



The PDA's response to the government consultation on aligning the upper age for NHS prescription charge exemptions with the State Pension age

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About the Pharmacists' Defence Association

The Pharmacists' Defence Association (PDA) is a not-for profit defence association and trade union for pharmacists. It is the only organisation that exclusively looks after the interests of employee and locum pharmacists across all sectors of pharmacy. Currently with a membership of more than 32,000, the PDA is the largest representative membership body for pharmacists in the UK and this membership continues to grow.

Delivering more than 5,000 episodes of support provided to members who have found themselves in a critical incident situation in the last year alone, provides the PDA with a rich vein of up to date experiences which have informed policies and future strategy.

This experience has recently been informed by the very considerable number of Covid-19 related issues being faced by members. The practical experience gained in supporting member issues from the coal face is further enhanced by regular member surveys and focus group interactions. The information in this document is largely built upon the experience of our 32,000 members.

The primary aims of the PDA are to:

- Support pharmacists in their legal, practise and employment needs
- Represent the individual or collective concerns of pharmacists in the most appropriate manner
- Proactively seek to influence the professional, practise and employment agenda to support members
- Lead and support initiatives designed to improve the knowledge and skills of pharmacists in managing risk and safe practises, so improving patient care
- Work with like-minded organisations to further improve the membership benefits to individual pharmacists
- Arrange insurance cover for individual pharmacists to safeguard and defend their reputation.

Introduction

The Pharmacists' Defence Association (PDA) welcomes the opportunity to respond to the consultation on aligning the upper age for NHS prescription charge exemptions with the State Pension age.

As experts in medicines and their use, pharmacists work in every part of the NHS and support patients to manage their existing health conditions or, to prevent the onset of long-term health problems through the safe and effective use of prescribed medication.

More and more, pharmacists are also involved in the prescribing of medication which cements their role as a key part of the patient pathway.

The government proposals clearly outline the view that medicines are a cost to the Exchequer, rather than seeing their value in enabling people to stay as healthy as possible and to negate preventable progression of ill health or avoidable hospital admissions due to suboptimal management of a long term condition. Therefore, the prescription charge is effectively a tax.

In the context of a global pandemic, as much as possible should be done to support the NHS in managing the backlog of patients already waiting for treatment which has been delayed. Patients who might find it a challenge to now afford multiple medicines which are essential to manage their health conditions, may face a difficult choice in self rationing and inadvertently risking their health as a consequence, subsequently leading to more costly NHS treatment in the long term.

The Government instead should look at the **value** of medication, and provide a funded and formal pharmaceutical care approach, where pharmacists support patients to take their medications optimally, and provide monitoring to attain

the best outcomes possible.

We suggest that the government better aligns policies around medicines as this proposal seems to be at odds with NHS England's medicines optimisation agenda¹, which is described as follows; *“Medicines optimisation looks at the value which medicines deliver, making sure they are clinically effective and cost-effective. It is about ensuring people get the right choice of medicines, at the right time and are engaged in the process by their clinical team”*.

NICE's Medicines Optimisation Standard states that:

- One quarter of the population has a long-term condition
- One quarter of people over 60 have two or more long-term conditions
- With an ageing population, the use of multiple medicines (known as polypharmacy) is increasing
- Between 30-50% of medicines prescribed for long-term conditions are not taken as intended

Seeing medicines as an asset in the NHS toolkit, and placing more focus on ensuring that they are utilised optimally would yield far greater savings for the NHS than this proposal, as fewer patients would require more costly hospital treatment if their conditions were better managed.

There is a plethora of evidence to support this, including Community Pharmacy Future² (four or more medicines and COPD support services); Medicines adherence³: involving patients in decisions about prescribed medicines and supporting adherence; and Evaluation of the Scale, Causes and Costs of Waste Medicines⁴.

¹ <https://www.england.nhs.uk/medicines-2/medicines-optimisation/>

² <http://www.communitypharmacyfuture.org.uk/>

³ <https://www.nice.org.uk/guidance/CG76>

⁴ <http://discovery.ucl.ac.uk/1350234/>

The PDA is also an active supporter of the Prescription Charges Coalition⁵, a group of 51 organisations calling on the Government to scrap prescription charges for people with long-term conditions in England. Research published in May 2018 by the York Health Economics Consortium (YHEC)⁶ found that scrapping prescription charges for people with two long-term conditions – Inflammatory Bowel Disease (Crohn’s Disease and Ulcerative Colitis) and Parkinson’s – would save the NHS over £20 million a year.

Response to the consultation

⁵ <http://www.prescriptionchargescoalition.org.uk/>

⁶ http://www.prescriptionchargescoalition.org.uk/uploads/1/2/7/5/1275304/economic_evaluation_report.pdf

We are concerned that the information provided in this consultation is inadequate. It states that *“In 2019 approximately £600 million was generated in revenue from prescription charges which supported direct delivery of NHS services.”* However, more information about the following should also be put into the public domain before informed responses can be expected from the public:

- The gross amount of revenue generated from all prescription charges per annum
- The total cost of administering the system of prescription charges
- The subsequent net revenue
- The gross amount of revenue generated from prescription charges from patients aged 60-65
- The potential costs to the NHS of treating patients whose conditions worsen because they no longer take all their prescription medicines
- The impact of Covid-19 on the economic activity of people between the age of 60 and 65 years

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

Question

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

This approach to implementation in this question would mean a patient who had their 60th birthday on the date of change would be exempt from charges for the rest of their life, whereas a patient just one day younger would have to wait for six years until they reached the age of exemption.

Question

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 know

If yes, please specify.

People

This proposal unfairly singles out people in higher age groups, many of whom may take multiple medications for a range of different conditions. As highlighted by the Kings' Fund⁷, long-term conditions are more prevalent in older people (58 per cent of people over 60 compared to 14 per cent under 40) and in more deprived groups (people in the poorest social class have a 60 per cent higher prevalence than those in the richest social class and 30 per cent more severity of disease).

Many people in this age group who are no longer financially active due to age-onset illnesses may find themselves having to face difficult decisions around which medications to take and which ones to risk going without. There may be people in this age group who have opted to retire at 60 who will find it a real financial struggle to afford the extra costs associated with regular prescriptions, if it is something that they hadn't budgeted for.

Given that state pension age is constantly increasing and is set to reach 67 by 2028⁸, this move can only be viewed as a form of stealth tax to bring in a marginal sum of money with little consideration for the knock-on effects from a population who may become a burden on already over-stretched NHS services due to lack of compliance with medication regimes.

Pharmacies

The PDA carried out a survey⁹ with the Prescription Charges Coalition recently, which found that pharmacists believe prescription charges in England already act as a barrier preventing some patients from receiving their medication. The overwhelming feedback was that the system needed an overhaul to become fairer. There was also support for extending the exemptions list to include more long-term health conditions.

⁷ <https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity>

⁸ Age UK, 2021, Changes to State Pension age: the age at which you can get your state pension is changing- State pension age changes and retirement age increases | Age UK

⁹ The Pharmacists' Defence Association, 2020, Members survey results - <https://www.the-pda.org/prescription-charges-survey-england/>

Over 96% of Pharmacists in the survey said they had already witnessed, first-hand, patients refusing to take away whole or part of their prescription due to cost. However, in spite of this, 90% of Pharmacists used their professional knowledge and judgement to discuss the issue through with the patient in an attempt to persuade them of the benefits of purchasing and taking the medication.

However, there is a real fear that such difficult conversations will become commonplace if this proposal is implemented, with High Street Pharmacists acting as tax collectors for the government, rather than healthcare professionals tasked with improving the health of the population.

Another potential knock-on effect of people not taking medication as prescribed may be that pharmacy staff spend more time counselling and referring patients to primary care when they would otherwise have been able to manage their long- and short-term health conditions had they been able to afford to pay their prescription charges. This would have the dual impact of potentially causing adverse health impacts to the patients themselves and increased costs and burden to NHS primary care services.

Other organisations

- Employers may see a rise in absence levels if their employees over 60 who were previously fit and healthy start to suffer consequences from not taking their medication as prescribed
- Social care providers may see an even greater upturn in demand if long term conditions in over 60s continually fail to be treated with routine prescribed medication, leading to long- lasting harm such as disability or dementia. The Care Quality Commission (CQC) state in their paper “The state of health care and adult social care in England 2019/20”¹⁰, that:

¹⁰ Care Quality Commission, 2020. The state of health care and adult social care in England 2019/20

“For many years, we have been calling for a better funding settlement for adult social care. Last year, we warned that the continuing lack of a long-term sustainable solution for adult social care was having a damaging impact on the quality and quantity of available care. Even before the pandemic, we said that the failure to find a consensus for a future funding model continues to drive instability in this sector, and we pointed to an urgent need for Parliament and government to make this a priority”

Question

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.

Age

The over 60s will potentially be impacted by the proposals, for the reasons outlined in the previous answer

Disability

Certain events, such as stroke, can lead to permanent disability. Given that the risk of stroke doubles every decade after the age of 55¹¹, there is a real risk that people who are over the age of 60 but below the state pension age may be forced to make the agonising choice about which medications to take and which ones to leave behind at the pharmacy if the prescription costs act as a barrier to them accessing it. The long-term health implications to individuals

¹¹ NICE, 2020. Stroke and TIA: What are the risk factors for stroke and TIA?
<https://cks.nice.org.uk/topics/stroke-tia/background-information/risk-factors/>.

who opt not to take their medications would be grave and the resultant costs to the NHS would far outstrip the revenue which would be received by aligning the prescription exemption age with that of the state pension.

Race

Black and minority Asian groups are more likely to be impacted by the proposal, as they are statistically more likely to suffer particular long term health conditions which would require regular daily medication to prevent severe outcomes. These are discussed in a paper by the Race Equality Foundation¹²:

- **Asthma:** People from black and minority ethnic groups in England and Wales are more likely to be affected by asthma than their white counterparts. People from BAME groups born outside the UK have a lower incidence than those born in the UK, suggesting that the descendants of Asian and black Caribbeans who migrated to England are even more likely to be affected than their ancestors.
- **Cardiovascular disease:** Rates of coronary heart disease are higher among people from Asian backgrounds, while people from a Black Caribbean background have higher rates of high blood pressure and stroke.
- **Diabetes:** Type 2 diabetes is disproportionately prevalent among people defined as “south Asians” and outcomes- for example going on to develop cardiovascular disease- are already poorer for this group. This is only likely to get worse if diabetes sufferers between the ages of 60 and state pension age are forced to pay for their prescription medications.

Sex

According to figures from the Office for National Statistics, women earn around 16% less than men and time taken out of work to raise a family can also result in broken national insurance records and years without putting any money into savings at all. A survey by Legal & General found that women have

¹² Race Equality Foundation, 2021. Collaboratives on addressing racial inequity in covid recovery- raceequalityfoundation.org.uk

lower pension pot sizes in every age bracket, with the situation “significantly deteriorating” as they approach retirement¹³. The research, based on data from 4 million L&G pension scheme members found that the typical gender pension gap is 17% at the beginning of women’s careers, increasing to 56% at retirement compared with men. The average L&G pension pot for a woman at retirement was £10,000, less than half that of a man at £21,000.

Women would be greatly disadvantaged if they were forced to pay for monthly prescriptions, as they already severely financially disadvantaged by the time they reach their 60s.

Question

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.

The King’s Fund, in their paper on health inequalities¹⁴ observe that some deaths are avoidable through preventive interventions or timely health care. Differences in rates of avoidable mortality between population groups reflect differences in people getting the help they need to address life-threatening health risks and diseases.

They go on to quote figures from the Office for National Statistics which found that in England, in 2017, males in the most deprived areas were 4.5 times more

¹³ The Guardian, 2021. Gender pension gap: how women can boost their retirement pot- Gender pension gap: how women can boost their retirement pot | Pensions | The Guardian

¹⁴ The King’s Fund, 2020. What are health inequalities? <https://www.kingsfund.org.uk/publications/what-are-health-inequalities>

likely to die from an avoidable cause than males in the least deprived areas. Similarly, females in the most deprived areas were 3.9 times more likely to die from an avoidable cause than those in the least deprived areas.

Introducing prescription charges for those who are already struggling financially, whether or not they are still working in their 60s, would lead to a widening of the health inequality seen in England and needlessly increase pressure on other NHS providers.

Conclusion

We would welcome the opportunity to work with the Department to develop solutions which ensure that medicines and their use derive the best outcomes for patients and the NHS.