

# Health-care professionals back overhaul of prescription charging system in England

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Two thirds of primary care health professionals think that the current exemption criteria for prescription charges in England should be widened to include anyone with a long term condition, reveal the results of a survey commissioned by *Drug & Therapeutics Bulletin (DTB)*.

And a similar proportion want the charges lowered or abolished altogether, the findings show.

England is the only one of the four UK countries to charge patients for prescription drugs. Age, income-based, and certain medical exemptions apply.

But while some people with long term conditions, such as diabetes and cancer, don't have to pay for their drugs, others with conditions, such as asthma and multiple sclerosis, do. And it is not clear on what grounds these decisions have been made.

An estimated 7 million people of working age in England have a long term condition.

The *DTB* [survey](#), which was carried out by Think Media Consultancy in December 2014, polled a total of 1800 family doctors (GPs), community pharmacists, and nurses on the frontline of care in England.

In all, 416 of those contacted replied, giving an average response rate of 23% across the three professions.

Almost two thirds (61%) of respondents did not feel that the current medical exemption criteria for prescription charges in England were appropriate. And a similar proportion (66%) felt that exemptions should be extended to cover all long term conditions.

Most (88%) said that the current charges deter some patients from requesting or cashing their prescriptions, with more than 90% of GPs saying this.

And three out of four (74%) said that the charges make prescribers more likely to extend the prescribing period for drugs for patients who have to pay.

And although more than 8 out of 10 respondents said they thought that paying for medicines made the patient less likely to waste them than if they were free, two out of three (65%) said that the charges should either be lowered (48%) or abolished completely (17%).

Altogether, 7 out of 10 respondents (70%) were not happy with the current charging system.

Among the free text comments, one pharmacist described the charges as an "unfair tax," while a nurse commented: "People often don't get all their inhalers as they cannot always afford them, hence they often have poor control of their asthma/COPD."

One GP wrote: "All chronic disease patients should be exempt, with periodic reviews of the exemption in case of resolution," while another described the exemption list as "very random."

"The survey has clearly highlighted the need for a major overhaul of NHS prescription charges. The current system is seen as a barrier that stops some people from requesting or receiving prescriptions," said *DTB*

deputy editor, David Phizackerley, commenting on the findings.

"Exemption criteria for NHS prescription charges are illogical, outdated and unfair," he added.

*DTB* is one of around 40 leading medical organisations and charities that belong to the Prescription Charges Coalition, which is calling for all those with long term conditions to be exempted from paying prescription charges.

It is currently running a public petition to that effect to present to whichever government comes to power after the May general election <http://campaigning.bhf.org.uk/ea-action/action?ea.client.id=57&ea.campaign.id=26016>

Prescription Charges Coalition spokesperson, Jackie Glatter of the charity Crohn's and Colitis UK, said: "These findings add further weight to a very strong case for reform of the criteria for medical exemption from the charges."

She added: "Our research shows that the cost of prescriptions is significantly affecting people's ability to manage their long term condition effectively and to work. This is leading to worsening health, further cost to the NHS, and days off work. The criteria for medical exemption, set as long ago as 1968, are now strikingly outdated and highly inequitable. Reform, to include all long term conditions, is well overdue."

Provided by British Medical Journal

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