



Active Retirement Ireland  
Pre-Budget 2024 Submission  
Department of Health

Over the past 12-18 months, the cost of living crisis has had a significant impact on older people already struggling to afford a basic standard of living. As inflation pushes more and more pensioners into poverty, older people in Ireland are faced with difficult decisions around household budgets, often choosing to forego diagnostic or preventative healthcare, go without medical prescriptions and put off medical procedures because they simply cannot afford them.

Supporting older people to be able to prioritise their health and medical needs despite the rising cost of living, and making healthcare more accessible at a life stage when many need it the most is essential to protecting and promoting better quality of life among older people.

Responsive, accessible and quality healthcare should be available to all older people in Ireland, not just those who can afford it.

**Objective:** To achieve health equity for older people in Ireland by ensuring adequate supports are in place for all older people to be able to prioritise their health and wellbeing — not only those with means — to live with dignity, independence and highest quality of life after retirement.

**Summary of proposals:**

- Increase the income threshold for over-70s to be eligible for the medical card and base the entitlement on net income, not gross, or alternatively for over 70s base the eligibility on medical need.
- Make the application for medical cards more user-friendly and less restrictive.
- Remove the discretionary powers of GPs to refuse an application by patients for medical card GP services on the basis of their holding a medical card.
- Remove ambiguity and discretionary charging by legislating against charging medical card holders fees for blood tests and diagnostic screening carried out at GP practices.
- Remove the cost of all blood tests and diagnostic screening carried out at GP practices for patients with GP visit cards.
- Abolish any charges associated with prescription items for medical card holders.
- Remove the upper age-limit on access to free government breast, bowel and cervical screening schemes.
- Implement a statutory home care system addressing all aspects of home care as part of a comprehensive, long-term strategy for older people needing care and who want to stay in their homes until end of life, as so many do.

- Develop and put into action a whole of government strategy to ageing that allows all older to age with dignity, respect and independence for as long as possible.
- Establish an independent Commissioner for Ageing and Older People in Ireland, similar to that which is in place in Northern Ireland and Wales, to ensure the rights and interests of older people are considered and promoted at all levels.
- Take ageism and the harm caused by ageist beliefs, attitudes and actions seriously and implement a well-resourced, meaningful programme of action to counteract it.

### **Accessing the medical card**

A members' consultation conducted by Active Retirement Ireland March/April of 2023 found that 55% of respondents felt strongly about widening eligibility for the medical card for older people.

In the 15 years since the *Health Act 2008* was enacted and automatic medical card entitlement to people aged over 70 was ceased in favour of means tested eligibility, rather than the assessed income increasing in line with the rising cost of living, it has been reduced so that it is now far less than in 2009. This means that fewer and fewer older people are able to avail of a key health and social mechanism put in place to support people to be able to access affordable, government-subsidised medical care and to achieve some level of health equity of older people in Ireland.

From 2009 through to late 2012, if the weekly gross income of a person aged over 70 was below €700 (or €1400 for a couple) they were eligible for a medical card. This threshold was reduced over subsequent budgets to a weekly gross income of €500 per week for a single person and €900 per week for a couple by 2014. November 2020 saw the first increase to the threshold in eight years, when it was increased slightly to €550 gross weekly income for a single person, and €1050 for a couple.

The past 12–18 months has seen the buying power of household incomes decrease dramatically. In recognition of this fact, the income threshold for medical card eligibility must now be increased, with the entitlement based on net income, not gross.

At present, as part of the application process, patients applying for a medical card must be approved by their selected GP as a patient for medical card GP services. This policy is discriminatory, creates an inappropriate level of scrutiny at community level and promotes a two-tier patient system. Where a medical card applicant has been approved for eligibility by the government, they should receive the same treatment thereafter as any other patient and not be subject to further assessment by any other party with regards to their eligibility for medical services, outside of medical considerations.

Further, it is widely reported among our members who hold a medical card that, while medical card holders are entitled to free blood tests and diagnostic screening carried out at GP practices, they are often charged a fee depending on the GP practice they attend. Many express shame at having to challenge this at reception and pay the fee, with some not returning in future for fear of being met again with unexpected charges. This barrier to health care must be removed and medical card holders supported by way of legislation prohibiting discretionary charges imposed by GP practices.

### **Proposals:**

- Increase the income threshold for over-70s to be eligible for the medical card and base the entitlement on net income, not gross, or alternatively for over 70s base the eligibility on medical need.
- Make the application for medical cards more user-friendly and less restrictive.
- Remove the discretionary powers of GPs to refuse an application by patients for medical card GP services on the basis of their holding a medical card.
- Remove ambiguity and discretionary charging by legislating against charging medical card holders fees for blood tests and diagnostic screening carried out at GP practices.

### **Prescription and other health charges**

In addition to supporting more older people to access affordable health care and improved health outcomes by broadening eligibility for the medical card, significant benefit can also be garnered through expanding the support available within the existing medical and GP visit card framework.

Active Retirement Ireland welcomed in November 2020 the prescription charge reduction for medical card holders of €0.50c per item dispensed and the lowering of the monthly cap, after which prescription charges are refunded.

At present, for older people aged 66-69 with a medical card, the prescription charge is €1.50 for each item dispensed under the medical card scheme, up to a maximum of €15 per month per person or family. For people aged over 70, the prescription charge is €1 per item, up to a maximum of €10 per month per person or family.<sup>1</sup>

However, even at reduced rates, any prescription charges for medical card holders unfairly target the poorest and sickest members of society, many of whom are older persons, and should be removed. These charges act as a barrier for many older people in accessing their monthly medical items and some older people are making decisions on which prescribed items to get or not.

As cost of living pressures reach crisis point and older people around the country are reporting having to choose between 'heating and eating', it is essential that prescribed medical items are health decisions only for older people, and not financial decisions.

Similarly, for older people holding GP visit cards, the varying charges at GP practices for preventative health services such as health checks, screening services and routine blood tests carried out at the practice should also be removed. Early stage detection of chronic illness and other medical conditions improve health outcomes and quality of life and should be available to all older people, not only those who can afford it. Charges for these services for older GP visit card holders acts as a barrier to proactive health care, often leading to much later diagnoses and more difficult and costly treatment.

### **Proposals:**

- Abolish any charges associated with prescription items for medical card holders.

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<sup>1</sup> Citizens Information — Prescription charges for medical card holders (June 2023)

- Remove the cost of all blood tests and diagnostic screening carried out at GP practices for patients with GP visit cards.

### **Access to national cancer screening programmes**

The 2023 Members' Consultation carried out by Active Retirement Ireland found that 60% of respondents feel strongly about access to free government breast, bowel and cervical screening schemes for more older people.

At present, no person in Ireland over the age of 69 is eligible for free preventative cancer screening programmes. No person in Ireland is eligible for free preventative cervical cancer screening beyond the age of 65.

The national screening programmes for breast cancer, cervical cancer and bowel cancer have been in place for a number of years. Each of these programmes sets an age bracket within which free screening is offered — BreastCheck mammograms are available to women aged 50–69 years every two years; CervicalCheck tests are available to women aged 25–65 every three to five years, and BowelScreen home tests are made available to men and women aged 60–69 every two years.

Any person outside of these age brackets wishing to access these preventative measures (before any symptoms present requiring referral) must cover the cost themselves. This disproportionately affects people aged 70 and older, in particular those with limited means.

The risk of cancer increases as people age and there is no age at which the risk is no longer present. In the case of bowel cancer, more than half of cases develop in people aged 70 or older.<sup>2</sup> For breast cancer, 36% of women diagnosed in Ireland from 2015-2017 were over 65.<sup>3</sup>

It is imperative that free screening is offered to older people for life. Screening makes early stage diagnosis possible, which can often mean easier, less invasive treatment and a far greater chance of recovery.

#### **Proposal:**

- Remove the upper age-limit on access to free national breast, bowel and cervical screening programmes in Ireland.

### **Home care**

The Active Retirement Ireland Members' Consultation conducted earlier this year found that 84% of respondents would prefer to be cared for at home with care provided should they become in need of full-time care in the future. Just 4.3% indicated a preference for residential care or nursing home care.

Ireland is in the midst of the most acute recruitment crisis home care has experienced in its history. As a result — for older people needing care who do not want to have to leave their homes and enter a nursing home — home care is not an option for many. For too long, the home care sector has not received the focus its workforce challenges require.

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<sup>2</sup> NHS, UK 2021

<sup>3</sup> Europa Donna Ireland, 2019

Despite the government's commitment in 2022 to addressing the critical shortage of care workers in Ireland as an urgent priority, at June 2023 there were 6,700 people on the national waiting list for home care, an increase of 25% from 2022.

In Home and Community Care Ireland's prebudget submission published in August 2022, HCCI projected that their members alone need to hire an additional 3,000 home care workers in 2023 with a further 2000–3000 needed by the HSE to meet demand. This does not include the additional staff needed by non-profit organisations delivering home care.

Without access to properly resourced, quality home care, older people needing care have little option but to spend lengthy periods in hospital in an already overcrowded hospital system, be forced to leave their home and local community and be admitted into a nursing home against their wishes, or a revolving-door combination of both.

The care crisis continues to worsen in Ireland as 25 care homes have ceased operations in the past 18 months citing lack of financial viability. Last month the government lifted the ban on nursing homes moving to the infinitely better funded, less restrictive and more profitable refugee accommodation market. Ireland now faces the very real risk that in two years' time, when the required notice period by nursing homes converting to refugee accommodation has elapsed, that there will not even be enough nursing homes places to absorb the home care shortfall.

Despite a commitment to a Commission on Care outlined in the programme for government, we are yet to see any real action in relation to tackling the care crisis in Ireland. Further, this government has made clear that it supports a home first policy. It is time for the government to act and implement a statutory home care system addressing all aspects of home care as part of a comprehensive, long-term strategy for older people needing care and who want to stay in their homes until end of life.

Active Retirement Ireland wants to see the recipients of home care be included in co-design of the strategy and consulted on the type of support they wish to receive. Services in home care should fit around people's lifestyles, be person-centred and not the current one-size-fits-all model. Resourced home care needs to be central to supporting older people ageing at home for as long as possible with dignity, respect and independence.

**Proposals:**

- Implement a statutory home care system addressing all aspects of home care as part of a comprehensive, long-term strategy for older people needing care and who want to stay in their homes until end of life, as so many do.
- Develop and put into action a whole of government strategy to ageing that allows all older to age with dignity, respect and independence for as long as possible.

**A whole-of-government approach to protecting the rights of older people — Alliance of Age Sector NGOs**

In January 2023 the Alliance of Age Sector NGOs, of which Active Retirement Ireland is a member, released a report setting out a number of recommendations for action to create

an Ireland for all ages. Chief among these are the need for an independent Commissioner for Ageing and Older People to promote and protect the rights and interests of older people across government departments and at all policy levels.

In the 2023 Members' Consultation carried out by Active Retirement Ireland, 94% of respondents would like to see the establishment of an independent Commissioner for Older People in Ireland.

Ageist attitudes, beliefs, behaviours and policies are commonplace in Irish society and in all settings. Ageism may be intentional, structural or even unintended, such as benevolent ageism, but all ageism is harmful.

The World Health Organization lists some of the harmful effects of ageism as:

- shorter lifespan
- diminished mental and physical health
- isolation
- cognitive decline
- reduced quality of life.

A further recommendation by the Active Retirement Ireland and the Alliance of Age Sector NGOs is that the government acknowledge the pervasive culture of ageism in Ireland and the harm it causes, and implement a whole-of-government strategy to counteract it.

**Proposals from ARI and the Alliance:**

- Establish an independent Commissioner for Ageing and Older People in Ireland, similar to that which is in place in Northern Ireland and Wales, to ensure the rights and interests of older people are considered and promoted at all levels.
- Take ageism and the harm caused by ageist beliefs, attitudes and actions seriously and implement a well-resourced, meaningful programme of action to counteract it.