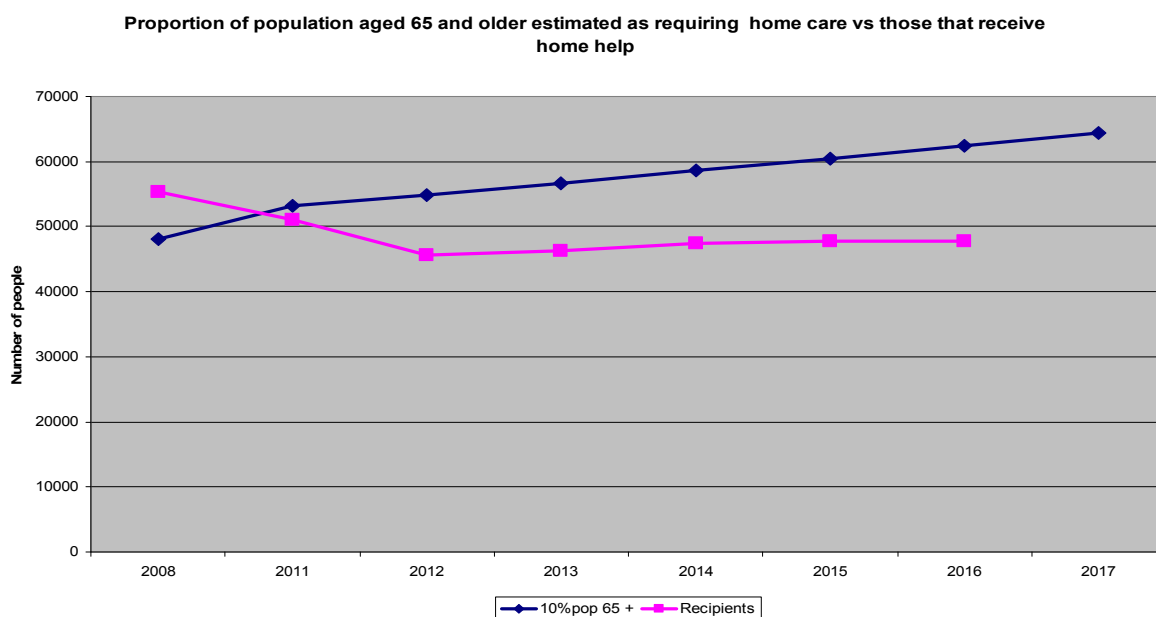
It is not enough to simply increase the number of home help hours without reversing the decline in the quality of the support being offered to older people.

Home help services required to meet the needs of our older population in 2017

According to a report by the Health Service Executive, *Planning for Health: Trends and Priorities to Inform Health Services 2016*, it is estimated that approximately 10-11 per cent of people aged 65 years and over in Ireland require some form of home care²³. Figure 2 illustrates that in 2011 Ireland met this standard, however the level of unmet need is clearly growing.

In 2016, 47,800 people aged 65 received home help. This is 14,618 people fewer than the 62,418 estimated to require home care (10 per cent of the population aged 65 and over in 2016).

Figure 2: Population aged 65 and over (10 per cent) estimated to require home care vs recipients



²² https://www.ageaction.ie/sites/default/files/aa2c_asi2c_iasw_final_research_report-a4-report_lr_for_web_2.pdf

²³ <https://www.hse.ie/eng/services/publications/planningforhealth.pdf>

In 2017, the projected population for people 65 and over is 643,985. Hence, using the HSE's own 10 per cent indicator to project need for home help, a comprehensive home help service should be available to 64,398 people aged 65 and over in 2017. This is an increase on the 2016 figure of 16,598 on the number currently in receipt of home help.

However, as noted above, we also need to increase the quality of the service that is being provided. This can best be achieved by increasing the average number of hours per week per person aged 65 and over back to its 2011 figure of 0.433.

To achieve the above, 14.5 million home help hours are needed in 2017. The estimated cost of the additional 4.1 million hours is €73.8 million²⁴.

Age Action understands that this is a substantial investment, but research from Britain suggests that it has enormous potential to free up hospital beds and save money.

The Older People Projects (POPP) increased low-level supports to people aged 65 and over with low to moderate dependency. This reduced overnight hospital stays by 47 per cent and use of Accident & Emergency departments by 29 per cent. For every extra £1 spent on the POPP service, there has been approximately a £1.20 additional savings on emergency bed days²⁵.

Recommendation:

1. Increase **home help hours** and reverse the decline in the quality of the service by providing an additional 4.1 million hours to ensure a service that meets the diverse needs of a growing number of older people. The estimated cost of this is €73.8 million²⁶.

²⁴ In 2011, €211 million bought 11.98 million hours (cost per hour €17.61), in 2015 €185 million bought 10.3 million hours (cost per hour €17.96), 4.1 million hours @ €18= €73.8 million

²⁵ <http://www.pssru.ac.uk/pdf/rs053.pdf>

²⁶ In 2011, €211 million bought 11.98 million hours (cost per hour €17.61), in 2015 €185 million bought 10.3 million hours (cost per hour €17.96), 4.1 million hours @ €18= €73.8 million

5. Home Care Packages

The Lived Reality for Older People

The experience of Age Action members and social workers who participated in the research report *Meeting Older People's Preference for Care*:

"I was refused a Home Care Package last August after a quadruple bypass. I'm living alone. The reply I received was 'that I would be four weeks after surgery and I should be able to manage'. I had to depend on a friend to help me." (Age Action member)

"There is definitely a deficit and waiting lists are in operation for community based applications and there would be priority given to hospital applications." (Social Worker)

"There would always be a difference in the number of hours approved due to lack of resources, so you get less hours than you applied for. If you asked for a call 7/7, you would usually get 3/7 though some times that would be increased." (Social Worker)

"If there was the same amount of money put into funding community supports as there is to LTC, a lot more people would be at home. There seems to be a reluctance to spend money locally." (Social Worker)

The number of people 85 years and older will increase by nearly 4 per cent (2,584 people) between 2016 and 2017. Older age is associated with an increase in multiple long-term conditions and frailty.

In Ireland, despite the growing older old population, funding for HCPs has decreased since 2011, from €138 million to €132 million in 2016 whilst over the same period funding for the NHSS has increased by €30 million (see Table 3).

Table 3: Recipients of Home Care Packages and Nursing Home Support Scheme

	2008 ²⁷	2011	2012	2013	2014 ²⁸	2015 ²⁹	2016 ³⁰
HCP/ IHCP Budget	€120	€138m	€130	€130	€130	€135*	€132
No. HCP	11,987	10,870	11,023	11,020	13,200	15,450	15,450
No. IHCP					30	130	130
NHSS Budget ³¹	n/a	€963m	€994.7m	€974m	€939m	€993	€1,004
NHSS beds funded	n/a	21,548	22,065	23,007	22,360	23,960	23,450 (average per week)

*€5 million extra was allocated as part of delayed discharge initiative. These HCPs are funded through hospitals and not the community system so are time limited to a couple of weeks

While funding has been cut, the number of HCPs provided has stayed consistent indicating that fewer hours are now being allocated for each HCP.

Between 2011 and 2015, the number of HCPs funded increased from 10,870 to 15,450, but the average cost per Home Care Package fell from €12,695 (€244 per week) in 2011 to €8,737 (€168 per week) in 2015. The drop in cost of HCPs enables more HCPs to be provided, but with fewer hours available per package. It therefore makes it more difficult to get approval for HCP hours for people with higher care needs³². There were 1,436 people waiting for HCPs at the end of March 2016.

Home Care Packages required to meet need in 2017

The original notional estimated cost of a Home Care Package at the inception of the scheme in 2006 was €525 per week (€27,300 per annum)³³. These HCPs were estimated to cover 25 hours of home care at an approximate cost per hour of €21³⁴.

In 2008, the HCP scheme received a dedicated ring-fenced budget of €120 million. The average cost per HCP package was €318.99 (€16,587 per annum)³⁵. The average package was 15 hours per week.

In 2015, the average Home Care Package provided eight hours per week, less than a third of the amount of hours provided in 2008.

²⁷ <http://health.gov.ie/wp-content/uploads/2014/03/hcp.pdf>

²⁸ Department of Health(2011) *Comprehensive Review of Expenditure*. Dublin: Stationary Office. Available at: http://health.gov.ie/wp-content/uploads/2014/03/doh_review_expenditure.pdf

²⁹ <https://www.hse.ie/eng/services/publications/corporate/socialcareopplan.pdf>

³⁰ Response by HSE to Parliamentary Question 10351/16

³¹ <http://health.gov.ie/wp-content/uploads/2015/07/Review-of-Nursing-Homes-Support-Scheme.pdf>

³² https://www.ageaction.ie/sites/default/files/aa2c_asi2c_iasw_final_research_report-a4-report_lr_for_web_2.pdf

³³ <http://health.gov.ie/wp-content/uploads/2014/03/hcp.pdf>

³⁴ <http://lenus.ie/hse/bitstream/10147/120850/1/hcpsguidelines.pdf>

³⁵ <http://health.gov.ie/wp-content/uploads/2014/03/hcp.pdf>

If the HCP scheme is to deliver on its objective of supporting older people to continue to live in their own community it must be provided with sufficient ring-fenced funding to increase the number of Home Care Packages available **and** the number of hours provided in each package.

Research points to unavailability of home care and lack of support for carers as the main reasons for the admission of older people to long-term residential care³⁶.

To maintain the same level of service as that in 2017, an additional 1,062 HCPs will be required.

As well as increasing the number of packages provided the number of hours allocated in each HCP also must increase and this requires the average hours allocated to be doubled from the current average of 8 hours per week to at least that provided in 2008 of 15 hours per week.

Increasing the number of HCPs and providing adequate hours will require a budget of €273 million in 2017³⁷ to fund 16,512 HCPs at an average of 15 hours per week (cost €16,587 per annum). The extra cost of providing an adequate number of HCPs is therefore €100 million³⁸.

However this cost may be offset by savings on NHSS funding as people with more moderate needs will be enabled to be supported at home. Long-term care statistics indicated that over 35 per cent of those in nursing homes have low to moderate level of dependency³⁹.

In 2014, there were 9,757 new applicants to NHSS, costing approximately €450 million (€46,176 per year to the NHSS⁴⁰). If 35 percent of these (3,414) had remained at home with HCP hours of up to 25 hours per week (€525 per week), this would have potentially saved €64 million from the NHSS budget⁴¹.

Recommendation:

2. Provide **an additional 1,062 Home Care Packages (HCPs)** and double the average HCP hours provided from the current average of 8 hours per week to 15 hours per week to meet the assessed needs of older people. This will require a budget of €273 million in 2017, an increase of €100 million on the 2016 budget of €172 million (€132 million + €40 million allocated in June 2016). However, the implementation of this recommendation has the potential to save €64 million in the NHSS budget.

³⁶ https://www.ageaction.ie/sites/default/files/aa2c_asi2c_iasw_final_research_report-a4-report_lr_for_web_2.pdf

³⁷ 16,512 HCP with an average of 15 hours per week (cost €16,587 per annum)= €273 million

³⁸ Assuming funding of €132 million plus the additional €40 million allocated in June 2016

³⁹ http://health.gov.ie/wp-content/uploads/2014/12/JD605-DHC_Key-Trends_2014WEB_03.12.14.pdf

⁴⁰ <http://health.gov.ie/wp-content/uploads/2015/07/Review-of-Nursing-Homes-Support-Scheme.pdf>

⁴¹ Cost of 25 HCP hours for 3,414 people = 3,414 x €27,300 (€525 per week) = €93.2 million. Cost of NHSS for 3,414 people= 3,414 x €46,176 (NHSS bed per annum)= €157.6 million

6. The Medical Card

The Lived Reality for Older People

“My father who is in his 80s has been battling for months to retain my mother's medical card. My mother has severe dementia, mobility problems and painful arthritis. He has had to appeal and appeal. Appeals which involve sending numerous documents need to be done within a limited time, for example two weeks from the date of the HSE letter. The HSE takes MONTHS to reply to these appeals. Mam had been tested for a hearing aid before her medical card was taken away. Finally, after months of stress and anxiety for my Dad, Mam's medical card was reinstated, just before she went into a nursing home. Her dementia is now at such a stage that we would not be able to start her with a hearing aid.” (Age Action member).

“My husband is in the late stages of COPD but because we are slightly over the income limit we are refused a medical card. He is 80 and I'm 75. We have to pay for everything except the doctor.” (Age Action member).

“I had a medical card for 6 months when it was taken away because the qualifying income was reduced from €700 to €500 per week and my gross income is slightly above that. As a widow in my mid 70s with family abroad I have all the overheads of a couple i.e. heating, car costs plus needing to get outside help for even minor maintenance issues.” (Age Action member).

Means Testing of the Over 70s Medical Card

Chronic conditions become more common with increasing age and are a major cause of morbidity and death in Ireland. The effective management of chronic diseases at primary care level has been shown to reduce unplanned hospital admission by 50 per cent with a similar reduction in bed day rates for these conditions⁴².

The Programme for a Partnership Government commits:

- To the expansion of chronic disease management in general practice so that patients can keep their care in their community close to home;
- To reduce the cost of medicines by reducing the annual required co-payment on the Drugs Payment Scheme and reducing prescription charges for medical card holders.

⁴² http://health.gov.ie/wp-content/uploads/2014/03/tackling_chronic_disease.pdf

The introduction of means testing for the over 70s medical card in 2008, and the increase in the income threshold in 2014, has seen the proportion of the population over 70 with a medical card fall from 94 per cent in 2013 to just over 80 per cent in 2015. The income threshold has not increased since 2014, despite an increase in the State Pension announced in 2015.

Although people aged 70 and over are entitled to free GP services, this does not cover the cost of wider essential services such as blood tests, medical appliances, chiropody and medication nor provide access to the Public Health Nurse service, home help or Home Care Packages in some areas of the country. Cost sensitivity has been shown to be a factor in postponing the seeking of health care and non-adherence to medication⁴³.

For those experiencing multiple morbidity or long-term illnesses, such as dementia, being over the limit for a medical card means significant extra costs. This includes prescription charges of up to €144 per month (€1,728 per year) and the cost of appliances such as hearing aids as highlighted by our members. The annual DPS prescription charge for an older person with a gross income of €2,010 per month (€501 per week) represents almost a month's net income.

While people experiencing hardship due to their illness can apply for a discretionary medical card older people, particularly those with multiple morbidity, may not have the resources – physically and/or cognitively – to engage in the process. The reinstatement of an automatic entitlement to the medical card is crucial to ensure the oldest and sickest in our society can access medical and social care.

First step to reinstatement of the over 70s medical card

In May 2016, there were 333,825 people aged 70 and over with a medical card⁴⁴. Approximately 47,000 people were in receipt of the over 70s GP visit card⁴⁵.

Whilst it is difficult to ascertain the total cost of providing automatic entitlement to the over 70s medical card, the latest data from Primary Care Reimbursement Scheme Report (2014) suggest an approximate cost to cover prescriptions and ophthalmic services.

In 2014, the average cost per person with a medical card prescription was €677.29. The average cost of the Community Ophthalmic Services Scheme was €92.74 per person with a medical card⁴⁶.

⁴³ <http://www.mdpi.com/1660-4601/7/4/1330>

⁴⁴ <https://www.kildarestreet.com/wrans/?id=2016-06-02a.161&s=over+70s+with+medical+card#g162.g>

⁴⁵ <https://www.kildarestreet.com/committees/?id=2015-12-09a.575&s=Go+visit+card+over+70s#g586>

Providing these services to those currently with the over 70s GP visit card would therefore cost approximately €36 million.

Recommendations:

3. As a first step towards **reinstating the over 70s medical card** expand the range of services provided by the GP visit card to include prescriptions and the Community Ophthalmic Services Scheme, estimated to cost €36 million.
4. Amend the means test limits for the medical card to take into account the €3 increase in the State Pension introduced on 1 January 2016 and any increase in the State Pension this year, ensuring that no one loses their medical card because of an increase in the State Pension.

Medical card prescription charges

Prescription charges for medical card holders have gone up by 500 per cent since their introduction in 2009, from 50 cent to €2.50, with a monthly cap of €25. Research from the Longitudinal Study on Ageing (TILDA) found that 31 per cent of over 65s have five or more prescriptions, rising to 36 per cent in the over 75s.

In 2014, 23.4 per cent of all medical card prescriptions were for five or more items. Older people are more likely to require multiple prescriptions, which can cost up to €300 per year. This equates to well over a week's income for those solely reliant on the State Pension and places financial hardship on the sickest and least well off in our society.

Removal of the GMS prescription charge

The prescription charge for medical card holders will provide an income of €120 million in 2016⁴⁷, but this is a false economy as non-adherence to essential medication, Professor Charles Normand believes, has been responsible for 200 to 300 strokes every year and a similar number of heart attacks⁴⁸.

Recommendations:

5. Remove **the prescription charge for medical card holders** with an estimated cost of €120 million.

⁴⁶ http://www.hse.ie/eng/staff/PCRS/PCRS_Publications/PCRS_statAnalysis14.pdf

⁴⁷ <https://www.kildarestreet.com/wrans/?id=2016-05-17a.2398&s=prescription+charges>

⁴⁸ https://www.ageaction.ie/sites/default/files/ageing_matters_february_2016.pdf

7. Conclusion

If you require any further information please do not hesitate to contact us at the details below.

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