

Royal Pharmaceutical Society of Great Britain

Scottish Department

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Ms Charmian Runciman
Scottish Executive Health Department
1 – East Rear
St Andrew's House
Edinburgh
EH1 3DG

Dear Ms. Runciman

CONSULTATION ON REVIEW OF NHS PRESCRIPTION CHARGES AND EXEMPTION ARRANGEMENTS IN SCOTLAND.

The Royal Pharmaceutical Society of Great Britain (RPSGB) is the professional and regulatory body for pharmacists in England, Scotland, and Wales. It also regulates pharmacy technicians on a voluntary basis, which is expected to become statutory under anticipated legislation.

The primary objectives of the Society are to lead, regulate, develop, and represent the profession of pharmacy.

The Society leads and supports the development of the profession within the context of the public benefit. This includes the advancement of science, practice, education, and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different fora.

The Society has responsibility for a wide range of functions that combine to assure competence and fitness to practise. These include controlled entry into the profession, education, registration, setting and enforcing professional standards, promoting good practice, providing support for improvement, dealing with poor performance, dealing with misconduct and removal from the register.

General Statement

The RPSGB believes that the current arrangements for NHS prescription charges in Scotland are anomalous and inequitable and that the prime consideration in determining charges for prescriptions is to ensure that those requiring medicines and appliances are able to afford them. Unfortunately, there has been little research on the impact of prescription charges on access to medicines in the UK, and research carried out in markedly different health care systems may not be applicable to Scotland. In our view, however, the research evidence shows that *any* flat fee charge will deter some people from obtaining medicines they need and does not discriminate between 'urgent' and 'non-urgent' demands, however these are defined.

If, therefore, the Executive is intent on preserving the current level of income from charges, any new system of charges should relate to ability to pay and the total level of cost to any patient within a given time period.

The Society recognises that it would be administratively difficult to relate charges to income in a precise way. Accordingly, it supports changes that improve the operation of the low-income threshold and the continuance of capping arrangements to protect high prescription users.

If it is not possible to relate charges closely to income, then the Society supports a low charge applicable to all those not qualifying for income exemption as this would reduce the financial impact on those who fall just outside the exemption threshold. If a lower charge is to raise sufficient revenue, then all exemptions other than low income must be removed.

Any new arrangements for paying for, and demonstrating exemption from, prescription charges should be easily administered and not place an undue burden on pharmacists or their staff. Implementation of changes to the existing arrangements should not destabilize existing or planned pharmaceutical or medical services, and must be planned to ensure that any impact on demand for specific services can be met. Patients should be encouraged to value the services and treatment received in order to reduce potential waste of NHS resources, both staff time and medicines.

Paragraph 4.1.7

Views are sought on:

- 1. Whether exemption from all charges should continue to be given on medical grounds alone, and if so, whether the list of conditions should be reviewed.**
- 2. Whether, where exemption is given on medical grounds, that exemption should relate only to drugs for the treatment of the medical condition in question, rather than (as at present) covering all drugs whether or not they relate to the condition that gives rise to the exemption.**
- 3. Whether it makes more sense to provide exemption based on a list of drugs, or based on a list of conditions.**

1 - 3. The Society considers that exemptions should not be based on medical conditions or a list of drugs but solely on inability to pay. Any system of exemptions based on medical conditions or specific medicines would replace the current anomalies with a new set that would be equally difficult to justify. Defining conditions or medicines that should attract exempt status would be highly contentious and not address the fundamental issue of ability to pay.

Paragraph 4.2.16

Views are sought on:

- 1. Whether prescription charge exemption should be extended to HC3 holders.**
- 2. What changes to the PPC system would address current barriers to its use, particularly by those on low income, and maximise patients' benefit.**

1. The Society considers it would be appropriate to extend exemption to HC3 holders, as this focuses on those with a low income and would correct the current anomalous situation.
2. The Society considers that the PPC system should be regarded as a means of prospectively applying a cap to the total cost of prescription charges for an individual over a defined period. Implementation of a lower flat fee (see below) would reduce the cost of a PPC but affordability may still be an issue for some people. This barrier could be reduced if patients were able to pay for a PPC in installments, e.g. by purchase of stamps, similar to the system in place for purchasing television licences.

Paragraph 4.2.29

Views are sought on:

1. Whether there should be a reduced flat fee for all (with current income based exemptions) and, if so, the level at which affordability to the patient and cost to the NHS can be balanced.
 2. Whether there should be a monetary cap to the charges that a patient is required to pay over a set period, after which prescriptions should be free within this period.
 3. Whether there should be a concessionary rate for patients who require frequent prescriptions and whether the concession should be triggered by the costs incurred over a set period.
 4. Whether there are other changes in the arrangements for pre-payments or caps that are not listed above and which would maintain charge income in general for NHS Boards.
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1. If charges are retained we believe that a low flat fee combined with a cap is the best option. In 2004/05 the average prescription charge per item dispensed was 59p, which suggests that revenue could be maintained at a much lower flat charge than the current £6.65 per item if exemption was limited to grounds of low income.
 2. We support the implementation of a cap on the total cost of prescription charges. The PPC should be seen as one means to apply such a cap (see above). Retrospective capping will require the use of information technology, such as the planned system for electronic transmission of prescription and dispensing data and/or a patient-held 'smartcard'.
 3. There is no need for a further concessionary rate if charges are low and a cap is in place.

Paragraph 4.3.4

Views are sought on:

1. Whether there is a case for extending the current 'full time student' threshold to cover tertiary education.
2. Whether exemption should be extended to all persons in full time education or training, regardless of their ability to pay.

3. **Whether there should be concessionary charge arrangements for full time students or trainees above set age thresholds.**
4. **Whether there are other changes in the charging system that could remove the need for special arrangements for full time students or trainees?**

1 - 4. We support retention of the prescription charge exemption for children because they are unable to make their own decisions about obtaining prescribed treatments. We do not believe, however, that exemptions should be extended to all those in full time education as a rough proxy for low income. The financial situations of students vary significantly and should be assessed on an individual basis, i.e. their ability to pay prescription charges should be assessed in the same way as others.

I trust this response will assist the Scottish Executive Health Department in its consideration of prescription charge exemption arrangements and would be pleased to provide further advice and information if it would be helpful.

Yours sincerely



LYNDON BRADDICK
Director for the Scottish Department

RESPONDENT INFORMATION FORM: REVIEW OF NHS PRESCRIPTION CHARGES AND EXEMPTION ARRANGEMENTS IN SCOTLAND

Please complete the details below and return it with your response. This will help ensure we handle your response appropriately. Thank you for your help.

Name: *LYNDON BRADDECK*

Postal Address: *ROYAL PHARMACEUTICAL SOCIETY OF GB
36 YORK PLACE
EDINBURGH EH1 3HA*

1. Are you responding: (please tick one box)
- (a) as an individual go to Q2a/b and then Q4
- (b) on behalf of a group/organisation go to Q3 and then Q4

INDIVIDUALS

- 2a. Do you agree to your response being made available to the public (in Scottish Executive library and/or on the Scottish Executive website)?

Yes (go to 2b below)

No, not at all

We will treat your response as confidential

- 2b. Where *confidentiality is not requested*, we will make your response available to the public on the following basis (please tick one of the following boxes)

Yes, make my response, name and address all available

Yes, make my response available, but not my name or address

Yes, make my response and name available, but not my address

ON BEHALF OF GROUPS OR ORGANISATIONS:

- 3 The name and address of your organisation *will be* made available to the public (in the Scottish Executive library and/or on the Scottish Executive website). Are you also content for your response to be made available?

Yes

No

We will treat your response as confidential

SHARING RESPONSES/FUTURE ENGAGEMENT

- 4 We will share your response internally with other Scottish Executive policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Executive to contact you again in the future in relation to this consultation response?

Yes

No