



A Parliamentary Briefing from the Prescription Charges Coalition

Prescription Charges and People with Long-Term Conditions

About The Prescription Charges Coalition

The Prescription Charges Coalition is an alliance of 28 organisations concerned with the detrimental impact that prescription charges are having on people with long-term conditions in England. Following a survey of nearly 4,000 people with long-term conditions, the evidence-based report *Paying the Price*¹ was published in March 2013. Over 3,000 people have since contacted their MPs on this issue.

The Issue

Many people of working age with long-term conditions in England today are struggling to afford their prescribed medicines and are severely compromising their health as a result.

Extending exemption from prescription charges to all those with long-term conditions, as supported by the previous Government, on the basis outlined in Professor Sir Ian Gilmore's *Prescription Charges Review*², would remove a major barrier to accessing medicines.

Removing the cost barrier to effective medicine-taking for people with long-term conditions is likely to:

- Improve individual quality of life and health outcomes
- Reduce health service costs, including unplanned hospital admissions, arising from people not taking their medicines as prescribed due to the cost
- Reduce health inequalities
- Better enable people with long-term conditions to maximise educational and employment opportunities, support themselves and their families and contribute as fully as possible to society

What we are calling for

1. **A clear commitment to extending medical exemption criteria to include all those with long-term conditions** as part of patient-centred care and completing the work begun by the previous Government. This could be implemented through a phased reduction in the cost of the Prescription Prepayment Certificate, using a broad definition of exemption criteria, based on the duration and management of the condition, with the exemption reviewed after three years.

¹ <http://www.prescriptionchargescoalition.org.uk/paying-the-price-report.html>

² *Prescription Charges Review: Implementing Exemption from Prescription Charges for People with Long Term Conditions. A report for the Secretary of State for Health by Professor Ian Gilmore, November 2009*
<https://www.gov.uk/government/publications/prescription-charges-review-the-gilmore-report>

2. **Flexible prescribing** - frequency and duration of prescriptions for people with long-term conditions who are on long-term maintenance medication should be based on individual needs and circumstances and agreed between prescriber and patient, not bound by rigid 28-day prescribing policies.
3. **Information should be given routinely to people with long-term conditions about prescription charge exemptions, the prepayment certificate and the low incomes scheme** at diagnosis, as part of care planning and where medicines are dispensed, for as long as prescription charges remain in place.
4. **Entitlement to prescription charge exemption should be retained for all those who are currently eligible following the introduction of universal credit**

The Background

- Prescription charges have risen every year between 1979 and 2010 (and since), and currently stand at £7.85 per prescription item.
- Prescription Prepayment Certificates can be purchased to cover all prescription items for a three or 12-month period at a cost of £29.10 or £104.00 respectively.
- Prescription charges were scrapped for all in Wales in 2007, in Northern Ireland in 2010 and in Scotland in 2011. Audit Scotland and Welsh Assembly research shows that this has not led to an unusual increase in prescriptions.
- The NHS spends £8.8bn on pharmaceuticals in primary care. £500 million is thought to be wasted due to the ineffective use of medicines. Five to eight per cent of hospital admissions are related to ineffective or inappropriate use of medicine
- Prescription charge exemption criteria were set in 1968 and have hardly changed since, despite significant medical and technological changes
- There is a wealth of research, including international studies, which shows that cost has a key impact on medicines-taking behaviour and therefore needs to be addressed within medicines optimisation
- The Health Select Committee considered the system of charges to be “a mess” and medical exemption criteria to be “confusing” and “outdated” in its report on *NHS Charges* published in July 2006.
- Professor Sir Ian Gilmore was commissioned by the previous Government to carry out a Prescription Charges Review into implementation of exemption charges for all those with long-term conditions. He proposed a phased approach, using a broad definition of long-term condition based on duration and management of the condition, with the exemption reviewed every three years.

The Evidence

- Recent research from the Prescription Charges Coalition³ shows that one third of those with long-term conditions, who are paying for each prescription item, have not filled a prescription due to the cost.
 - Many respondents reported missing doses, cutting tablets in half and substituting cheaper but less effective over-the-counter alternatives to “eke” medicine out until pay day.
 - Of the 36% who reported not taking their medicine as prescribed, three quarters felt their health had got worse as a result and 10% said they had ended up in hospital as a direct consequence of not taking their medication.
 - Where people are taking their medicines correctly, they often report having to cut back on essential household costs, such as food, rent, utility bills or petrol to get to work in order to do so. This is also likely to impact on an individual’s condition and health outcomes. The anxiety created by the fear of being unable to afford essential medication could also have a negative effect on the condition and the individual’s ability to manage this.
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This is affecting people with all kinds of long-term conditions of working age

I have to go without to get prescriptions but when my children need things then I have to go without my medication. I often cannot do both and so have to make that decision as to which should take priority. (45-54 year old with fibromyalgia, high blood pressure and a mental health condition).

I could not afford the prescribed medication for anxiety, so thought I would try and go without, ended up having panic attacks all over the place and losing my job (16-25 year old, with asthma/respiratory problems, a heart condition and a mental health condition).

It's a struggle when I have 4 children to provide for and need to pay for 4 different items on a prescription, also if I have a flare up of my colitis I don't get any sick pay so therefore even harder to pay for my prescriptions. And if I don't take the tablets there is a risk of being hospitalised therefore surely costing the NHS more money? (26-34 year old with inflammatory bowel disease and pernicious anaemia).

This month I cannot pay for a prepayment certificate - and I will not be able to get my medicines at all. I take 15 different tablets and inhalers. I cannot choose which are the most important - so starting this month, I will have to go without my medicine. (55-64 year old with arthritis, asthma/respiratory problems, high blood pressure and a mental health condition).

I ended up being hospitalised for 2 weeks because I missed 5 days of medication. (16-25 year old with inflammatory bowel disease).

I always have to go without things to pay for my meds. Some less serious conditions get free prescriptions but CF doesn't qualify even though we will die younger than others. This is cruel..(35-44 year old with cystic fibrosis).

I cut down on food in order to get medicines. I've also not paid some bills e.g. utilities so got into arrears. (55-64 year old with HIV/AIDS)

It is possible to have all of the 28 conditions represented in the Prescription Charges Coalition and still pay for one's prescription charges

Actions for MPs during adjournment debate on 'Exemption of prescription charges for people with long-term conditions' on Wed 10TH July

The Prescription Charges Coalition would like to suggest the following points are raised during the debate –

- The Government has committed to “continuing to look at options for creating a fairer system of prescription charges” but there has been no progress on this, as the list of exemptions has only been amended once in 2009, to add cancer, since it was created in 1968.
- There is a lack of relevant data into the costs and consequences of the current prescription charging system and the potential gains of reform – research is needed to inform policy-making
- The Government reports that 90% of prescription items are dispensed without charge, but up to three quarters of those with long-term conditions of working age are believed to be paying for their prescriptions

For further information, please contact:

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