



Prescription Charges Coalition Response to The Barker Commission's Recommendations on Prescription Charges

We welcome the [Barker Commission's](#) recommendation for a review of prescription charges in England. We are calling on the Government to consider the health, economic and societal evidence for extending to all long term conditions the current medical exemptions for prescription charges.

The system for exemptions has developed in a piecemeal way and medical exemption criteria are now extremely outdated, having remained largely unchanged since 1968, despite significant technological and medical advances over this period. People with conditions such as insulin-dependent diabetes and epilepsy can currently claim essential medication at no charge. However, those with asthma, inflammatory bowel disease, Parkinson's, heart conditions, sickle cell, thalassaemia, HIV, motor neurone disease, rheumatoid arthritis, mental health conditions, cystic fibrosis and many other conditions have to pay for the medicines required to keep them well, or, in some cases, alive. The current distinction between long-term conditions which are exempt and others which are not now has no logical basis.

Working age people with long-term conditions are likely to have below average incomes because of the impact their condition has on their employment options. Often, they also incur a range of extra costs associated with the management of a long-term condition – transport charges to and from medical appointments, car parking costs and lost time at work amongst others. It is therefore particularly unfair that they also have to bear the bulk of the burden of prescription charges in England.

[Prescription Charges Coalition research](#) shows that many people with long-term conditions are not collecting their medication or are rationing it because of the cost and are experiencing worse health and, in some cases, hospitalisation as a result. [A recent poll, published in Pulse](#), found that 40% of GPs link prescription charges to adverse patient outcomes, also indicating that these can lead to far greater costs and adverse outcomes down the line.

The Barker Commission proposal is for a £2.50 flat rate charge, with no medical or low income exemptions. This would continue to impact disproportionately on those with long-term conditions

as they are the heaviest users of medicines. Reducing current medical exemptions and extending charges to those over 60 will increase the number of those affected by charges, for example, pulling in those with diabetes and cancer, who are currently exempt.

The Commission recognises that charges for NHS care can have an adverse impact on health and will erode one of the significant principles underlying the creation of the NHS - that health care should be freely available to all who need it, regardless of income. This applies as much to prescription charges as it does to potential new charges, such as for payment for GP visits and treatments.

We will continue to work to raise awareness of the [Prescription Prepayment Certificate \(PPC\)](#) for those who could benefit from this. However, our research shows that 30% of those who did not have a PPC felt that they could not afford it. The Barker Commission proposal for a cap to individual spend on prescription charges could provide a better alternative to the PPC, where an advance commitment is required. However, it would depend on the IT infrastructure being in place to support it and costs may still present a barrier to people with long-term conditions.

There is evidence that people are currently being forced to choose between paying for medicines and putting food on the table. We feel strongly that people with long-term conditions should be able to obtain their essential medication without having to worry about whether or not they can afford it. As recognised in Scotland, Wales and Northern Ireland, this should improve health outcomes and reduce costs elsewhere in the system. Any review of prescription charges needs to take account of the potential costs and consequences of the policy and not only what may be raised by charges.

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Prescription Charges Coalition Membership:

Anaphylaxis Campaign	Lupus UK
Androgen Insensitivity Support Group	Motor Neurone Disease Association
Arthritis Care	MS Society
Asthma UK	National Ankylosing Spondylitis Society
Behçets Syndrome Society	National Rheumatoid Arthritis Society
British Heart Foundation	PSC Support
British Liver Trust	Pernicious Anaemia Society
Chronic Granulomatous Disorder (CGD) Society	Primary Immunodeficiency UK (PID UK)
Crohn's and Colitis UK	Parkinson's UK
Cystic Fibrosis Trust	Raynaud's and Scleroderma Association
Disability Rights UK	Rethink Mental Illness
Drug & Therapeutics Bulletin	Royal Pharmaceutical Society
FibroAction	St Thomas' Lupus Trust
Fibromyalgia Association UK	Stroke Association
Genetic Alliance UK	Sickle Cell Society
Hibbs Lupus Trust	Terence Higgins Trust
Hughes Syndrome Association	The Migraine Trust
Hypermobility Syndromes Association	Turner Syndrome Support Society
Klinefelter's Syndrome Association	UK Thalassaemia Society

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