Paying the Price: Prescription Charges and People with Long-Term Conditions

Executive Summary

Prescription charges have been in existence for nearly as long as the NHS itself. Always controversial, there has been mounting evidence that they are presenting an unacceptable barrier to the effective use of medicines for people with long-term conditions. They also run counter to Government objectives aimed at improving outcomes for people with long-term conditions and commitment to an NHS that remains comprehensive and universal – available to all, based on clinical need and not ability to pay, as reaffirmed in the NHS Mandate and NHS Constitution.

The NHS spends £8.8bn on pharmaceuticals in primary care. £500 million is thought to be wasted due to the ineffective use of medicines. Yet numerous initiatives to reduce medicine waste and improve the use of medicines have not addressed the impact of charges. Some of the resulting policies, especially 28 day prescribing, may be costing more to both the NHS and the individual.

While some people are exempt from prescription charges on the basis of age, income and medical condition, the criteria for exemptions were set in 1968 and have remained largely unchanged since then. 45 years on, these criteria are now outdated, arbitrary and inequitable. Schemes to provide extra support with health costs, in particular the Prescription Prepayment Certificate and NHS Low Income Scheme are poorly publicised and difficult to access. The Prescription Prepayment Certificate still represents a significant outlay for people with long-term conditions. Prescription charges have now been scrapped entirely in Wales, Scotland and Northern Ireland.

The Prescription Charges Coalition brings together more than 20 organisations concerned with the detrimental impact that prescription charges are having on people in England with long-term conditions. The findings of our survey of over 3,700 people with long-term conditions illustrate the effect that charges for medicines have on adherence, self-management, health outcomes and quality of life and the knock-on impact on society as a whole in terms of employment, welfare and additional costs to the NHS.

Key Findings

• 73% of our total survey respondents are paying for their prescriptions
• 64% of respondents require more than 13 prescription items a year
• 35% of respondents who pay for each prescription have not collected at least one item due to the cost, with three quarters of this group reporting that their health got worse as a result. 10% said that they ended up in hospital as a direct consequence of not taking their medication
• 29% of respondents who paid for their prescriptions and did not have a Prescription Prepayment Certificate reported not taking their medicine as prescribed either occasionally or often. Over half of these gave the cost of the prescription as the main reason for not taking their medicine as prescribed
• 76% of respondents had not heard of the NHS Low Income Scheme
• Only 14% of respondents found out about the Prescription Prepayment Certificate from their GP and 5% from their consultant. Combined, this is fewer than the 23% who found out from friends and family. 30% of our survey respondents who did not have a Prescription Prepayment Certificate felt it was unaffordable
• The majority of respondents do not claim any benefits whatsoever, with 73% of those who pay for their prescriptions reporting that they received no financial support
• Over 36% of respondents reported they are unhappy with their schedule for repeat prescriptions, citing cost and inconvenience as the main reasons for this
• Qualitative responses indicate that prescription costs are impacting detrimentally on respondents’ medical conditions and quality of life and are felt to be a significant burden in addition to their lifelong illness. Respondents also highlighted lack of parity for medical exemptions across conditions and parts of the UK.
Recommendations

Key Recommendation: Extend prescription charge exemption to all those with long term conditions.

This report shows that prescription charges are a major barrier to people with long-term conditions taking their medicines effectively and have a detrimental impact on health outcomes. This carries significant cost implications for the NHS and for society as a whole.

A measured, cost-effective approach to implementation of this recommendation could be achieved through a staged reduction in the cost of the Prescription Prepayment Certificate until prescription charges for people with long-term conditions are phased out altogether. Ultimately, we would support a broad-based definition of long-term condition, with exemption reviewed every three years, as proposed by Professor Sir Ian Gilmore’s Prescription Charges Review.

Recommendation: The frequency and duration of prescriptions for people on long-term maintenance medication for a stable, long-term condition should be based on individual needs and circumstances and agreed between the prescriber and patient, not bound by rigid 28 day prescribing policies.

Reducing medicines waste will be best achieved by ensuring the most effective treatment is in place and medicines are optimised for the individual. For stable, long-term conditions, three or six monthly prescribing may be the best approach, as it enables people to get on with their life while managing their condition and reduces the cost of unnecessary appointments.

Recommendation: As long as prescription charges remain in place for people with long-term conditions, awareness of entitlements and the help available should not be left to chance. Information about prescription charge exemptions, the Prescription Prepayment Certificate and NHS Low Income Scheme should be given routinely to people with long-term conditions at the point of diagnosis, as part of care planning, where medicine is dispensed and in any relevant medicine reviews. Information leaflets should be on display in all GP surgeries and pharmacies.

Respondents to our survey found out about the Prescription Prepayment Certificate through a variety of routes. Many told us that it had taken some time before they had been informed about it. There was very low awareness of the NHS Low Income Scheme.

Recommendation: Entitlement to prescription charge exemption should be retained for all those who are currently eligible following the introduction of Universal Credit.

It is important to retain an exemption from prescription charges for those who are currently eligible. Better health outcomes as a result of taking necessary medicines, will support people to return to work. Conversely, inability to afford medicines could result in more time out of work and greater reliance on benefits in addition to worse health outcomes. Ultimately, there will be a disproportionate impact at any income or earnings thresholds, whereby people suddenly have to start paying for medicines, especially if there is no tapering support. This will be exacerbated when other health charges and support, such as free school meals, are also affected.

www.prescriptionchargescoalition.org.uk
email: prescriptionchargescoalition@crohnsandcolitis.org.uk