

The Office of the Assistant National Director,  
Medical Need Consultation,  
Health Service Executive,  
Primary Care Division,  
St Loman's Hospital,  
Mullingar,  
Co Westmeath

June 28th 2014

**Re: Call for Submissions: Public Consultation on Medical Card Eligibility**

Dear Chairman,

Thank you for the opportunity to engage in consultation with regard to medical conditions and medical card eligibility. The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Its mission is to enable all people to develop their full potential and is focused on problem solving and change. As such, social workers are change agents in society and in the lives of the individuals, families and communities they serve.

SWID would like to make the following recommendations to the Expert Panel:

Needs led assessments:

The medical assessment of conditions should be needs-led rather than condition specific. There are many conditions such as down's syndrome or stoke which have a wide variation of medical needs depending on the nature and severity of the disability or illness. We suggest that it is not possible to have a fair and equitable system based on diagnosis alone. Other factors such as care and equipment should be taken into account.

Cost of Disability:

Eligibility should be based on the real cost of the particular disability or condition and in particular the medical equipment and care needs of the individual whether a child or an adult. Many families are already managing immense care needs and are saving the state major costs by managing within the home environment. Most people with disabilities themselves want to live in their communities while not placing an undue burden on their families. Parents want to care for their child without their other children losing out on a normal life.

People with disability are twice as likely to be at risk of poverty (Nolan et al, 2002) Research shows that disability adds significantly to daily cost of living such as care and assistance, laundry, clothing, heating, telephone, mobility and housing.

In the 2013 census, 187,112 people identified themselves as carers<sup>2</sup> (4.1% of the population)

- 80,891 (43%) provide up to 2 hours of care per day
- 29,255 (16%) provide between 2 and 4 hours of care per day
- 39,982 (21%) provide full time care (i.e. 43 or more hours per week)
- 15,175 (8%) provide care for 24 hours per day

The effect of having or being denied a medical card on a client also has serious effects on carers who often neglect their own health as a result of the caring role.

#### Pre-diagnosis:

Many children in early intervention services might not have a diagnosis as yet and the system inadvertently encourages labelling of children in order to achieve entitlements such as a medical card. Again, a needs led approach would be preferable and would prevent unnecessary rush to diagnose until the situation is clearer.

#### Links with other entitlements/reduction of number of assessments:

There should be a link between benefits such as Domiciliary Care Allowance in the case of children and medical eligibility and/or entitlements such as carer's allowance for adults. Many clients and families have to undergo a number of medical assessments for different entitlements and have to seek numerous medical and/or consultant letters to prove eligibility. A more joined up approach would save time and costs. For those with acquired disabilities or conditions such as MND, it is already difficult to come to terms with the likely outcome of their diagnosis. We would also suggest that medical cards should not be G.P. specific.

#### Links with other services:

In some areas there is a direct link between having a medical card and having essential services such as Community Occupational Therapy or Public Health Nurse Services. Since you have to have a medical card to these services, these needs also need to be taken into account when looking at the medical aspects of the condition or illness.

#### The application process:

Many clients and families find the application process too complex and many patients/families have to request various medical letters from different doctors. The application form itself should be reviewed and simplified. People with disabilities such as aphasia or learning disability need assistance with interacting with the Client Registration Unit regarding their disability or illness.

For many of our clients, there are capacity issues where the person themselves is unable to manage their own affairs.

#### Emergency Cards:

We would suggest that some form of emergency card should be available for a period of time for situations such as premature babies and newly acquired injuries. In situations where clients have to source and prove financial information after an acquired injury when their disability entitlements have yet to be granted, this places a considerable burden on these patients and their families. When parents are faced with the care needs of a newborn infant with a severe disability, they need time to make decisions such as one parent giving up work. For people who are self-employed and have a sudden onset

condition they should not be means tested on their previous income in order to ascertain if they are eligible on medical need/discretionary grounds.

The stress and trauma involved makes it very difficult for families to make an application and achieve a discharge home from acute hospitals within a reasonable period of time. The cost to the state in terms of delayed discharges is considerable as there are delays in ordering equipment and accessing services such as community visits to look at housing adaptations.

#### The Review Panel

There should be sufficient expertise on the panel and processes in place in relation to medical conditions. Clients and families should not receive letters asking if the conditions such as down's syndrome has been resolved. This causes unnecessary stress and upset to those who have managed conditions for years and/or to those clients who have to come to terms with serious long term health implications. The panel should include other health care professionals such as social workers who have a more holistic assessment of the family situation.

There should be published criteria for selection of panel members as well as needs led assessment criteria and procedures for appealing decision.

#### Advocacy:

There is now no opportunity to present an individualised case in unusual situations. The local knowledge of the client and their needs has been lost and it is more difficult to advocate on behalf of clients. Many also have difficulties with speech or understanding complex processes and need an advocate to assist with the application. Many people don't have the required computer skills to do an on line application and they also may have difficulties making multiple phone calls to different people in the CRU.

#### Longterm Illness Card:

The Long term illness card needs to be closely linked with the medical card system. the list of conditions appears to be an outdated list which needs to be reviewed and updated.

#### Prevention:

Many clients cannot afford medication which might prevent secondary complications of their condition or for example, a second stroke unless they have a medical card. This apparent economy must lead to higher costs for the health care system in the long terms as well as a greater level of disability and dependence.

Many thanks for the opportunity to highlight the above issues on behalf of our client group.

Kind regards

Frida Lowry  
Chairperson  
Social Workers in Disability Special Interest Group, IASW