

## **SVP Submission to Review Eligibility Criteria for the Assessment of Medical Cards**

SVP welcomes this opportunity to contribute to the current Review of Eligibility Criteria for the Assessment of Medical Cards. SVP participated fully in the Programme for Prosperity and Fairness Review of Medical Cards in 2000 within which we advocated for better access to medical cards based on need. Since 2000 we have collaborated closely with the Department of Health and Children on health policy, particularly within the NAPS and Health Working Group and have been championing the needs of the most vulnerable in relation to access to health services. We continue to be concerned at the very high health inequality statistics which display a steep social gradient whereby those with the lowest incomes have the worst mortality and morbidity outcomes in Ireland. We are very mindful of the troubling statistic published in 2006 by Combat Poverty Agency, of 47,000 people living in consistent poverty without medical cards.

We note that, in January 2008, while it appeared that 31% of the population had a medical card the real number of people with cards due to low income was a substantially smaller number. When the numbers of those qualifying by age are removed from this percentage the number of people getting a medical card on a hardship basis drops to 21.45% (930,686 people), with the % getting the GP visit card at 1.74% . We remain disappointed that the numbers of people on low incomes with full medical cards has remained static over the last few years; at just 21.73% in Oct 07, 20.68% in Oct 06 and 20.37% in Oct 05. This means that only an additional 107,000 full medical cards were given to low income people during a period in which our economy was booming. We continue to be mindful of the dilemma some GP visit card holders find themselves in as we know through our members that in many cases it leaves the recipient in the position of being aware of their diagnosis but unable to afford the required prescriptions and having to wait for access to treatment via the underfunded and resourced public health system. The low take up of this card is testament to the fact that it does little to tackle health inequalities and has not proved to be very accessible to the working poor who do not qualify, on the current low thresholds, for a full medical card.

We believe the medical card scheme must ensure access to full medical cards for the most vulnerable in society with a clear, stream lined and user friendly application process. Access to a quality primary health care service, of which the Medical Card Scheme is an important element, is a basic human right; medical necessity and not fiscal consideration should be the key value on which this access is determined.

We offer the below observations and proposals to improve what we considered to be a flawed system which does not safeguard the health of those most at risk of poor health and premature mortality.

### **Ability to Pay**

We continue to be convinced that access to primary care health services should be based on need and not ability to pay. We know that being poor has a direct effect on health status and at times limits access to timely treatment. We are mindful of the recent survey, 2006 O'Reilly and Thompson, which found that the cost of a GP visit deterred them from visiting their GP. We note that the current income threshold for a single person (before disregards are calculated) to qualify for a full medical card is €184 a week, a figure below the current basic adult social welfare rate.

We call on Government to increase these thresholds as follows:

- Increase full medical card income thresholds to 30% of Gross Average Industrial Earnings (GAIE) by end 2009
- Increase medical card income thresholds to 50% of GAIE by end 2011
- Increase medical card income thresholds to 100% of GAIE by end 2016

### **Poverty Trap**

We constantly hear of the reluctance of some people, particularly lone parents, to take up work due to their fear of not being able to afford GP visits and prescriptions. Here is an example of a recent case which came to our members' attention:

*A woman with two children was offered a Community Employment scheme position in her local school. After thinking about the changes this job would bring to her life she decided not to accept the job. Her son has several medical problems and she was afraid that taking this job would in the long term effect her medical card. Her fear of losing her medical card prevented her from talking a CE scheme. "No money I can earn will be good enough to make up for losing my medical card. I cannot afford to be without it".*

The fact that full medical card holders children can also avail of free transport to school, if they live over three miles away, be exempt from school exam fees and be eligible for help towards school books is an added incentive not to take up work as these supports are a help to people on low incomes.

### **Lack of information and Low Awareness**

It remains the case that some people continue to be unaware of their entitlements and stay away from the GP as they are discouraged by the cost. When they attend, due to medical necessity, the GP is not automatically aware of their predicament and may not intervene to suggest that they apply for a GP visit card.

Feedback from our members highlights a gap in the level of awareness and degree of understanding which exists in relation to the whole area of the GP visit card. The below case illustrates the catastrophic impact lack of complete information can have:

*A man, living in the North East, with income from widower's pension and half rate disability, had a serious illness. He did not have a medical card as his income is too high. He spent his life saving on his medical expenses and then informed his GP that he could no longer pay, it was at this point that the GP suggested applying for a medical*

*card based on his medical needs. He is still ill with a full medical card but without his life savings*

More education and awareness around the area of eligibility criteria is required, particularly in relation to the working poor, with greater clarity regarding what are considered 'reasonable' expenses particularly with regard to ever increasing childcare and housing costs. More work needs to be done to clarify what items of household expenditure need to be receipted or not, particularly in the case of child care, as this item is sometimes provided by family members or neighbours which can pose problems regarding obtaining receipts.

The HSE needs to design and run continual proactive user friendly campaigns delivered in creative ways which effectively reach the relevant target populations to promote take up of both medical card and GP visit cards.

There is the ancillary but vital issue of the lack of awareness of the full range of public health services a full medical card entitles the card holder to. This lack of awareness is due to the lack of proactive promotion by the HSE of basic services that public health users have entitlement to. This lack of knowledge of one's entitlements is then compounded by the lack of access to oversubscribed demand led services such as orthodontic, ophthalmic and other community based public health services.

Many SVP members work closely with immigrants who may often suffer from a poor grasp of their entitlements with regard to medical card and GP visit card. We suggest that the increasing numbers of incoming communities must be born in mind by the HSE when designing campaigns to promote their services. Both campaigns and designs should be delivered in appropriate languages to ensure better take up.

Both the medical card and the GP visit card application forms are complex and long. The ready reckoner on the web is not the option of choice for many applicants and the forms themselves can be a nightmare for older people, who may need assistance in this regard. SVP proposed that a dedicated case worker be assigned to people who clearly need assistance as this would be of enormous benefit to help vulnerable people complete their application forms.

SVP recommends that a timeframe be specified, to be applied consistently across the country, within which decisions regarding applications should be made.

### **Appeals**

Through its 9,000 members working directly with people experiencing disadvantage and social exclusion SVP receives valuable qualitative information regarding people's experience of applying for medical cards. We are aware of the high level of discretion at work regarding who does and does not receive a medical card. While we support in principle the element of discretion we continue to be dismayed at the varying approaches manifested by HSE employees working in this area.

*We are aware of one very recent example where by a migrant widow with three children was refused a medical card yet continued to get supplementary welfare allowance and the once off bereavement grant. The SVP member assisting her*

*approached her local HSE office, was given another appeals office number to call, and although they asked for a lo call number was told that this did not exist. When they finally got onto an appeals officer they apologised for the first staff member not knowing the lo call number. The SVP member requested an appeals form from this person, who hesitated saying that they only 'had a limited number' but sent it out anyway.*

SVP advocates for the appeals process to be as transparent and user friendly as possible. We believe that a dedicated case worker should deal with appeals from start to finish to improve case management. We propose that when a medical card is refused that an appeals form should be sent out automatically with the refusal letter, with a clear pathway explaining the process, with full contact details, of how to appeal a refusal.

### **Delays and Lack of Access to GPS**

SVP members report huge delays, in some cases, being experienced in the application process. This can only compound difficulties being experienced by a very vulnerable group of people. Some people have reported up to three months to process applications.

Difficulties are being reported in being accepted onto GP medical card lists with GPS stating that their lists are closed to medical card patients. This raises concerns as families cannot be treated and cared for in their immediate communities with knock on problems for responsive local treatment, access to medical records for appropriate professionals and record and data sharing. SVP notes current difficulties getting onto GP medical card lists in the inner city and Dublin 11 and 7 areas. Our members in the Donegal Region report that immigrants are having difficulty getting GPs to accept them onto their lists. SVP members are hearing of difficulties being experienced with non-English speaking patients. Some doctors seem reluctant to treat people with language barrier issues. The Irish College of General Practitioners survey, just published, confirms our findings and concerns in this regard.