

## **Co-payments and just health service**

Co-payments as ways to afford a just health service in times of austerity are suggested by David Jewell (1) but they are reality since time in many European Countries, also in Italy where there is a NHS very similar to the one in UK

The National Institute for Health and Clinical Excellence is approving at least some of the new technologies and in Italy there is the LEA's system ( Essential Level for Assistance ) considering every year what is now essential and should be totally free. The only way to keep within budget will be to restrict what is provided and clearly inform patients that same services or procedures will ( are ) no longer be available as totally free for all.

In Italy, everything is free for definite very poor ( as declared ) patients, there are very little tickets for not so poor but chronic patients, for all others charges on prescriptions and visits and procedures to a maximum of 50 euro are part of the system. In addition, more and more exams and benefits as allowances or as devices for diabetic, celiac patients etc. are getting now some charge or anyway reduction on number of free applications, devices, boxes. Also, there is a triage for emergency rooms in hospital and white codes are charged some euro, and there is a co-payment for meals ( where done the service quality is better ).

Also for primary care attendance many claim for a nominal payment to be paid for every GP consultation so to stop the growing and overwhelming misuse is running these last years, crowding practices for no-problems or with non sense frequent - attenders just because free of charge. A ticket booklet like in some countries, as in Germany, is under study.

Private health insurances were growing last years, but not now because of the big financial international and national crisis. Also, this would not be the way to treat the portion of population just paying the most as from the percentage on their income level and as co-payments and charges running for them and not for declared poor and for chronic patients for their specific diseases.

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## **REFERENCES**

1. Jewell David. How to afford a just health service. *Br.J.Gen.Pract.* 2012, DOI: 10.3399/bjgp.12X625319.

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