



# NHS Prescription Charges

**Review of NHS Prescription Charges and Exemption  
Arrangements - The UNISON Scotland Response**

**April 2006**

## Executive Summary

- UNISON Scotland supported the Abolition of Prescription Charges (Scotland) Bill as we believe prescription charges are inherently unfair, inequitable, illogical and inconsistent. We outlined our reasons in both written and oral evidence to the Scottish Executive Health Committee.
- UNISON Scotland does not believe that the issues we raised then have been taken into account in this Consultation document.
- UNISON believes that the current system of prescription charges is unfair in that it adversely affects many people on low incomes and in chronic ill health. These are the people who find themselves unable to afford the medicines they are prescribed.
- Most people in Scotland do not have to pay for their prescriptions. If as a result of the current review, the list of conditions exempted from payment was expanded, even less people would have to pay, and the amount raised from paid prescriptions would be negligible.
- UNISON Scotland believes that the Scottish Executive should agree to the abolition of all Prescription Charges. We are not in favour of differentiating between the “deserving” and “undeserving” sick.
- We firmly believe that the current system cannot remain as it is. We agree that there are ways in which the current system could be improved and that in the absence of abolition, some of the changes outlined in the consultation document should be introduced.
- We believe there are many anomalies in the current criteria for defining chronic conditions which should be exempted and agree that this should be reviewed with a view to increasing the list of conditions.
- We agree that exemptions from paying charges should be extended to cover those holding a LIS HC3 certificate.
- We support a wider choice in payment arrangements for Pre-Payment Certificates.
- We believe that the measures suggested in CP 7–9 are overly complicated and would require additional resources to implement.
- UNISON Scotland believes the age thresholds should be extended to cover all persons up to the age of 24, but certainly, students of any age, in full time education or training should not have to pay prescription charges.

## Introduction

UNISON Scotland welcomes the opportunity to respond to the Scottish Executive Consultation on the Review of NHS Prescription charges and Exemption Arrangements.

UNISON Scotland has over 150,000 members in Scotland and in particular, over 50,000 employees in NHS Scotland, many of whom work in GP surgeries, health boards and agencies, such as Prescription Pricing.

UNISON Scotland believes in a National Health Service based on the ideals of a public service for healthcare which is free at the point of delivery and accessible to all. These are the principles which have underpinned the NHS over 50 years and should still be the principle on which the current NHS is based.

UNISON Scotland supported the Abolition of Prescription Charges (Scotland) Bill as we believe prescription charges are inherently unfair, inequitable, illogical and inconsistent.

We set out below some of the evidence that we gave in the Call for Written Evidence to the Scottish Parliament Health Committee, which was reiterated by Glyn Hawker, Scottish Organiser (Health) of UNISON when she gave evidence to the Health Committee.

UNISON Scotland does not believe that the issues we raised then have been fully taken into account in this Consultation.

## Written Evidence to Previous Bill

### **Impact on People on Low Incomes**

UNISON believes that the current system of prescription charges is unfair in that it adversely affects many people on low incomes and in chronic ill health. These are the people who find themselves unable to afford the medicines they are prescribed.

There are believed to be approximately 75,000 prescriptions in Scotland that are not dispensed each year, due to rises in the costs of prescriptions. According to evidence from the Citizens Advice Bureau this situation increases in line with every rise in the charges. From April 2005 the situation was set to deteriorate further as changes to incapacity benefit meant that many recipients would no longer qualify for an income support top-up and as a result would no longer qualify for free prescriptions.

Seriously ill people who have mistakenly claimed for free prescriptions they believed they were entitled to, and have been caught in an NHS crackdown on cheats will also be affected by the changes to incapacity benefit which will cause greater confusion over their eligibility to exemption from the charges.

Although children are exempt from prescription charging, as are various adults on Income Support, in receipt of Child Tax Credit, etc., the Child Poverty Action Group points out that the current system disadvantages a significant number of working poor families with inevitable effects on their children.

### **Impact on Health**

Over a number of years, five separate studies of the effects of charging for prescription medicines have concluded that increases in prescription charges lead to a decrease in the uptake of prescribed drugs. These and other studies have concluded that when patients do not take their prescribed medicine, this leads to deterioration in their health and can cause extra costs to the health service with admission to hospitals and emergency treatment. These studies are supported by anecdotal evidence from our members working in health centres and community settings.

This is particularly relevant in treating coronary heart disease and strokes, the two biggest killers in Scotland. A greater take-up of medication could play an enormous part in saving Scottish citizens from the worst effects of these two diseases, which have a greater prevalence amongst lower income groups.

Other groups particularly vulnerable are those suffering from mental health problems. Whilst in hospitals, these patients have their medication freely available, but on release, there are no funds available to ensure that they can afford vital medicines, even if subject to a Compulsory Treatment Order.

The current system is seen as illogical as there many life-threatening diseases not given exemption, whilst lesser acute conditions are included. Prescriptions for conditions such as chronic heart disease, arthritis, asthma, cancer, including chemotherapy drugs taken in the community, MS, Chronic Leukaemia, Glaucoma, Hepatitis C, HIV/Aids, etc. all have to be paid for. There is an added problem in that many of these conditions require multiple prescriptions to treat patients and many are life threatening and lifelong. Some of the multiple-drug treatments must be taken in combination with each other and if this relationship is broken, the treatment can be rendered ineffective.

### **Inefficient Prescribing**

The current prescription charge can be seen as inefficient, as the cost of the drug is often lower than the cost of the prescription and the drug is often available over the counter, without prescription. However, GPs are not allowed to recommend that a patient could purchase the item cheaper from

their local chemist, even when it would save them money, or issue them with a private prescription, for which they would only pay the cost of the medicine.

## **Funding**

Most people in Scotland do not have to pay for their prescriptions. Statistics for Scotland show that at present, whilst 80% of 18 to 60 year olds pay for their prescriptions, 91% of all prescriptions are provided without payment. If as a result of the current review, the list of conditions exempted from payment was expanded, this figure would rise. The current income from prescription charges in Scotland was £46m last year, only 6% of the total drugs bill. UNISON Scotland believes this is not a hugely significant sum and that the Executive should consider it well worth spent to increase the health of the nation.

We accept that the cost of abolition would be higher than this figure, due to the increased take-up of prescriptions. However, we do not accept the inference in the consultation document that there would be a huge increase in people seeking additional consultations and prescriptions from their GPs that they would not normally have bothered about. The figures set out in item 8 of Annex C are complete supposition, and are not evidence-based.

We still believe that the gap in funding could be bridged by a radical approach to tackle the ever-rising drug bill. Drug companies make a lucrative income from NHS Scotland and much of the additional government cash for the Health Service is being swallowed up by rising drug costs. Pressure sales techniques on doctors have been well documented and UNISON Scotland particularly supports the “No Free Lunch Organisation” that campaigns for greater openness in the contacts between the medical profession and the drug companies. Nursing staff are now being subjected to these pressures, since the introduction of nurse prescribing in 2002. There is also a project being carried out by the Scottish Executive which is looking at a streamlined procurement strategy and if this was applied to the procurement of drugs across Scotland, there would be considerable savings which would cover the cost of the free prescriptions.

## **Consultation questions**

UNISON Scotland believes that the Scottish Executive should agree to the abolition of all Prescription Charges. We are not in favour of differentiating between the “deserving” and “undeserving” sick.

We firmly believe that the current system cannot remain as it is. We agree that there are ways in which the current system could be improved and that in

the absence of abolition, some of the changes outlined in the consultation document should be introduced.

### **1. Review of Exemptions related to Medical Conditions**

There is definitely a case for a review of the list of conditions to be undertaken. There are many anomalies in the current list which do not cover the main chronic diseases experienced by many Scottish people. These would include cancers, heart and stroke problems, arthritic conditions, mental health problems, in addition to many more. We believe that to change the current regulation on exemptions which covers all of the drugs needed by an exempted person, whether or not they relate to the original condition would be overly bureaucratic to implement and at a time when the current public opinion is for prescriptions charges to be abolished, could be seen as mean spirited. As other conditions for which medication is required, can be caused by the prior, chronic illness, it would be very difficult to know when to draw the line and could lead to different anomalies which would equally disadvantage patients.

### **2. Economic Need – Affordability**

UNISON Scotland supports any measures which would extend charge exemption to more people, especially those on low incomes.

UNISON Scotland supports a wider choice of payment for Pre-payment Certificates. The proposals set out are all viable options, but should be introduced alongside the current scheme, not to replace it. There are some people who are happy with the current scheme, and measures to widen the range of payment options would increase the range of choices which would suit other users.

UNISON Scotland believes that the measures in the Sections CP7 – CP9 have some merit, but are overly complicated and require increased staffing to oversee these additional procedures.

### **3. Ability to Pay**

UNISON Scotland believes the age thresholds should be extended to cover all persons up to the age of 24, but certainly, students of any age, in full time education or training should not have to pay prescription charges.

**For Further Information Please Contact:**

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