



Skipton House
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15 January 2009

Dear Colleague

REVIEW OF PRESCRIPTION CHARGES – REQUEST FOR WRITTEN SUBMISSIONS

In September 2008, the Prime Minister announced that patients with cancer would be exempted from prescription charges by 2009 and that over the next few years, exemption from charges would be extended to people with long term conditions. Following this announcement, the Minister for Public Health, Dawn Primarolo, asked me to carry out a review of prescription charges to consider how the exemption for people with long term conditions could be implemented.

The review is due to report to Ministers in the Summer. The review is now in its evidence gathering phase. As part of this, I should be grateful if you could make a written submission to the review. With this letter I have attached:

- a background document about prescription charges and the purpose of this review
- a set of questions that I would like you to consider (please ensure that your submission responds to these questions).

Please could you return your submission by email to the mail box prescriptionchargesreview@dh.gsi.gov.uk by no later than 27 February 2009.

We look forward to receiving your contribution to this important review.

Yours sincerely

A handwritten signature in black ink that reads 'Ian Gilmore'. Below the signature is a long, horizontal, slightly curved line.

PROFESSOR IAN GILMORE
President of the Royal College of Physicians

By email

Prescription Charges Review – Questions

1. What are the guiding principles to bear in mind when seeking to extend prescription charge exemption to people with long term conditions? For example what consideration needs to be given to issues such as:

- severity
- level of impairment
- duration
- time between having and not having symptoms
- amount of treatment required
- the potential to improve health outcomes

The Spinal Injuries Association (SIA) feels that lifelong need is the basis by which medical exemption should be made available, due to the associated on-going costs throughout an individual's life. The majority of Spinal Cord Injured (SCI) people will require some sort of prescription from the point of their injury and throughout their lives. SCI is not a fluctuating condition, but has permanent, life long symptoms that require the continual prescription of drugs and continence equipment to manage effectively.

In 1968, when the current medical exemption list was created, the anticipated life expectancy of a spinal cord injured person was likely to be shortened considerably. In 2009 it is expected that the majority of SCI people will live to a comparable age to their non-disabled peers. Although SCI is indiscriminate in age, it is prevalent in younger adults, and as such, someone who is newly injured in their 20's, and not currently eligible for free prescriptions, will have to pay prescription charges for upwards of 30 years until they are exempted at the age of 60. This levies an unreasonable financial burden on the SCI person who, purely as a result of their condition, has no choice but to pay for medicines and equipment that are an unavoidable medical requirement.

The severity of SCI is such that the drugs and continence equipment prescribed are essential and cannot be used on an arbitrary basis. As such, we also advocate medical exemption on the basis of the severity of a long term condition and the necessity of those prescriptions in managing it.

2. How can these principles be applied to define the basis for exempting people with long term conditions from prescription charges? For example, should there be a revised list of medical exemptions? Or should the approach be based on a broader definition of long term conditions that takes account of the above principles? How do we ensure that the approach is fair, transparent and, as far as possible, based on objectivity? *It would be helpful to consider this question by working through how it could work for certain conditions.*

SIA considers the life long requirement for prescription drugs and equipment as a justified basis for prescription exemption. Due to the permanent, non-fluctuating nature of SCI, and the subsequent requirement for prescribed medicines and equipment, we must advocate for the medical exemption of all SCI people.

As the national association of people with SCI, we have no expertise in other long term conditions. However, we suspect that the life-long requirement we are proposing would fit equally well with numerous other conditions and firmly believe that all individuals who meet this requirement, regardless of their condition, should be exempt from prescription charges.

3. Taking account of your views on questions 1 and 2, which conditions do you think should definitely qualify for exemption, and which conditions do you consider should not qualify? Please give your reasons.



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SIA only wishes to comment on SCI, which is a long term condition, the symptoms of which do not fluctuate and will require the prescription of drugs and continence equipment for life.

Nearly all SCI people are doubly incontinent and require prescribed medical equipment to manage both their bowels and urinary catheterisation and collection. The SCI person will require these devices throughout their lives - a need that is both non-fluctuating and unavoidable.

Due to this lifelong requirement of prescription medicines and equipment, and their necessity, SCI should be exempt from prescription charging.

4. What could be the anticipated health benefits of extending exemption to patients with long term conditions? What other potential benefits could be achieved by extending prescription charge exemption?

The management of continence is a principal medical concern for people with SCI. The associated costs of prescribed continence equipment may lead SCI people to extend the usage of some products beyond that recommended, therefore putting themselves at risk of urinary tract infections and the associated long term effects these may have on the health of SCI people. The exemption of SCI people from prescription charging will ensure that they are able to access the healthcare they require and that this will not be compromised by their ability to pay.

There would also be an associated social benefit in relieving SCI people of the financial burden of prescription charging. Disabled people often find themselves financially disadvantaged, either through an inability to work, an ability to only work limited hours or inequality in employment opportunity. As such, the additional income that prescription exemption would save would be welcomed by the SCI community.

5. What impact could the widening of prescription charge exemption for people with long-term conditions have on (a) prescribing practice (b) medicines usage/wastage? (c) wider initiatives for people with long term conditions – such as care planning? How can potentially positive aspects be maximised and adverse impacts be mitigated?

Providing that the amount of drugs and equipment prescribed to an SCI person is suitable, it is unlikely that it will go to waste as they are used to treat an on-going, non-fluctuating condition and will always be required.

If a SCI person is prevented from obtaining the aforementioned medication and continence supplies due to cost, then they are likely to suffer from such complications as internal infections, severe spasticity, skin breakdown/sores or autonomic dysreflexia which could ultimately lead to hospital admission and even death.

6. Taking into account your responses to the previous question, what will be the key practical considerations that determine how policy changes can be phased in?

7. What other issues would you wish to raise about exempting people from long term

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conditions from prescription charges?

Any changes in the current list of medical exemption should allow for clear interpretation by medical professionals. The experience of our membership is that whether SCI people are presently eligible for medical exemption or not is left to the interpretation of their local GP, and as such people with exactly the same level of injury may have differing success when applying.

We would like to see clarity in the new guidelines - an arbitrary lottery is not acceptable.