

# X236/301

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NATIONAL  
QUALIFICATIONS  
2008

THURSDAY, 29 MAY  
9.00 AM – 10.30 AM

MODERN STUDIES  
HIGHER  
Paper 1

Candidates should answer **FOUR** questions:

- **ONE** from Section A  
and
- **ONE** from Section B  
and
- **ONE** from Section C  
and
- **ONE OTHER** from EITHER Section A OR Section C

Section A: Political Issues in the United Kingdom.

Section B: Social Issues in the United Kingdom.

Section C: International Issues.

**Each question is worth 15 marks.**



## **SECTION A—Political Issues in the United Kingdom**

**Each question is worth 15 marks**

*STUDY THEME 1A: DEVOLVED DECISION MAKING IN SCOTLAND*

### **Question A1**

Critically examine the role of local government in a devolved Scotland.

*STUDY THEME 1B: DECISION MAKING IN CENTRAL GOVERNMENT*

### **Question A2**

Assess the effectiveness of pressure groups in influencing decision-making in Central Government.

*STUDY THEME 1C: POLITICAL PARTIES AND THEIR POLICIES  
(INCLUDING THE SCOTTISH DIMENSION)*

### **Question A3**

*There are few policy differences between the main political parties.*

Discuss.

*STUDY THEME 1D: ELECTORAL SYSTEMS, VOTING AND POLITICAL ATTITUDES*

### **Question A4**

Assess the influence of social class on voting behaviour.

**SECTION B — Social Issues in the United Kingdom**

**Each question is worth 15 marks**

*STUDY THEME 2: WEALTH AND HEALTH INEQUALITIES IN THE UNITED KINGDOM*

**EITHER**

**Question B5**

Assess the effectiveness of government policies to reduce gender and ethnic inequalities.

**OR**

**Question B6**

Critically examine the view that government, not individuals, should be responsible for health care and welfare provision.

**[Turn over**

**SECTION C — International Issues**

**Each question is worth 15 marks**

*STUDY THEME 3A: THE REPUBLIC OF SOUTH AFRICA*

**Question C7**

Assess the effectiveness of Black Economic Empowerment in reducing inequalities.

*STUDY THEME 3B: THE PEOPLE'S REPUBLIC OF CHINA*

**Question C8**

Critically examine the view that China is becoming a more democratic society.

*STUDY THEME 3C: THE UNITED STATES OF AMERICA*

**Question C9**

Assess the effectiveness of Congress and the Supreme Court in checking the powers of the President.

*STUDY THEME 3D: THE EUROPEAN UNION*

**Question C10**

Assess the impact of enlargement on the European Union.

*STUDY THEME 3E: THE POLITICS OF DEVELOPMENT IN AFRICA*

**Question C11**

**With reference to specific African countries (excluding the Republic of South Africa):**

Assess the importance of education and health care to successful development.

*STUDY THEME 3F: GLOBAL SECURITY*

**Question C12**

Critically examine the part played by the USA in achieving global security.

[END OF QUESTION PAPER]

# **X236/302**

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NATIONAL  
QUALIFICATIONS  
2008

THURSDAY, 29 MAY  
10.50 AM – 12.05 PM

MODERN STUDIES  
HIGHER  
Paper 2

## **Summary of Decision Making Exercise**

You are an expert on social policy. You have been asked to prepare a report for an all-party group of MSPs, in which you recommend or reject the proposal to make all prescriptions free in Scotland.

Before beginning the task, you must answer a number of evaluating questions (Questions 1–3) based on the source material provided. The source material is:

**SOURCE A:** Prescription Charges are a Danger to Health

**SOURCE B:** Prescription Charges are Necessary

**SOURCE C:** Statistical Information



## **SOURCE A: PRESCRIPTION CHARGES ARE A DANGER TO HEALTH**

The Scottish Government is to be commended for its determination to phase out and eventually abolish prescription charges. Since first introduced, prescription charges have been kept ever since, except for a brief period of abolition in the 1960s. Although large numbers of prescriptions are dispensed free, the price per item is such that many adults find it very difficult to pay.

- 5 Since April 2007, all patients registered with a Welsh GP, who get their prescriptions from a Welsh pharmacist, have been entitled to free prescriptions. There is no evidence that this has led to an increased demand for prescriptions in Wales. The suggestion that people ask for unnecessary prescriptions is ridiculous. The most common reasons for  
10 not handing in a prescription are to do with cost—no one finds that they did not need it after all. Prescription charges prevent the sick from getting essential medicines. Being forced to decide which item on a prescription they can afford is one choice that patients can do without. The effects of this on individuals, and in the longer term on the National Health Service (NHS), should be obvious! Interrupting or delaying treatment  
15 for just a few days can increase the risks to one's health. The long-term costs to the NHS become much greater because hospital treatment that could have been avoided becomes necessary. GPs have become so concerned about the consequences of prescription charges that one in five has admitted to falsifying paperwork to ensure that vulnerable patients get free prescriptions.
- 20 The prescription charge is a tax on the sick and not at all in keeping with the founding principles of the NHS. Furthermore, it undermines any attempts to tackle the health divide in a society in which the link between deprivation and ill health has been clearly established. The pre-payment certificate only benefits those who can afford it. There is no way that patients on low incomes can afford to pay the required lump sum in  
25 advance. The actual revenue gained from prescription charges is a tiny proportion of the estimated £10 billion budget for the NHS in Scotland. Making all prescriptions free in Scotland would be straightforward, effective and fair. Free prescriptions would make a huge difference as to whether people would or would not go to a doctor. There would be an immediate improvement in the health of the nation from which future generations  
30 would only benefit.

Daphne Millar, Anti-Poverty Campaigner

## **SOURCE B: PRESCRIPTION CHARGES ARE NECESSARY**

Within a few years of the creation of the NHS, a charge for each item on a prescription was introduced in response to the rising costs of medicines. However, children under 16 and men and women aged 60 and over get free prescriptions. Other categories of people are also entitled to exemption from NHS prescription charges. Around half of the 5 population qualify for free prescriptions. This results in 90% of dispensed prescription items being issued free of charge. For those who do have to pay, there is a system of pre-payment certificates. This gives unlimited prescriptions for up to twelve months for a one-off payment. Furthermore, almost two in every three medicines available on 10 prescription can be bought more cheaply over the counter. Despite prescription charges, the NHS has always enjoyed strong public support. In a recent survey on health care systems in European countries, the UK was one of the highest rated.

The UK Government intends to keep prescription charges in England. The Scottish Government must keep them too. It is estimated that in the financial year 2007–2008, 15 prescription charges brought in a much-needed £46 million in revenue to the NHS in Scotland. Such a sum buys a lot of health care, be it equipment or staff. Abolish charges, and the demand for unnecessary prescriptions will surely increase. GPs are concerned about the number of patients who consult them for no good medical reason. If charges are abolished, the number of patients asking doctors for unnecessary 20 prescriptions will increase. This will put pressure on the drugs budget and may mean delays in introducing life saving but expensive new drugs.

Abolishing prescription charges will not help those on low incomes. It will divert resources towards those on middle and upper incomes. Most people who have to pay can afford all of the items on their prescriptions and there is little support from health and community groups for completely abolishing prescription charges. Abolishing 25 prescription charges would have a bad effect on both the financing and performance of the NHS in Scotland. The resulting cutbacks in the provision of care would hit the poorest members of society the most. Prescription charges must be retained if the health gap is to be closed.

Tom Beattie, Health Economist

**[Turn over for Source C on Pages four and five]**

## SOURCE C: STATISTICAL INFORMATION

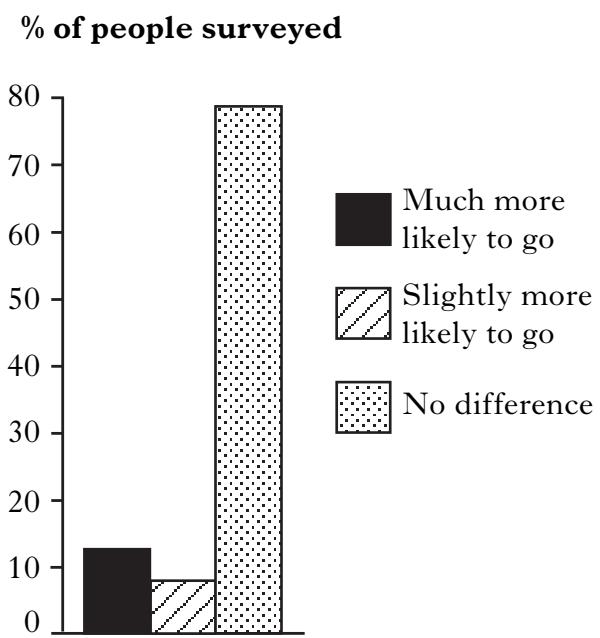
### SOURCE C1: Public opinion survey results

#### (a) Reasons patients gave for not handing in prescriptions

|   |     |
|---|-----|
| It cost less to buy the medicine over the counter   | 28% |
| It cost too much money (£6.85 per item)             | 25% |
| Health improved – did not need it after all         | 10% |
| I wanted to wait and see if I felt better           | 16% |
| I didn't feel I was prescribed the correct medicine | 11% |
| I had some medicine left from the last time         | 5%  |
| I forgot about it                                   | 5%  |

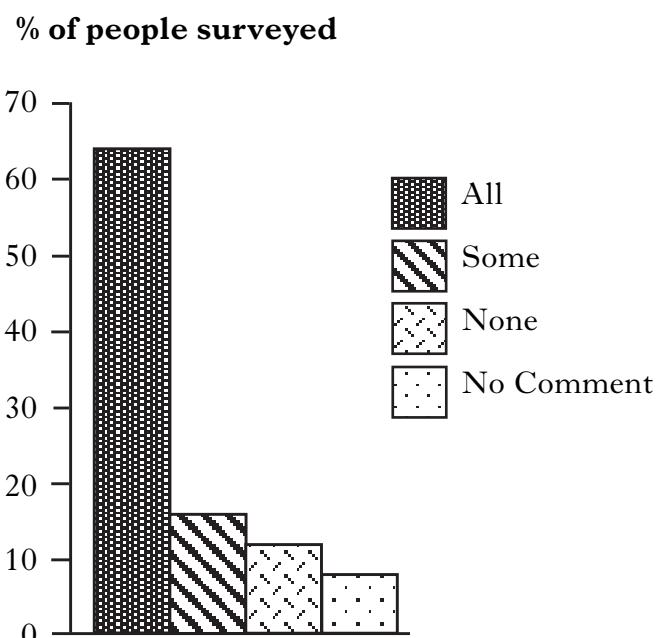
Source: Adapted from Consultation on Review of NHS Prescription Charges (Scotland) 2007

#### (b) If all prescriptions became free, in what way would it influence your decision to go to the doctor?



Source: Adapted from Consultation on Review of NHS Prescription Charges (Scotland) 2007

#### (c) In the past year, how many items on your prescriptions have you been able to afford?



Source: Adapted from National Association of Citizens Advice Bureaux data 2001

**SOURCE C: (CONTINUED)**

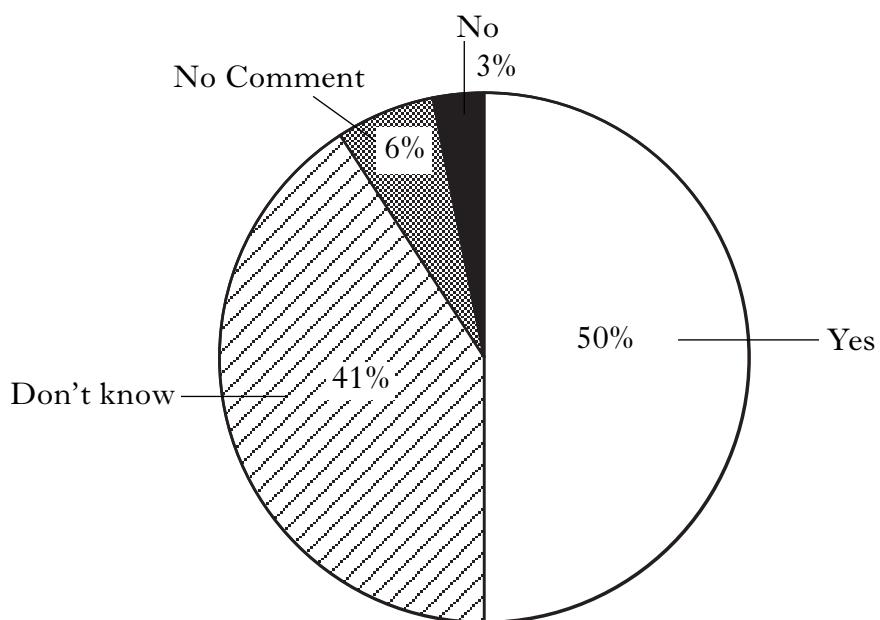
**SOURCE C2: How people rate their health care systems (perfect score 100)**

| Country     | Score |
|-------------|-------|
| Belgium     | 66    |
| France      | 65    |
| Germany     | 76    |
| Hungary     | 58    |
| Italy       | 48    |
| Netherlands | 80    |
| Poland      | 41    |
| Spain       | 61    |
| Sweden      | 66    |
| Switzerland | 78    |
| UK          | 60    |

Source: Adapted from *The Times*, June 2005

**SOURCE C3: Results of consultation with health and community groups**

**Would you abolish prescription charges?**



Source: Adapted from SPICe Briefing, 2005

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## DECISION MAKING EXERCISE

### QUESTIONS

*Marks*

**Questions 1 to 3 are based on Sources A to C on pages 2–5. Answer Questions 1 to 3 before attempting Question 4.**

**In Questions 1 to 3, use only the Sources described in each question.**

**Question 1** *Use only Source C1(a) and Source A.*

To what extent does the evidence support Daphne Millar?

**3**

**Question 2**

(a) *Use only Source C1(b) and Source A.*

Why might Daphne Millar be accused of exaggeration?

**2**

(b) *Use only Source C2 and Source B.*

Why might Tom Beattie be accused of exaggeration?

**2**

**Question 3** *Use only Source C1(c) and Source C3 and Source B.*

To what extent does the evidence support Tom Beattie?

**3**

**(10)**

**Question 4***Marks***DECISION MAKING TASK**

You are an expert on social policy. You have been asked to prepare a report for an all-party group of MSPs, in which you recommend or reject the proposal to make all prescriptions free in Scotland.

Your answer should be written in a style of a *report*.

Your report should:

- recommend or reject the proposal to make all prescriptions free in Scotland
- provide arguments to support your decision
- identify and comment on any arguments which may be presented by those who oppose your decision
- refer to all the Sources provided  
AND
- **must** include relevant background knowledge.

The written and statistical sources which have been provided are:

**SOURCE A:** Prescription Charges are a Danger to Health

**SOURCE B:** Prescription Charges are Necessary

**SOURCE C:** Statistical Information

**(20)****Total: 30 Marks**

[END OF QUESTION PAPER]

## **ACKNOWLEDGEMENTS**

Paper 2 Source C2—Statistics taken from The Times, June 2005. Crown copyright. No further action is required