

**Aligning prescription charges with the State Pension Age**

**Royal Pharmaceutical Society Response**

1. **Should the upper age exemption to prescription charges be aligned to the State Pension age?**

·         Strongly disagree

1. **If the prescription charge exemption age is raised to State Pension age should people in the age groups 60 to 65 at the date of change retain their existing exemption?**

·         Strongly agree

1. **Do you think there will be any unintended consequences that a raise in the upper age exemption could have on people, pharmacies or other organisations?**

·         Yes

If yes, please specify.

**Community Pharmacy:**

* Pharmacists and their staff will be under increasing pressure to support their patients. Patients who decide they cannot afford their medicines or have to make a choice about which medicines they can afford due to cost will occupy staff time as pharmacists will need to counsel the patient or deal with their referral back to the prescriber. This leaves them with less time to spend offering broader clinical and public health services to the general public. The Government and the NHS want to make the best use out of the clinical skills of the workforce to support the public rather than have pharmacists spend time on advising on this matter.
* The relationship between pharmacists and patients could be damaged as the pharmacy staff are seen as the people who 'take the money'. Pharmacists should not be the prescription police; they want to spend their time helping people with their medicines rather than checking their exemption status
* Pharmacists are likely to be put into difficult positions where people are asking which of the medicines on the prescription they can do without (as they can't afford them all) thereby leading to poor health outcomes and potentially a greater expense to the NHS This could also add additional pressure to general practice as they deal with the consequences of people not taking their medicines and is likely to have a negative impact on health outcomes.

**People:**

* This proposal on top of other Government changes will leave those aged over 60 (and future over 60s) worse off. For instance, the changes to Pension Credit and mixed age couples. There has been no cumulative impact assessment on people aged over 60 for these changes, especially for those who live with long term conditions who will be disproportionately affected.
* The additional cost of paying for prescriptions is not something individuals will have factored into their future plans and this could mean that they are unprepared to pay for their vital medicines and could mean people may miss out on their medicine as they can’t afford it. For example, “There are times when I have had to go without food or cut back on other things just to afford what I need to breathe every day.”[[1]](#footnote-1)
* If a person cannot afford to collect and take their medicines this will lead to far greater costs and adverse outcomes down the line such as admissions into hospitals and further adding to the backlog of routine NHS care.
* If the prescription charge age is raised this is likely to further drive health inequalities
* The 2014 National Review of Asthma Deaths[[2]](#footnote-2) highlighted widespread under-use of preventer inhalers and excessive over-reliance on reliever inhalers and that some patients had not collected their prescriptions for preventative treatment. Asthma UK research has identified that cost plays a key role in these behaviours
* There is a breakdown of people with asthma who struggle to afford their prescriptions, by age group. Around 70% of people aged 50-59 with asthma struggle to afford their prescription charges[[3]](#footnote-3)
* At RPS we believe that nothing should come between a person and the medicines they need.

**NHS organisations:**

* A report from the Prescription Charges Coalition in June 2017[[4]](#footnote-4) found that:
	+ A third of respondents in England with long-term conditions had not collected a prescription item due to cost.
	+ Nearly a third admitted that they are skipping or reducing medication doses, with cost concerns a key factor for more than four out of ten.
	+ As a direct result of reducing or skipping medications, nearly three in five (59%) became more ill and 34% needed to visit their GP or hospital.
	+ One lady who lives with kidney disease was hospitalised twice because she had to wait until payday to collect her prescription. In hospital, she had to have a lumbar puncture and MRI scan, costing the NHS thousands more.

As people struggle to pay for prescriptions past 60, we believe there will be additional pressure placed on the NHS as people call on their GP or even are admitted to hospital in an emergency.

* 57% of people skip their asthma medication because of the cost of their prescriptions, 82% of whom said that their symptoms got worse as a result

**Employers:**

* There are likely to be productivity issues if people are unable to afford their medicines and therefore are not able to work. The Prescription Charges Coalition 2017 survey showed that:
	+ Of those whose health got worse after not being able to afford to pick up their prescription, 50% had taken time off work.
	+ 49% of those rationing their medication were working full-time and 68% didn’t get any benefits.
1. **Do you think that aligning the upper age exemption with State Pension age could have a differential impact on particular groups of people or communities?**

·         Yes

If yes, please specify.

**Those living with long term conditions**

* As people get older, they develop more health conditions and therefore need more medicines to stay well. 52% of people aged 60-64 live with at least one long-term condition.
* The survey conducted by the Prescription Charges Coalition showed that people with long term health conditions struggle to afford their medicines and when they do they become more unwell, seeking more support from the NHS, thereby increasing costs to the system.
* Since 2018 people with long term conditions have already faced additional costs for their condition, as thousands of over-the-counter medicines were taken off the list that GPs prescribe. This has reduced Clinical Commissioning Groups prescribing budgets but pushed the costs on to those who need these items to stay well.
* Research by York Health Economics Consortium[[5]](#footnote-5) found that scrapping prescription charges for just 2 long term health conditions; Parkinson’s and inflammatory bowel disease saved the NHS over £20 million per year, as people took their medicines and didn’t rely on other NHS services. We would therefore suggest that scrapping the charge would safeguard future NHS resources.
* Due to COVID-19 the vast majority of the population has been unable to access their usual healthcare services. Currently waiting times mean that people will have to wait a while to access elective care and therefore may need to rely on medicines to manage their pain and conditions. As we emerge from COVID-19 we do not believe this is the time to further penalise the over 60s by making them pay for their prescriptions. Especially those who do not qualify for NHS exemption schemes and who have potentially become deconditioned and may face longer waits to access health services.
* For the over 60s the end of furlough is likely to be particularly difficult[[6]](#footnote-6) and we would not to see additional burdens placed on those over 60 who require prescription medicines

**Women**

* ONS data shows that women earn on average less than men and therefore are likely to find it more difficult to meet the costs of additional prescription charges[[7]](#footnote-7).

**LGBTQ+ communities**

* LGBT people have disproportionately worse health outcomes and experiences of healthcare. The 2017 National LGBT survey[[8]](#footnote-8), demonstrated that LGBT communities face discrimination, felt their specific needs were not being met, had poorer experience and had major concerns about accessing healthcare that should be a right for all.
	+ at least 16% of survey respondents who accessed or tried to access public health services had a negative experience because of their sexual orientation, and at least 38% had a negative experience because of their gender identity.
	+ 51% of survey respondents who accessed or tried to access mental health services said they had to wait too long, 27% were worried, anxious or embarrassed about going and 16% said their GP was not supportive.
* Stonewall’s survey of their supporters[[9]](#footnote-9) found that:
	+ Half of LGBT people (52%) experienced depression in the last year
	+ One in seven LGBT people (14%) avoid seeking healthcare for fear of discrimination from staff

**Health Inequalities generally**

* Data shows that deprived communities in England experience worse health and a shorter life-expectancy than more affluent groups. Deprivation levels are higher among ethnic minority groups and they are over-represented in deprived communities. People from minority ethnic groups make up 15% of the total population, but account for 22% of the population in the most deprived areas. Raising the prescription charge exemption age would be likely exacerbate existing issues with access to healthcare and health outcomes for deprived and marginalised communities
* People from ethnic minority groups report a poorer experience than the White British group of using a range of health care services, for example: GP, GP out-of-hours, inpatient, maternity, and cancer services. Patient-reported experiences differ between ethnic groups, with South Asian and Chinese groups generally responding more negatively than the white group, and Black groups less so or not at all.
* Low health literacy, potentially exacerbated by language barriers, can lead to unhealthy behaviours and poorer uptake of preventive services.
* Studies in the UK consistently show a higher incidence and prevalence from cardiovascular disease in South Asian groups compared with the national average. South Asian groups also develop heart disease at a younger age. Also, Black groups have strokes at a younger age and also live with other conditions like sickle cell. The Government’s impact assessment gives scant information on how this proposal would affect diverse communities.
* Socio-economic inequalities experienced by ethnic minority groups also include:
	+ Income: Asian (26%), Mixed (26%) and Black (29%) groups are more than twice as likely to live in households with persistent low income (after housing costs) than the white group (12%).
	+ Unemployment: unemployment rates in Black, Pakistani and Bangladeshi communities are approximately double the national average of 4 per cent.

1. **Do you think that aligning the upper age exemption with State Pension age could adversely impact people from deprived backgrounds or between disadvantaged geographical areas?**

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 Yes

If yes, please specify.

**Deprived backgrounds**

* We believe the proposals will detrimentally impact the health of people in lower socioeconomic groups. The Government’s own impact assessment echoes this by stating those on low incomes who don’t qualify for an exemption based on benefits they receive, may struggle to pay for their prescriptions and may miss or reduce their medicine doses, which could lead to adverse health effects and longer terms costs for the NHS.
* Currently many people with long term conditions in England pay for their prescriptions. In the Prescription Charges Coalition 2017 survey they found a third of respondents shared they didn’t pick up their medicines, as they couldn’t afford it. 59% of this group then relied on the NHS more by increased visits to their GP or Accident and Emergency.
* Issues with Universal Credit that mean that eligibility for free prescriptions varies from month to month. If someone claims a free prescription when they are ineligible, they will incur a Fixed Penalty Notice as well as the cost of the prescription. The Public Accounts Committee inquiry in 2019 raised this issue, which still has not been addressed.

**Disadvantaged geographical areas**

* The Government’s own impact assessment states that there is a higher rate of prescription charge usage among working age older people who live in deprived areas.
* The Asthma UK prescription charges survey showed that 35% of people said that they had, at times, needed to cut back on food to be able to pay for their asthma medication.
 and 21% of people said that they had cut back on bills.
* In the North East of England, 81% of people reported that they were struggling to afford their asthma medication, compared with 70% of people in London. Likewise, 64% of respondents in the North East reported that they were being sparing with their medication, compared with 49% (274/561) of people in London.
Currently the east of England, London and the south east are the only regions where the median weekly pay is above £586. The proposals are likely to be detrimental to people living in areas where the median pay rates are below the national UK average.

**How satisfied are you with the consultation process?**

Somewhat satisfied

**What could we do better?**

We believe that there is a lack of evidence on which the government is basing its assessment/arguments on. We do not believe that the government has undertaken a thorough evaluation of policy and this consultation is not evidenced based and underplays the impact to the most vulnerable. This consultation comes only years after increasing charges through changes to over-the-counter medicine and annual increases to the yearly cost of medicines that show no sign of abating. We are concerned that the integration of care with more services being delivered in the community rather than hospitals will further push costs onto members of the public and, in particular, people with long-term conditions.

There is no clarity as to whether an EquIA has been undertaken as part of this policy development and if so, what the outcomes of this assessment are. There is also no recognition of any focused engagement with the public, patient groups or charities as part of the policy development. We would consider both of these key to the development of policy changes around prescription charges.

If the change in prescription age exemption is implemented, we would like to see clarification on what will be done to evaluate the impact during this time and at what point it would be decided to reverse the decision

1. [https://www.asthma.org.uk/support-us/campaigns/publications/prescription-charges/](https://www.google.com/url?q=https://www.asthma.org.uk/support-us/campaigns/publications/prescription-charges/&sa=D&source=editors&ust=1627903841204000&usg=AOvVaw0lVXJzY-VpI2bsLumTKFPY) [↑](#footnote-ref-1)
2. https://www.asthma.org.uk/globalassets/campaigns/nrad-full-report.pdf [↑](#footnote-ref-2)
3. https://www.asthma.org.uk/support-us/campaigns/publications/prescription-charges/ [↑](#footnote-ref-3)
4. http://www.prescriptionchargescoalition.org.uk/uploads/1/2/7/5/12754304/still\_paying\_the\_price\_june\_2017.pdf [↑](#footnote-ref-4)
5. https://www.york.ac.uk/news-and-events/news/2018/research/nhs-save-millions-scrapping-prescription-charges/ [↑](#footnote-ref-5)
6. [https://ifs.org.uk/publications/15486](https://www.google.com/url?q=https://ifs.org.uk/publications/15486&sa=D&source=editors&ust=1627903841269000&usg=AOvVaw3XaHd9APXXDRLiTIByJsL6) [↑](#footnote-ref-6)
7. https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2020 [↑](#footnote-ref-7)
8. https://www.gov.uk/government/publications/national-lgbt-survey-summary-report [↑](#footnote-ref-8)
9. https://www.stonewall.org.uk/get-involved/stonewall-research [↑](#footnote-ref-9)