



Response

Aligning the upper age for NHS prescription charge exemptions with the State Pension age

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For enquiries regarding this response please contact office@thecca.org.uk

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About the Company Chemists' Association (CCA)

Established in 1898, the CCA is the trade association for large pharmacy operators in England, Scotland and Wales. The CCA membership includes ASDA, Boots, LloydsPharmacy, Morrisons, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate around 6,000 pharmacies, which represents nearly half the market. CCA members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing almost 500 million NHS prescription items every year. The CCA represents the interests of its members and brings together their unique skills, knowledge, and scale for the benefit of community pharmacy, the NHS, patients and the public.

Executive Summary

The CCA welcomes the opportunity to respond to this Department and Health and Social Care (DHSC) consultation. There are economic imperatives for operating the NHS as efficiently as possible. This may support the case to raise the age at which free prescriptions are available from 60 to 66. However, these drivers must not override the moral imperative to avoid a tax on the elderly and sick. Older people are likely to be getting prescriptions for several medications. The financial burden that these proposals may place on them is difficult to square off. Particularly, when they are patients from black and ethnic minority backgrounds, women, and people living in areas of high deprivation. These are the groups that wider NHS policy is trying to target to reduce health inequalities. As such, the CCA is not supportive of the proposals as it is likely that they will increase inequity across society. Moreover, the proposals create a divide between England and the rest of the UK, where prescriptions are free of charge.

Additionally, the cost of medications may incentivise harmful behaviours among patients. This includes missing some medications or missing meals, fuel or other necessities. Some people may not use preventative medication as advised by their health professional as these may be deemed as less important and therefore patients may not wish to pay for them as they are not 'treating' a condition the patient is suffering from at that moment in time. For example, an asymptomatic atrial fibrillation patient prescribed anticoagulants to prevent strokes may forgo them if they come with a charge and this may lead to poor outcomes for the patient. Failure to take medicines as prescribed can lead to a rise in hospital admissions, increased visits to A&E and GP surgeries. This is far more costly to the taxpayer than free prescriptions. Therefore, we conclude that the proposals form a false economy.

Some patients are already paying for prescriptions that they need and can ill afford. We recommend that the government reviews the list of long-term conditions which are exempt from charges. This has not been done since 1968 and many common long-term conditions are not included.

Pharmacists could find themselves in difficult conversations with patients who can't afford to pay. The pharmacy team's role is to ensure that patients receive the right medication for their needs. The proposals may mean that patients ask pharmacists to tell them which of their medications are vital. This would be an undesirable situation for the profession which could erode trust with the public and impact patient safety.

Therefore, we urge the DHSC to rethink the proposals to ensure that health policy aligns with NHS priorities. Government proposals should also reflect pandemic learnings on health inequalities.

Questions

1. Question
Should the upper age exemption to prescription charges be aligned to the State Pension age?
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - **Strongly disagree**
 - Don't know

2. 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**
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Don't know

3. 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**
 - No
 - Don't knowIf yes, please specify.

Patients could be forced to choose between medications or between medications and other necessities including food and fuel. Failure to take medicines as prescribed can lead to patient harm and a rise in hospital admissions.

People who have already gone sometime without this cost burden may stop taking their medication. This would have a significant impact on the NHS, as some patients not taking their medication might be at risk of complications and potentially admission to hospital. Admissions to hospital are more costly than people just taking the medication they are prescribed in the first place.

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DHSC and NHSE need to communicate any policy change well in advance of its impact being felt by patients. Otherwise, the day jobs of pharmacists and their teams will become very unpleasant. This could lead to more pharmacists leaving the profession, which is concerning as the role of pharmacist was added to the Home Office's Shortage Occupation List in March.

If DHSC does choose to align the upper age for NHS prescription charge exemptions with the SPA then more administrative tasks will fall on pharmacy teams who will in effect be collecting a new tax. DHSC could consider permanently suspending the need for the patient's signature on paper prescriptions to reduce additional administration.

4. 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
- No
- Don't know

If yes, please specify.

These proposals could impact several groups including, but not limited to:

- people from black and ethnic minority backgrounds,
- women,
- people with disabilities,
- carers,
- older people,
- people with co-morbidities and long-term conditions not covered by the 1968 Act,
- people living in areas of high deprivation.

5. 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?

- Yes
- No
- Don't know

If yes, please specify.

It is likely that these proposals will increase health inequalities among people from deprived backgrounds or between disadvantaged geographical areas. This includes areas where deprivation is known to be an issue. However, more broadly, the proposals create a divide between England and the rest of the UK where prescriptions are free of charge.