Ireland charges £50 to see a GP. So why shouldn't the NHS?

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If the NHS is Britain's national religion — its pride and joy, the jewel in its crown — then the idea of charging for it is a heresy. Yet every few years, a politician voices the great taboo: given the NHS is strapped for cash, might it be worth imposing fees on those who can afford them?

Scottish NHS leaders in a recent meeting proposed "a two-tier system" in which wealthier patients would be charged. When the minutes were leaked, the first minister, Nicola Sturgeon, disavowed the idea, insisting that the founding principles of the NHS were "not up for debate".

Rishi Sunak recently suggested a £10 fee for those who miss appointments. He too was forced to beat a hasty retreat. Yet behind closed doors these conversations continue.

So if NHS bosses were to do the unthinkable and start extending these charges, what would it look like? You don't have to look far. Our nearest neighbour, the Republic of Ireland, has long charged for health services.

Aneurin Bevan promised a health service "available to the whole population freely" when it was founded in 1948

JOSEPH MCKEOWN/GETTY IMAGES

GP practices charge roughly €60 (£52) for an appointment. Hospitals charge €100 to those who arrive at A&E without a GP referral. And once they are admitted to a hospital bed, they are charged €80 for each night they spend there, up to a total of €800 a year. There are also charges for prescriptions (up to €80 a month), blood tests (up to €50) and scans (up to €300)

Founding the National Health Service in 1948, Aneurin Bevan, the Labour health secretary, promised that healthcare would be "available to the whole population freely". But within three years he resigned when budgetary squeezes led to charges for prescriptions, dentistry and optical care — charges which remain today.

The English NHS was given an extra £6.6 billion in this month's budget, but even as he announced the new cash, Jeremy Hunt, the chancellor, ordered hospital bosses to ask "challenging questions" about how to reform services.

So how successful has the Irish system been? Would it be a disaster to follow suit?

It has been described as "very confusing" by John Browne, professor of health services research at University College Cork. "What we have chosen to do, rather than introduce a kind of NHS-style entitlement, is create a really complicated jigsaw puzzle and just fiddle around with it," he said.

Professor Cathal Walsh, a health economist at Limerick University, said fees were partly intended to prevent unnecessary appointments, and were partly for historical reasons — people have always paid, so why start subsidising now? "There are barriers to prevent misuse of the system," Walsh said, "and primarily because the government can't afford it."

Some 47 per cent of the Irish population bypass some of these charges because they have insurance, according to the Health Insurance Authority, compared with 11 per cent in the UK. The cost of premiums varies wildly, starting at €500 a year for a basic package and stretching up to €4,000 a year for care in the best private hospitals.

Many others are exempt from various charges, including children under six, the over-70s, those with certain health conditions such as diabetes, multiple sclerosis and epilepsy, and those on low incomes. Mammograms and cervical smears are free for all. Nearly a third of the population have a state-provided medical card excluding them from most charges.

These exemptions wax and wane depending on political will and the health of the public purse. "It is quite a complicated patchwork of entitlements," said Browne.

“When we had the recession in 2007, they made swingeing cuts to all of those entitlements, and then they spent another decade restoring them.”

At the moment there is an expansion of free healthcare. The government recently announced that charges for hospital inpatient care — including per-night — would be scrapped in April. It also announced the expansion of free GP visits to another 500,000 people by including children aged six and seven in the scheme and raising the household income threshold for free GP care to €46,000.

GP leaders warn that such an expansion will reduce their capacity to see patients.

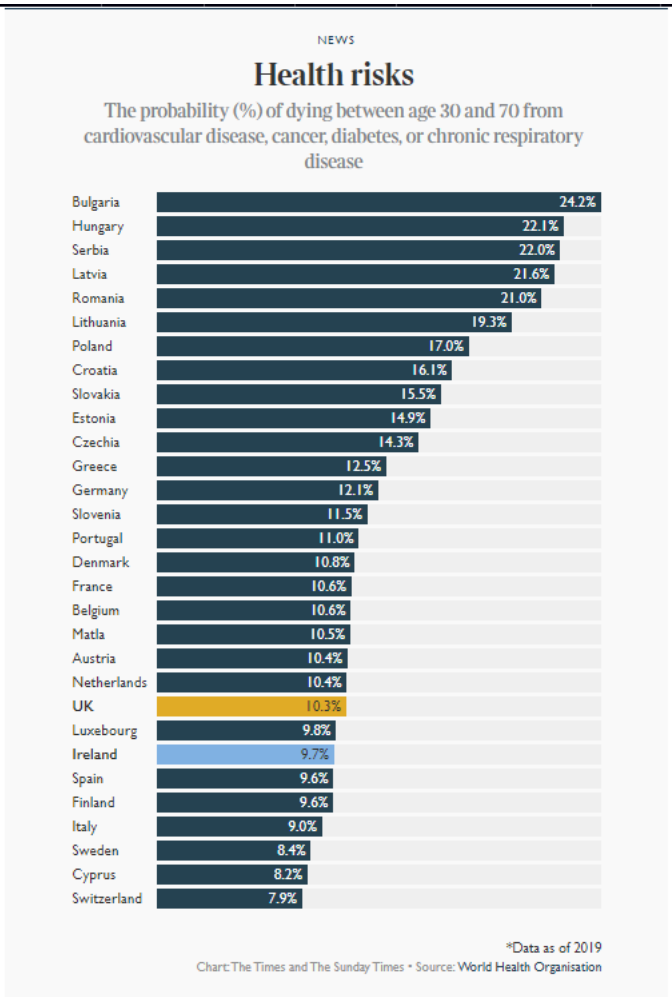
“For general practice, we have a system that works,” said Dr Denis McCauley, a GP in Co Donegal and chairman of the Irish Medical Organisation’s GP committee. “The people that need a GP and can afford to pay, do pay. And those who can’t afford to pay, don’t pay. We have a same-day service. We have a face-to-face service. And we have continuity of care. We have pressure, but nothing compared to the UK.”

He worries that expanding free access will lead to more visits and greater pressure. “These political decisions put the same-day service at risk,” McCauley said. “Typically, the frequency of visits at least doubles if you have a medical card. It will just make us the UK in disguise and that makes me worried.”

Not everyone agrees.

Colin Zeal, 46, a patient from Co Kildare who works in merchandising, said GP fees were an unnecessary deterrent to care. “It is a direct barrier to achieving better health outcomes for people through preventative healthcare,” he said. “I’ve personally delayed going to the doctor many times due to the fee. It’s a racket, and it isn’t right.”

Anthony Staines, professor of health systems at Dublin City University, said charging for primary care reduced access. “When I tell other Europeans, they assume I’m making it up — as, if you think about it, it’s obviously crazy.”



However, others say the system of charging helps reduce pressure and enables longer GP appointments. Irish patients see their GP for an average of 14.1 minutes, according to data recorded from 2010 to 2018, compared with 9.2 minutes in England. Backers say the system also helps retain staff, enabling doctors to build up long-lasting relationships with their patients.

Hazel Larkin, 46, from Co Kildare, has had the same GP for the past 15 years, who has also treated her daughters Ishthara, 18, and Kashmira, 20. “She has been my daughters’ health adviser from childhood right up to adulthood, and has taken

excellent care of all of us," Larkin said. "She is as responsive to our mental health as our physical health, and I know she truly cares about us."

Browne agreed that general practice was generally successful. "There is no problem getting appointments. GPs would say the income stream [from the charges] solves that problem. But it has done absolutely nothing to solve the problems in hospitals."

Many blame this on the two-tier system that has grown up in hospitals. With so many people holding private medical insurance, those without are forced to wait longer for inpatient care.

Julie Anne Cunneen with her son, Liam

Julie Ann Cunneen, 45, a single mother from Co Cork, had waited four years to see a rheumatologist for her son Liam, 15, who has arthritis in his legs, shoulders, feet and wrists, before deciding to pay €200 for him to travel to a private consultant in Dublin every four months. Cunneen, who herself suffers from hearing problems and arthritis, cannot afford private healthcare for herself.

“As a single parent, the costs are crippling, but I can’t leave my son in pain,” she said. “I have no choice but to wait on the public list. There just isn’t enough money to pay for both of our needs. People are being put at serious risk and neglected

while waiting for treatment. If you go private, you have to sacrifice other [necessities] such as food or heating."

Browne said the heavy reliance on private healthcare — even with nearly half of patients holding medical insurance — has failed to reduce budgetary pressures on the government. "Remember, we're spending more than you guys [in the UK] are spending at the moment," he said. State spending on healthcare in Ireland is £3,770 per person compared with £3,680 in the UK.

Despite the fact that the NHS is Britain's biggest employer, the Irish system is better staffed, with more doctors and nurses than the UK. Ireland has 4.1 doctors per 1,000 inhabitants compared with 3.2 in the UK, and 14.7 nurses compared with 8.7 per thousand in the UK. Ireland also has slightly better health outcomes. Life expectancy is about a year greater in Ireland. And the World Health Organisation calculates UK citizens face a higher risk of disease-related mortality aged 30 to 70, at 10.3 per cent compared with Ireland's 9.7 per cent.

But the Irish population is significantly younger, with a higher birth rate, greater proportion of children in the population and fewer elderly people. Some 15 per cent of the Irish population is over 65, compared with 19 per cent in England. This markedly reduces pressure on the health service.

Browne said: "We have a healthier and younger population. If we had your population we would be a banana republic in terms of health spending."

What does all this mean for the NHS? Should we in the UK be considering charging?

Siva Anandaciva, chief analyst at the King's Fund think tank, is unconvinced it would help. "It doesn't raise as much money as you think it will," he said. "The NHS is a low transaction system. You haven't got loads of insurance fees being charged and recharged and things like that, as you do in other countries. If you start

charging, you have all the transaction costs and putting the new system in and hiring staff to do the charging." He pointed to charges for foreign patients, of which barely half are recouped.

GPs also play a key role in the NHS as gatekeepers to specialised services. Anandaciva argues that if you charge patients for GP appointments, you might put patients off attending, which could increase attendance at A&E units and store up untreated health problems — both of which will increase costs for the taxpayer later.

But perhaps the strongest argument against charges is that British patients and voters will not accept it. The 2021 British Social Attitudes survey found 94 per cent of respondents wanted the NHS to remain free.

Anandaciva said: "Charging is a seductive idea, but it is also a zombie policy. The thing about zombie policies is that because of their inherent appeal they continue to be resurrected, and because of their inherent flaws they continue to be killed."