Northern Ireland
Assembly

COMMITTEE FOR
HEALTH, SOCIAL SERVICES AND
PUBLIC SAFETY

# OFFICIAL REPORT
(Hansard)

## Charges for Drugs and Appliances Regulations (Northern Ireland) 2010

## Pharmaceutical Services (Amendment) Regulations (Northern Ireland) 2010

## Travelling Expenses and Remission of Charges (Amendment) Regulations (Northern Ireland) 2010

11 February 2010

**NORTHERN IRELAND ASSEMBLY**

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**Members present for all or part of the proceedings:**
Mr Alex Easton (Acting Chairperson)
Mr Thomas Buchanan
Mrs Dolores Kelly
Mr Conall McDevitt
Mrs Claire McGill
Ms Sue Ramsey

**Witnesses:**

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| Ms Margaret Glass | ) | |
| Ms Christine Jendoubi | ) | Department of Health, Social Services and Public Safety |
| Mrs Emer Morelli | ) | |

**The Acting Chairperson (Mr Easton):**

I welcome the departmental officials. Christine Jendoubi is the director of primary care, Margaret Glass is from the primary care directorate, and Emer Morelli is the assistant director of the pharmacy and prescribing branch. I invite the witnesses to explain the background to and purpose of the Charges for Drugs and Appliances Regulations (Northern Ireland) 2010, the Travelling Expenses and Remission of Charges (Amendment) Regulations (Northern Ireland) 2010, and the Pharmaceutical Services (Amendment) Regulations (Northern Ireland) 2010.

**Ms Christine Jendoubi (Department of Health, Social Services and Public Safety):**

Those are the three sets of regulations that are necessary to effect the abolition of prescription charges in Northern Ireland from 1 April 2010. One of the first things that the Minister did when he took up his appointment in May 2007 was to commission a review of prescription charges, and we conducted that review over the following year. During that time, the Minister and the Department received representations about the effect of prescription charges on people who were just above the lowest income levels and struggling to cope. People on the lowest incomes were already protected by exemption from prescription charges.

People on multiple medications were particularly affected because the charges apply to each item on the prescription. Therefore, someone who received six items every month had to pay £48 or £50. One answer to that problem was the introduction of prepaid certificates. However, the same people who could not afford to pay £6·85 per item could not afford to pay £98 for a 12-month certificate all in one go. Therefore, the advantages of prepaid certificates were not available to those people.

At the end of the review, the Minister decided to introduce free prescriptions in Northern Ireland. In September 2008, he announced that intention in the Assembly, and it was subsequently approved by the Executive. On 1 January 2009, we took the first step towards free prescriptions by reducing the price of prescription items from £6·85 to £3. The prices of prepaid certificates were reduced to £9 for 4 months and £25 for a year. The prices of wigs and appliances were also included in the reductions. People who had paid between £200 and £300 for real-hair Health Service wigs would now be able to get them for only £3. That is enormously helpful to people who, for example, are receiving chemotherapy.

The next stage in the process will be the introduction of free prescriptions from 1 April 2010,

and three sets of regulations are necessary to achieve that. The main set of regulations, of which members have a draft copy, are the drugs and appliances charging regulations. Those will revoke the current charging regulations, but will retain and remake certain provisions to provide for specific circumstances — such as when the deliberate misuse or damage of wigs and other appliances is suspected. Under those circumstances, we would still wish to charge. Those regulations will also make transitional provisions. Prescription charges are also mentioned in the other two sets of regulations, and, therefore, those require some tidying up through technical amendments.

We do not intend to charge patients for prescriptions that have been written in England, Scotland or Wales, which, in theory, we could. However, in practice, extremely few prescriptions — around 4,000 a month according to the Business Services Organisation (BSO) — are written outside Northern Ireland, and most of those are for people who are already exempt from charges. It is, therefore, BSO's view that the cost of maintaining an administration for those prescriptions would outweigh the revenue, and it is simply not worth it.

Concerned about a potentially huge increase in prescriptions when they become free, we studied the situation in Wales. Although no definitive research or evidence has emerged from Wales, the information with which we have been provided shows that the annual increase in the number of prescriptions did not go beyond that which would ordinarily have been expected. That is borne out by the data that is available from BSO for January 2009 to November 2009, the period after which prescription charges here were reduced to £3. There was no spike in prescribing. We expect the volume of prescription items to increase every year by approximately 4·5% to 5% anyway, and, across that period, the rise was approximately 5%. Therefore, there was no great increase in what one might call irresponsibility on the public's behalf.

We will monitor the prescribing and dispensing rates over the next year and, if necessary, we will take remedial action through providing increased advice to the public. Such advice would include information on the importance of responsible prescribing patterns, on not requesting unnecessary drugs and on looking after any drugs and medication that are prescribed. A prescription may be free to the individual, but that does not mean that it is totally without cost. The cost comes out of taxpayers' money. If we identify a need for an increased publicity campaign, we will run one.

I am happy to take any questions that members may have.

**The Acting Chairperson:**

Thank you. I welcome the provision of free prescriptions as good news for everybody. We had been trying to save money in the trusts' drugs budgets through the use of generic medicines, cutting back on prescriptions, and so on. Will free prescriptions have a major impact on that?

**Ms Jendoubi:**

Our promotion of the Go Generic campaign created significant savings in the drugs budget, and that is the way in which we will fund free prescriptions.

We reckon that the cost of lost revenue will be about £14 million, £1 million of which will be offset by the administrative expenditure that we will save. We already took the hit for half of that amount when we reduced prices on 1 January 2009. The amount of lost revenue is containable. We will still be able to make significant savings in the drugs budget over and above the cost of introducing free prescriptions.

**Ms S Ramsey:**

I agree with the Acting Chairperson that the introduction of free prescriptions is a great idea. I have two, or possibly three, questions.

First, it is important to clarify that we are talking about 4,000 items, not 4,000 prescriptions. What is the reason for that number of items?

Secondly, I am conscious of the effect on the border counties. Has the issue been discussed across the island through the North/South Ministerial Council?

Thirdly, I assume that the reduction in prescription charges will cut down, big time, on prescription fraud in the sector. Is that the case?

**Ms Jendoubi:**

It should significantly reduce prescription fraud.

**Ms S Ramsey:**

In my constituency, there was a few million pounds' worth of prescription fraud in the sector. It was not a question of individual fraud.

**Ms Jendoubi:**

Obviously, if there are no charges, there is no fraud. The figure of 4,000 is for items that were written on prescriptions in England, Scotland and Wales and dispensed in Northern Ireland.

**Ms S Ramsey:**

Is that because of people being on holiday?

**Ms Jendoubi:**

Yes. People who were on holiday brought their prescriptions back with them.

**Ms S Ramsey:**

What about the all-island aspect that I raised?

**Ms Margaret Glass (Department of Health, Social Services and Public Safety):**

Any prescriptions that are written in the South but dispensed in the North are treated as private prescriptions, in the same way as a European prescription is treated.

**Ms S Ramsey:**

If there were no prescription charges, what would happen when somebody from the South handed in a prescription at a pharmacy here?

**Ms Glass:**

A private charge would be payable.

**Ms S Ramsey:**

To whom?

**Ms Glass:**

It would be payable to the pharmacist. It is the same as when people pay privately for certain medicines that they can get on prescription from their doctor but that are not provided on the

Health Service.

**Ms Jendoubi:**

Such as travel vaccines, for example.

**Ms S Ramsey:**

Would people pay for the cost of the drug or the cost of what used to be the prescription charge?

**Ms Jendoubi:**

They would pay for cost of the drug.

**Mrs D Kelly:**

I wish to ask about generic drugs. I am sure that we all have relations, particularly older aunts, who told us that generic drugs were no good simply because they did not come in a recognisable form, such as green-and-black pills. It is important that the message about branded versus generic medicines gets through. How successful has that campaign been? I do not think that the message has yet got through to a large number of people.

**Ms Jendoubi:**

Before we started the programme, the generic dispensing rate was about 45%; that has now increased by 10% or 12%. Our current aim is to achieve a generic dispensing rate of 64%, which is the English average, but we should aim higher.

You are right that it is difficult for people to come to terms with generic medicines because they differ in size and shape from branded medicines. Some people simply do not like generic medicines and do not think that they are as good. GPs still have the autonomy to prescribe a branded drug should they feel that that is necessary for the patient, and, for example, people who suffer from epilepsy can still be prescribed the proprietary brand. It is very much a case of people getting used to a new product. The pharmaceutical clinical effectiveness programme has guaranteed the quality of new drugs. At present, pharmacists can order drugs from anywhere. However, they now know what is contained in the drugs that the pharmaceutical clinical effectiveness programme has tried and tested and, subsequently, put on its list.

**Mrs D Kelly:**

The responsibility for increasing generic prescribing lies with the GPs and their ability to persuade and influence their patients. However, there is an issue about GPs' accountability. They must be trained in how to prescribe generic drugs, so that they do not take the easy escape route, because we are all familiar with the crying child syndrome. Work must be done with GPs on how to prescribe drugs for particular patients. Does the Department advocate generic prescribing and has it impressed the importance of that on GPs?

**Ms Jendoubi:**

We have been encouraging pharmaceutical effectiveness and the Go Generic campaign as hard as we can, but we can always do more.

**Mrs D Kelly:**

In some cases, there is a great deal more to be done.

**Ms S Ramsey:**

I was being flippant earlier, but I have another question. What happens when a GP prescribes a branded drug but the patient receives a generic drug? If my GP prescribes me a named drug but I receive a generic drug, there is a difference in cost.

**Mrs Emer Morelli (Department of Health, Social Services and Public Safety):**

There is no policy for drug substitution in Northern Ireland yet.

**Ms S Ramsey:**

That leaves the situation open to fraud. Pharmacists could dispense the cheaper generic drug but claim more money for the branded one.

**Mrs D Kelly:**

What audit mechanisms exist in pharmacies?

**Ms Jendoubi:**

Our pharmaceutical inspectors look out for the practice that Ms Ramsey outlined, and we are aware that it is an issue, albeit an extremely small one.

**Ms S Ramsey:**

When I was at school, I had a part-time job in a chemist—

**Mrs D Kelly:**

What did you do?

**Ms S Ramsey:**

I was only 14 years old at the time.

**Mr McDevitt:**

Is that a declaration of interest?

To understand better how people will qualify for free prescriptions, I return to the criteria required. Is it a specific criterion that an individual must be registered with the NHS and, I presume, resident in Northern Ireland or elsewhere in the UK?

**Ms Glass:**

For UK prescriptions, the current criteria will continue to apply.

**Mr McDevitt:**

In that case my sister, who lives in County Meath, could return from holiday in England with a UK prescription and get it filled for free in Northern Ireland? Is that correct?

**Ms Glass:**

Yes.

**Mr McDevitt:**

However, if I, as a resident of Northern Ireland, were to fall ill when at my sister's home in the Republic, I would visit the doctor there and get a prescription. If I were to bring that prescription to a pharmacist here, I would have to pay. Is that right?

**Ms Glass:**

Yes.

**The Acting Chairperson:**

And rightly so.

**Mr McDevitt:**

I recognise that for the second time afternoon something has not squared in my mind, and I apologise. Surely the criterion should be that one is registered with the NHS —

**Ms Jendoubi:**

It depends on the type of prescription.

**Ms Glass:**

It depends on who wrote the prescription. If you were prescribed something in the Republic but brought it here to be dispensed, you would ring your doctor and ask him to write a prescription here instead.

**Mr McDevitt:**

What is there to stop everyone in the Southern border counties tripping four miles over the border to present themselves at a doctor here?

**Ms Glass:**

They would have to be registered with the NHS.

**Mr McDevitt:**

Let us just say that those people were able to present themselves at a doctor and get prescriptions.

**Ms Glass:**

That is where the inspector would come in.

**Mr McDevitt:**

I could present myself to a doctor in Derry and say that I was on holiday.

**Ms Glass:**

I presume that the doctor would write a prescription for you.

**Ms Jendoubi:**

You could do that. However, if we considered that that was becoming a significant problem, we would pick up on it. It would become apparent that many prescriptions for temporary residents were being written when they reached the BSO, and the matter would be followed up.

**Mr McDevitt:**

I welcome the regulations. They are great news and long overdue. In the early years of free prescriptions, we must understand the criteria that are being applied. I endorse Ms Ramsay's point that it is extremely unfortunate that we cannot have a conversation about people who live in border counties either North South and who, for all sorts of reasons, find themselves receiving medical treatment on the other side. W must have that conversation soon. What direct conversations have you had with the Department of Health and Children in the South on the matter?

**Ms Jendoubi:**

I have not had any such conversations.

**Mr McDevitt:**

Has anyone from the Department of Health, Social Services and Public Safety in Northern Ireland had such discussions?

**Ms Jendoubi:**

I do not think that we have discussed the matter with the Department of Health and Children in Dublin.

**Mr McDevitt:**

Thank you.

**The Deputy Chairperson:**

Thank you for your evidence.