

ABOLISHING CHARGES FOR CHECK-UPS WITHIN NHS SCOTLAND: TWO CASE-STUDIES

HERU Contact: Divine Ikenwilo

Background

The NHS was founded in 1948 with the broad premise of treatment being free at the point of delivery. However, various charges have been levied since the inception of the NHS for both dentistry services and ophthalmic services including those for check-ups. The purposes of charges are to generate revenue while at the same time influencing an individual's behaviour away from unnecessary demand that a zero-price service may generate. To ensure a charge is not a barrier to those who are requiring the service, exemptions are commonly used to allow an individual to access the service for free. Such exemption schemes can be categorised within three broad areas: financial status, age and/or a medical condition. The Scottish Government (formerly Executive) has taken the decision in recent years to review the use of charges for both dental check-ups and eye examinations. Both policies replaced a charge for the respective service unless the individual was within one of the relevant exemption categories. Researchers at the Health Economics Research Unit have been involved in analysing the impact of the total abolition of routine eye-examination charges and dental check-up charges in Scotland and we present these as case-studies.

Case-Study One: Eye Examinations

Eye-care services were redesigned in Scotland in 2006 following a review of community eye-care services. The policy aimed to both encourage more people to have their eyes examined and also to make better use of specialist primary care health professionals, such as optometrists (Scottish Executive 2006). One important element of the policy was the abolition of the charge for a routine eye examination where the examination is not just an eye-sight test but a more comprehensive eye health examination.

Research led by Dr Alexandros Zangelidis at the Department of Economics (University of Aberdeen) in collaboration with researchers at HERU examined how the introduction of free eye examinations impacted on utilisation of the service. They examined two separate data sources, the British Household Panel Survey (BHPS) and the business records of 14 branches of a private ophthalmic optician company. Both data sources indicate a rise in the number of eye examinations after the introduction of free eye-examinations for all. Table 1 reports a statistically significant increase of 5.6 percentage points in utilisation in the year immediately following the abolition of the eye examination charge as measured by the proportion of BHPS respondents indicating they had an eye test in the 12 months preceding the survey. This corresponds to Scotland moving from a position where they recorded the lowest utilisation to one where they had the highest although this does not extend into later years.

Table 1: proportion of BHPS sample having an eye test

	Scotland	England	Wales	Northern Ireland
2003	33.3	36.0	37.1	35.8
2004	35.2	35.0	36.8	33.6
2005	32.1	35.1	36.6	34.0
2006	37.7	36.2	35.2	34.2
2007	33.8	36.1	37.5	38.6
2008	36.2	37.3	39.9	36.4

Extract from table published in Dickey et al (2012)

The research also highlights differences in utilisation across socio-economics groups. In particular, individuals with low education and those from poorer households report lower utilisation of eye tests than those with higher education and income levels. The research noted a weaker positive response to the policy for these particular groups. Thus the policy did impact positively on increasing the number of eye examinations but also resulted in an increased inequality in terms of utilisation of the service.

Case-study Two: Dental Check-ups

The Scottish Government introduced free NHS dental check-ups in April 2006. This policy resulted from an acknowledgement that oral health was poorer in Scotland than many other European countries with higher levels of tooth decay than in England and Wales (Scottish Executive 2003). The aim of the policy of free dental checks for all was to encourage the utilisation of dental services and subsequently to improve the oral health of the population. The research, by Dr Divine Ikenwilo of HERU, used BHPS data covering the period between 2001 and 2008 to evaluate the impact of this policy on utilisation of NHS dental check-ups in Scotland, using a difference-in-difference approach. Table 2 reports that NHS dental check-ups over the whole study period increased by 0.37 percentage points with a corresponding 6.27 percentage points reduction in the rest of the U.K. This corresponds to Scotland moving from a position where they recorded a lowest utilisation in 2005 to one where they had a higher level of utilisation of NHS dental check-ups extending through the remainder of the sample years. The difference-in-difference model confirms that the free dental-check policy led to a statistically significant 3-4% increase in NHS dental checkups compared to the rest of the U.K. The results also showed that Scotland moved from a position with a lower rate of NHS dental check-ups to one where there was no statistical difference in NHS dental check-ups between Scotland and the rest of the U.K. Interestingly the research indicates an increase in utilisation rates amongst those groups who would normally be exempt from charges under the previous policy such as full-time students and those registered sick or disabled.

Table 2: proportion of U.K NHS dental check-ups

	U.K. (excl. Scotland)	Scotland
2001	76.25	74.80
2002	77.13	74.63
2003	75.08	74.28
2004	74.01	72.65
2005	73.87	72.60
2006	69.31	72.37
2007	68.56	72.78
2008	69.98	75.17

Extract from weighted sample table published in Ikenwilo (2013)

Discussion

In summary, there is evidence to suggest that the abolition of charges for both dental check-ups and eye sight tests did lead to an increase in the utilisation of each service.

However, it remains uncertain whether this effect is short-term and whether it is the most effective way of increasing utilisation for the most needy groups within society. It should also be noted that both studies used data on reported rather than actual utilisation of either the eye test or dental check-up and asked individuals to report use within the last 12 months which may introduce recall bias to the responses. In addition respondents may have anticipated the introduction of the policy and delayed eye tests or dental check-ups in the months previous to the introduction of free check-ups/examinations. However, interestingly both case studies did note an increase in utilisation for the more vulnerable groups for whom the service would have been likely to have been free under the previous exemption policy. The question remains whether the reduction in revenue and potential for increase in unnecessary use of service is outweighed by the benefits that the general increase in service utilisation can bring.

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Reference

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CONTACT US

HEALTH ECONOMICS RESEARCH UNIT

Institute of Applied Health Sciences, Polwarth Building, Foresterhill, Aberdeen AB25 2ZD

Tel: +44 (0)1224 437197/437196 Fax: +44 (0)1224 437195 Email: heru@abdn.ac.uk www.abdn.ac.uk/heru