

NHS prescription charge system inquiry reveals widespread dissatisfaction

Everyone agrees it is time for overhaul of prescription charges. **Debbie Andalo** investigates evidence being presented to the Health Select Committee

Illogical, unfair and “a dog’s dinner” are just some of the criticisms levelled at the present NHS prescription charges system, which has remained unchanged for more than 30 years. The comments appear in written evidence collected as part of the inquiry into NHS charges being carried out by the House of Commons Health Select Committee. Dissatisfaction is widespread from patient groups, think tanks and organisations representing health professionals, all of which agree that it is time for a thorough review of the system.

This week some of the health professional organisations, including the Royal Pharmaceutical Society, had the opportunity to put their views to MPs, highlighting the flaws in the prescription system and suggesting how it could be reformed when they were due to give evidence to the inquiry at its resumed hearing on 2 February.

The Society falls short of calling for prescription charges to be dropped because it is unable to come forward with an alternative, says Rob Darracott, the Society’s director of corporate and strategic development.

Replacing one inequity with another?

Mr Darracott, who was due to give evidence to MPs on behalf of the Society, says: “What we have tried to do is review the evidence about what would happen or might happen when you change a charging system. What we found is that there is little evidence about what might happen in the UK but there is evidence from around the world that it isn’t a very simple thing to do. There is a risk (if we opt for abolition) that we might replace one form of inequity with another. At the same time the charging system does bring in a considerable amount of money for the NHS that might have to be replaced another way.”

When prescription charges were abolished in Italy, the number of prescriptions “went through the roof”, he says. Other European countries have a system where all acute prescriptions are free, with an annual cash limit on free prescriptions for chronic conditions. Mr Darracott says: “If we were to move to a system which says, for example, nobody should pay more than ‘X’ for their medicines under the NHS in any given year, then it would make sense that the system would be managed through pharmacy because that is where the dispensing takes place and pharmacists are also aware of government priorities.” A similar system already works along these lines in Norway, he points out.

Whatever the final decision on the future of prescription charges the Society is clear



Rob Darracott: Society would like to see a simple charging system

about what it wants to prevent in the future. Mr Darracott says: “What we would like to get away from is the situation where pharmacists think they are just collecting a tax for the government, so every time the charges go up patients think it’s the pharmacists’ fault. I think we would also make a plea for something which is simple.”

The Health Select Committee, in its statement on the reasons for setting up the inquiry, admits the “rationale” for charges, including prescriptions, is often unclear with patients unaware of the rules and the grounds for exemptions. It is an issue taken up by the Society in its written evidence to MPs. The Society argues the charging system is unfair because exemption is linked to income and ignores clinical need. It penalises those patients just above the income limit compared with those below the threshold — even if they have a greater clinical need. The system discriminates against people with low incomes who are expected to pay, while better off pensioners and pregnant women are automatically exempt from charges, it points out. The list of exemptions linked to chronic medical conditions “creates an arbitrary division between those who pay and those who do not, which is not based on any defensible medical criterion”, it says.

The hit-and-miss nature of the medical exemption lists — which, for example, entitles somebody with an under-performing thyroid to have all their medicines paid for while patients with asthma or heart disease have to meet all their prescription costs — is also tackled by the British Medical

Association, which is also due to give evidence to the committee on 2 February. It says there is no “logic” to the list and highlights the omission of diseases like cystic fibrosis, which were excluded when the list was originally drawn up in 1968 because patients were then unlikely to survive beyond childhood. It wants to see a system where exemption reflects both the burden of illness and the need for medication. It says in its written evidence: “It is grossly unfair that those who are most in need of medication may fail to access it for financial reasons.”

Radical overhaul

The charity Macmillan Cancer Relief, which was due to speak at the committee meeting on 2 February, calls for a radical overhaul of the exemptions list and wants the abolition of all prescription charges for cancer patients. The terminally ill who are receiving palliative care at home should also be exempt, it suggests. The charity’s senior policy analyst Duleep Allirajah says: “When the list of medical exemptions was set up in 1968, cancer was a very different disease from what it is today — patients were treated in hospital, where prescription charges don’t apply, and their prognosis was very poor.”

Today patients with cancer are treated in the community or via outpatient departments and have to pay a prescription charge for their medicines. He says: “A number of patients might have four or five items a month, which can work out at up to £30 and can go on for months because the disease is so unpredictable.”

The Society also points out that charging patients for prescriptions, especially those with long-term conditions, contradicts government policy to focus are on this group of patients. It argues: “It is this group which is most likely to be deterred from taking the medicines they need by the existing charging regimen.”

The conflict with government policy is also picked up by the influential think tank, the King’s Fund, which was also due to discuss its views with MPs on 2 February. In its written evidence the King’s Fund claims that imposing charges is incompatible with government policy to improve patients’ access to health. It also goes against one of the foundation stones of the NHS — for care to be free at the point of use and not based on an individual’s ability to pay. It concludes that the present system is generally an “inefficient way of achieving objectives which could be obtained more easily and with fewer undesirable consequences by other means.”