

CHARGES UNDERMINE FREE HEALTHCARE PRINCIPLE

Two key questions tend to confront this proposal to abolish NHS prescription charges in Scotland.

First of all why after 52 years is it now necessary to scrap them? And secondly if 91% of patients qualify for exemptions at the moment, isn't it therefore a rather peripheral issue?

I understand these concerns. Indeed had the Welsh Assembly in Cardiff not recently voted to abolish charges entirely across Wales the case for doing so in Scotland would be immeasurably more difficult to argue on grounds of timing and priority.

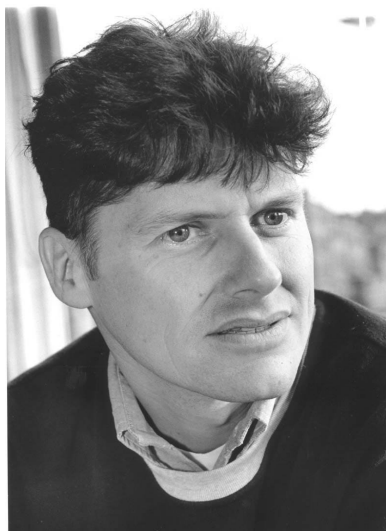
Equally while the vast majority of patients presenting to GP's do currently qualify for exemptions, as this proposal attempts to make clear, there is often no rhyme nor reason why some are liable to pay the charges and others not. Abandoning the charges as well as making the system fairer would bring to an end the arbitrary and contradictory logic behind the exemption criteria.

As the cost of scrapping charges is relatively minor, I hope that we can go the extra few yards and restore the simple principle that underpinned the foundations of the NHS - if you were ill you got treated. Not if you were ill and could afford £6.30 for each medicine!

The idea behind this proposal is therefore quite simple, to ensure that no one is prevented from accessing necessary medical treatment through insufficient means. Unfortunately at present there are those in our society who cannot afford the cost of medicines their GP's have prescribed for them.

The charges may well have been introduced in 1951 but that doesn't mean it was right to do so. This proposal aims to look at the impact of that decision and to rectify what I believe was a mistake.

I look forward to your response and will forward them to the Scottish Campaign to Abolish Prescription Charges.



Consultation on Proposal to abolish NHS Prescription Charges

1 Executive Summary

- 1.1 Proposal for a Bill to abolish all prescription charges on the NHS.
- 1.2 The cost of abolition is estimated at £46 million per annum in lost revenue though this is likely to be offset by savings from fewer acute and emergency hospital admissions resulting from patients failing to take prescribed medicines which they cannot afford.
- 1.3 Prescription charges have risen by far more than the rate of inflation over the past 50 years and impose a financial burden on people on the grounds of their illness. They thus undermine the NHS' founding principle of care free at the point of need.
- 1.4 In 2001-2002 prescription charges raised £43 million out of a total NHS Scotland prescription drug bill of £733 million. Thus charging raises proportionately little revenue for the NHS.
- 1.5 Prescription charges ration patient demand on the regressive grounds of cost rather than medical need. Research in the UK, Europe and Canada has consistently shown that charges result in patients not taking the treatments they require because of cost.
- 1.6 Prescription charges because they deter patients from taking necessary treatments result in additional NHS costs treating acute and emergency cases and in social costs, for patients, their families, industry and wider Scottish society, in extended and more severe illnesses with a danger of fatalities.
- 1.7 The current system of exemption from charges is neither fair nor logical in that it is neither well targeted nor transparent.
- 1.8 Abolition would bring to an end a system which only grants exemptions to all the sufferers of some chronic conditions but denies it to all those others with equally or more serious chronic conditions. Abolition would thus ensure greater fairness by enabling all sufferers of chronic illnesses to obtain free prescriptions to cope with their conditions.
- 1.9 The alternatives to abolition are either retaining the status quo or extending exemptions on grounds of chronic illness or age. Abolition remains the surest route to greater fairness.

2 History of prescription charges

- 2.1 The NHS was created in 1948, by the pioneering post-war Labour government, to provide free healthcare for everyone regardless of income. It was, and remains, largely funded through general taxation and National Insurance contributions. Before the NHS' foundation healthcare was rationed to those that could afford to pay for it or who were lucky enough to receive charitable assistance.
- 2.2 Aneurin Bevan, the Welsh socialist and Health Secretary in the Labour Government, was given the job of piloting the legislation through Parliament. The NHS was a hugely popular reform but Bevan saw the introduction of charges for health care as a betrayal of the "universally free" principle that the NHS was founded on. Therefore when his colleagues in the Government forced through a proposal to introduce prescription charges he and several colleagues (including later Prime Minister Harold Wilson) resigned.

"I consider the imposition of charges on any part of the health service (an issue) ... I could never agree to. If the government impose them my resignation would automatically follow" - Nye Bevan, Health Minister in the post-war Labour Government.

- 2.3 However before they could introduce the charges Labour lost the election of 1951. Instead the new Tory government introduced the charges as a way of raising revenue and preventing "frivolous use of the health service". Prescription charges represented a breach of the NHS' most fundamental ethos.
- 2.4 As medicines became more expensive and NHS budgets were squeezed so prescription charges were seen as an easy source of additional revenue by successive Governments. Thus the original 1952 charge of 1 shilling (5p), per prescription form, has risen to £6.30, per item prescribed, today.

Prescription Charges notable changes			
Year	Amount	Change	Government in power at time
1952	1 shilling (5p) per form	Prescription charges introduced	Conservatives
1956	1shilling (5p) per item	Each item on prescription liable for charge	Conservatives
1961	2 shillings (10p)	Increase in charge	Conservatives
1965	NIL	Charges Abolished	Labour
1968	Half crown (12.5p)	Charges re-introduced and increased	Labour
1971	20p	Charge increased	Conservatives
1979	45p	Charge increased	Conservatives
1980 to 1997	70p to £5.65	Charges increased yearly	Conservatives
1997 to 2003	£5.80 to £6.30	Charges increased yearly	New Labour

- 2.5 The idea of getting rid of prescription charges is not new. From the outset they were opposed by large sections of the Labour Party. Thus in 1965 the Labour government abolished prescription charges, seemingly for good, and promised to do the same for dental and ophthalmic charges. That unfortunately did not occur and in 1968 prescription charges were reintroduced, and the charge increased, when Labour faced a “balance of payments” crisis.
- 2.6 The charge was increased again in 1971 but then remained static for 8 years. So in 25 years the charge increased from 5p to 20p. A similar increase over the next 25 years would have seen the charge rise to just 80p instead of the £6.30 it is today.
- 2.7 It was the Conservative Government of Margaret Thatcher in the 1980s which first introduced the concept of increasing the prescription charge annually. Between 1980 and 1998 the charge per prescription item increased by **355%** in real terms, that is over and above the effects of inflation. This process has continued under New Labour with prescription charges increasing year on year though the rate of increase has slowed.

“There’s a danger that patients who genuinely need medicine are not getting it because of the cost” – John Appleby, chief economist, the King’s Fund

3 Current revenue and charges

- 3.1 The revenue raised in Scotland from prescription charges amounted to **£46.3 million** in 2002-03. The total Scottish NHS prescription drugs bill for the year was **£773 million**, up 10% on 2001. Thus the amount raised by charging is a very small part of the total NHS drugs bill.
- 3.2 As medicines became more expensive and NHS budgets were squeezed so the original 1952 charge, introduced at 1 shilling, has risen over the years to £6.30 today. The average weekly wage in 1952 was **£7.11s** the prescription charge was **1 shilling** (for all items prescribed on form; increased to 1 shilling per item in 1956).
- 3.3 By 2003 the prescription charge had risen to **£6.30 per item**. The current charge is therefore **126 times** the original cost. So the average wage would have to have risen to **£951.30 pw** or about **£49,500** a year to have kept pace. The average weekly wage in Spring 2002 was in fact **£464.70 pw**, less than half that.

A European-wide study found that the cost of prescriptions in the UK was relatively high compared to the cost in seven neighbouring EU countries ¹.

- 3.4 Those who defend the current prescription charge system state that the chronically ill, or those needing multiple items to treat their condition, could reduce their costs by purchasing **Pre-Payment Certificates (PPC)**.
- 3.5 Anyone who expects that they will have to pay for more than 5 prescription items in 4 months, or 14 items in 12 months, would be able to obtain the items more cheaply through PPCs. From April 2003 a 4-month PPC cost **£32.90** whilst a 12-month PPC was **£90.40**. However research by the National Association of CABs found that many people on low incomes were not able to benefit from PPCs because they could not afford the lump-sum payments which they require.

- One-in-five GPs are so concerned that their patients cannot afford the charges that they admit to breaking the prescribing laws to ensure that poorer patients get the medicines.
- Six per cent of doctors said they had paid the charges themselves to ensure that patients obtained vital medicines.
- Eight in ten doctors reported that patients were missing out on necessary drugs because

4 Prescription Charges: Limiting patient demand

- 4.1 From the outset one of the aims of prescription charging was to limit demand for treatment by putting a price on it. This is fine if people are frivolously demanding drugs that they do not need or which are ineffective in treating their condition (e.g. anti-biotics for a cold). However rises in prescription charges also have the effect of deterring people with genuine medical needs from taking the drugs they need to treat their medical condition(s).
- 4.2 Five separate UK studies³ have looked at the effect of charging for prescription medicines. All five concluded that increases in prescription charges were associated with decreases in the consumption of the drugs prescribed. Overall the studies suggested that each 10% increase in prescription charges resulted in a 3% decrease in consumption.
- 4.3 This means simply that as prescription charges become less affordable so more of the people who need the drugs choose not to pay. This can then result in their condition worsening and requiring medical intervention. Thus far from earning the NHS extra revenue prescription charges could end up costing the NHS much more in expensive hospital treatment. The cost of a patient being admitted to and cared for in hospital is over £1,000 a week. If invasive surgery is required the cost rises dramatically.

“Prescription charges deter people from seeking treatment and encourage self-diagnosis, therefore leading to potentially more long term problems. These charges particularly hit hardest, low paid workers” – Jim Devine, UNISON Scotland, Health Organiser

- 4.4 Neither is this a small problem affecting just a few people. The National Association of Citizens Advice Bureaux carried out research amongst those seeking CABs’ advice. The report based on this research “Unhealthy Charges” (July 2001) concluded that, in England and Wales, as many as **750,000** prescriptions were not dispensed annually because many of the patients could not afford the £6.30 charge associated with the medicines (given our poorer health record that would translate to around 75,000 prescriptions in Scotland). Some **28%** of those surveyed reported that they had failed to pay for all, or part, of their prescription due to the cost.
- 4.5 The NACAB study found that people with medical conditions such as asthma were rationing their medication to keep costs down. In one instance a single mother with glaucoma, who was registered as blind, was informed that she would lose her remaining sight unless she took her prescription eye-drops. But she could neither afford the eight items a month she had been prescribed nor pre-payment certificates. Thus she faced going completely blind.
- 4.6 In another instance a severely disabled woman with multiple sclerosis who was paying between £30 - £42 a month in charges was told that her income was 15 pence over the limit where she would receive free prescriptions.

“The experience of CAB clients shows that prescription charges can seriously damage your health, and the impact is felt most severely by people on low incomes and with long term health problems” – David Harker, Chief Executive, National Association of CABs

- 4.7 A similar study by Kidderminster Community Health Council the same year found that **35%** of those not eligible for free prescriptions in their area failed to get the chemist to dispense them because of the prohibitive cost.
- 4.8 These failures to obtain all of the necessary medicines can have important implications for health and the eventual cost to the health service. A study amongst community pharmacy staff in the North of England⁴ found that a third of items not dispensed were drugs where non-compliance with treatment could adversely affect patient outcomes (e.g corticosteroids, anti-infectives and beta-blockers).

- 4.9 As well as not having their prescriptions dispensed, or buying over the counter alternatives, patients also took less of their prescribed medicines to make them last longer, selected only certain items, delayed having their prescription dispensed or borrowed money to pay for it.
- 4.10 For some chronic conditions it is essential that treatment is uninterrupted. Even interrupting or delaying treatment for just a few days can increase the risks to health. For example failure to treat hypertension for relatively brief periods can dramatically increase the risk of stroke (Scotland's third biggest killer).
- 4.11 A large scale study in Canada showed that the introduction of a prescription charging scheme led to reduced use of essential drugs. This in turn led to deterioration in patients' health and extra costs to the health service in terms of visits to accident and emergency departments, acute and long term admission to hospitals and even patients' death ⁵. So we can be fairly sure that the current system of prescription charging in the UK also damages some patients health leading to much more expensive hospital stays and in a few cases patients' premature death.

5 Exemptions

“The system of free prescriptions in the United Kingdom is illogical, irrational and works against the principles of the National Health Service” – Derek Wanless, author of the Treasury report on the funding of the health service : *“Securing our future health: taking a long-term view”*.

- 5.1 According to the Scottish Executive **91%** of prescriptions in Scotland were for those exempt from the £6.30 charge. Over the years a number of groups have been exempted from paying prescription charges. The three main grounds for exemption have been –

- (i) **Age,**
- (ii) **Low Income and**
- (iii) **Chronic medical condition.**

- 5.2 The following groups qualify for free prescriptions mainly on grounds other than chronic medical condition:

- **Under 16s**
- **Under 19s in full time education.**
- **Over 60s**
- **Women during pregnancy and for a year after birth.**
- **Income Support claimants.**
- **Jobseekers Allowance claimants**
- **Those eligible for Working Tax Credits (with a household income of under £14,200).**
- **Those eligible for Disabled Persons Tax credits**
- **War pensioners.**

- 5.3 As Derek Wanless concluded the reasons why certain groups are exempt are not necessarily or

millionaires or not. But adults in households which have an income which is below the Government's income poverty line (i.e. those on Working Tax Credits with larger families) are not necessarily exempt.

- 5.4 Those suffering from certain chronic medical conditions are also exempt from paying prescription charges on medical grounds.

Reasons for medial exemption from prescription charges:

- ☐ **Permanent fistula (including caenostomy, colostomy, laryngostomy or neostomy) requiring continuous surgical dressing or an appliance.**
- ☐ **Forms of hypoadrenalism for which specific substitution therapy is essential.**
- ☐ **Diabetes insipidus and other forms of hypopituitarism.**
- ☐ **Diabetes mellitus – except where treatment is by diet alone.**
- ☐ **Hypoparathyroidism.**
- ☐ **Myxoedema.**
- ☐ **Epilepsy requiring continuous anti-convulsive therapy.**
- ☐ **A continuing physical disability that prevents the patient from leaving his or her home without the help of another person.**

- 5.5 Similarly there is no real logic to the medical conditions which are exempt. Firstly there has been no addition to the exempt conditions since the 1968 meaning that new illnesses which were unknown then have not been added to the exempt list. For example AIDS, HIV and Hepatitis C do not figure on the list even though they are all chronic life threatening conditions that often require multiple prescription items to treat.

Examples of chronic medical conditions which are not exempt from prescription charges:

- ☐ **Cancer**
- ☐ **Multiple Sclerosis**
- ☐ **Asthma**
- ☐ **Psoriasis**
- ☐ **Crohn's Disease**
- ☐ **Schizophrenia**
- ☐ **Glaucoma**
- ☐ **Arthritis**
- ☐ **Chronic Leukaemia**
- ☐ **HIV/AIDS**
- ☐ **Ulcerative Colitis**
- ☐ **Hepatitis C**

- 5.6 Secondly some chronic conditions which were known, though often little understood, in the 1960s have become much more prevalent since then

- 5.7 For example Crohn's Disease (a chronic condition involving ulceration of the bowel, chronic diarrhoea, persistent abdominal pain and weight loss) which was relatively rare in the 1960s now has an estimated 80,000 sufferers in the UK, with between 4000 and 8000 new cases every year. Because there is no known cure, and Crohn's requires multiple drug regimes to control the disease's severity, it would seem an ideal contender for exemption but the Scottish Executive have ruled this out.

<p><i>"Prescription charges are an unfair tax on people with asthma"</i> – Deborah Jack, Chief Executive, National Asthma Campaign</p>

- 5.8 Asthma is another condition which has seen a huge increase in the number of sufferers since the 1960s with 5.1 million people in the UK now having the condition. Again, although asthma is a chronic, sometimes life-threatening, condition, requiring treatment via multiple drugs and inhalers, it does not automatically qualify for exemption from prescription charges.
- 5.9 Cancer sufferers who are on chemo-therapy are usually required to take several drugs to stop the treatment itself making them ill. If they are treated in hospital these drugs are free but if they are released from hospital into the care of their family and the community (saving the NHS hundreds of pounds a week) they are required to pay for all the drugs they need to stop them becoming ill.
- 5.10 Thus the otherwise welcome trend of cancer sufferers living for years with the condition and increasingly being treated in the community has unfortunately also led to patients being faced with paying multiple prescription charges.
- 5.11 Another group placed in a particularly bad position because of prescription charges are those with mental health difficulties. Mental illness can affect anyone at any time in their lives. It could strike as a brief episode of depression or as a chronic condition like schizophrenia. However, depending on the severity of symptoms, it can sometimes require multiple drug regimes to control. As no mental illness is exempt from charges sufferers often have to pay for every item, imposing high financial burdens and subsequent stress at a time when people are least equipped to deal with it.
- 5.12 However those with mental illnesses face even greater difficulties in the future. At present people who cannot afford all the drugs on their prescription sometimes select those they think most necessary for their treatment, but under the Mental Health (Scotland) Act 2003 that choice will be removed. Under the Act's powers Compulsory Treatment Orders will require some mental health patients to take their prescribed medications.
- 5.13 Thus mental health patients will have no choice about what they can and cannot afford and will be forced to pay under pain of incarceration in hospital. It is manifestly unfair that mental health sufferers can be compelled to pay for their treatment when everyone else can choose.
- 5.14 Even the current list of exemptions contains obvious anomalies. For example those with under-active thyroids are exempt whilst those with over-active thyroids are not. Similarly those receiving the mobility component of Disability Living Allowance (DLA) because of a physical condition are given automatic exemption whilst those on the mobility component of DLA because of mental health problems are not.
- 5.16 The current system is illogical because there seems to be no rhyme or reason why certain chronic conditions are exempt whilst others of equal or even greater severity are not. It is unfair because it discriminates in favour of some people on the grounds of their condition or age irrespective of their means while denying help to others with less money and with conditions requiring treatment via multiple drug regimes (and therefore greater expenditure).
- 5.17 To sum up the present system of prescription charge exemptions:

- Gives universal exemptions regardless of income to certain categories of people – pregnant women, war pensioners, children and the over 60s - whilst supposedly being a benefit targeted at those on low incomes.
- Gives exemptions to some low income households - but requires many people earning under the national average to pay.
- Has not been updated to take account of new medical conditions or the change in emphasis towards treatment in the community.
- Gives exemptions to all sufferers of a few chronic conditions - but requires millions of others with equally serious long term medical conditions to pay.
- Means that 80% of those aged between 18 to 60 years old are still required to pay when they become ill.

6 Options for Legislation: Reform or abolition

“I give my absolute pledge that if we are returned to power we will sweep away all prescription charges” – Rhodri Morgan, First Minister, Welsh Assembly

- 6.1 The UK's current prescription charging system is neither logical nor fair. It imposes financial burdens on people when they are at their most vulnerable and its exemptions fail to assist huge numbers of people on below average incomes and/or with chronic illnesses.
- 6.2 So can it be reformed or should it be abolished? One route to a fairer prescription charging system would be to extend the range of chronic illnesses which are exempt from charging. What is the approach in other areas of the United Kingdom and what are the pros and cons of extending exemptions.
- 6.3 **England:** The Westminster Government, which has control of prescription charging policy for England has stated in Parliamentary answers that it has no plans to extend the list of conditions that are exempt from charging.
- 6.4 **Wales:** In 2001 the ruling Labour/Liberal coalition in the Welsh Assembly responded to public concerns about prescription charging by introducing a new age exemption from charging for all 16-25 year olds. At the time there were fears expressed by opponents of this reform that young English patients would flood across the border for free medicines. However research has shown that this did not occur. Because of the extension of exemption on age grounds the proportion of Welsh people receiving prescriptions who were exempt rose from 89% to 93%.
- 6.5 At the beginning of this year twenty Labour Welsh Assembly members voted with Plaid Cymru and the Liberal Democrats to extend exemptions to those suffering from chronic medical conditions. This would have cost about £19 million a year.
- 6.6 However before that legislation could be introduced Labour pledged in their manifesto for the Welsh Assembly elections that they would abolish prescription charges entirely. The estimated cost of total abolition was £30 million (i.e. only £11 million more than extending exemptions). Total abolition seems to have won increasing favour because it seemed unfair and overly bureaucratic to charge an ever declining and smaller proportion of the population
- 6.7 The question that occurs, after the reforms and forthcoming abolition of charges in Wales, is, if Wales, with a smaller population and revenue share, can afford this reform, why can't Scotland?
- 6.8 However if Scotland were to go down the route of extending exemptions the Scottish Parliament or the Scottish Executive would have to consider which illnesses should be added to the list of

- 6.9 There are a wide range of illnesses which are chronic in nature and for which there is a compelling case for exemption from charging. Whatever the outcome of any future review it is certain that some chronic illnesses would not achieve exempt status. So some chronically ill people would benefit from an extension of exemptions but thousands of sufferers of other chronic conditions would be disappointed and continue to face charges. Thus an extension of exemptions, though no doubt welcome, would continue to perpetuate the unfairness of the current system and penalise people financially simply because they are ill.
- 6.10 The Scottish Executive are currently undertaking a review of the charging system which will examine whether to add to the list of exempt conditions. However there can be no certainty that the review will assist any people suffering from chronic illnesses. The last review of exemptions was carried out by the UK Government in 1998. It did not add a single new medical condition to the list of those exempted in 1968.
- 6.11 A second issue is that the prescription charging system would become less financially viable if exemptions were extended. Scottish arthritis sufferers paid £2.8 million in prescription charges in 2000 - 2001. That represented over 6% of all the revenue raised by charging. Even if only three or four major chronic conditions were added to the exempt list it's easy to see that the amount raised by charging would decline substantially.
- 6.12 In 2001-2002 the amount raised by charging was £46.3 million out of a total NHS prescription drugs bill for the year of £733 million. As the amount raised by charging represents just 6% of the Scottish NHS prescription drugs bill then if extending exemptions led it to decline to just 3% of that bill it might be wondered whether it was worth collecting, given how proportionately little revenue it would actually generate.
- 6.13 Thus the greater the number of people that exemptions were extended to the less revenue that prescription charges would generate. Therefore any question over how abolition of charges is to be paid for could similarly be posed over widening the number of conditions which are exempt.
- 6.14 On balance therefore abolition of prescription charging seems a surer route to genuine fairness than exemptions. This is because -
- The real cost of prescription charges has soared making them an unfair burden on below average income households.
 - If abolished all those on below average incomes would be exempt rather than the current situation where some low income households pay and some do not.
 - None of the tens of thousands of people, who are currently deterred from having their prescriptions filled out, would have their illness prolonged or health endangered because of the cost of prescriptions.
 - If exemptions were merely extended some sufferers from chronic conditions would continue to have to pay prescription charges whereas if charges were abolished no sufferers from any chronic, life long medical condition would be required to pay for medicines.
 - If the current list of exempt conditions was simply extended those people who acquired new medical conditions in the future might have to wait decades for their plight to be recognised and their condition added to the list.
- 6.15 Therefore the proposal which has been set before Parliament, rather than seeking to reform the current system of charging, instead sets out to completely abolish charges for prescription medicines.

7 Paying for Abolition

- 7.1 Prescription charging costs the NHS money in acute and emergency treatment of patients who fail to take their prescription drugs because of cost. Even if only a small percentage of the estimated +70,000 Scots who fail to have their prescriptions filled out subsequently become ill and require hospital admission, or invasive emergency treatment, the costs to the NHS would still run into millions.
- 7.2 Add to that the costs of those who become long term or permanently disabled (e.g. the glaucoma sufferer who faced blindness) because of failure to take essential medication and the costs to society in benefits payments and care provision could run into tens of thousands of pounds per patient. Thus there are real costs which arise from not abolishing prescription charges, both monetary and in individuals' health, which should be set against the extra funding that abolition would require.
- 7.3 In 2001-2002 the amount raised by charging was £46.3 million out of a total NHS prescription drugs bill for the year of £733 million. To put that in perspective just 6% of the cost of prescription drugs was raised by charging.
- 7.4 In that same year the cost to the NHS of prescription drugs rose by 10% i.e. over £70 million. Thus inflation and the higher profits of drug companies cost the NHS considerably more than the costs that would be incurred by the abolition of prescription charges.
- 7.5 Last year the Department of Health's underspend was £144 million. That is of the £6,604 million which the Scottish Executive set aside for spending on health only £6,460 million was actually spent.
- 7.6 Underspends of this scale by the Scottish Health Department are regular rather than rare occurrences and thus the Scottish NHS could easily absorb the costs of abolishing prescription charges just as it already absorbs the increased costs of purchasing prescription medicines from the drugs companies.
- 7.7 Therefore there is no need to raise the funding required to abolish charges from alternative sources as the NHS already has the resources to finance this modest and fair reform.

Question 1: There is a proposal to abolish all prescription charges. What do you think of this idea?

Question 2: Do you think that the current system of prescription charges is fair to all patients (please state why you think so)?

Question 3: Are there alternatives to charging which you consider fairer?

Question 4: The current prescription charge is £6.30 per item. Do you think that this is amount is about right, too little or too much? (Please state why you think so).

Question 6: Pre-Payment Certificates can be obtained to assist people who need multiple drugs to treat their condition. Anyone who expects that they will have to pay for more than 5 prescription items in 4 months, or 14 items in 12 months, is able to obtain the items more cheaply through Pre-Payment Certificates. A 4-month PPC costs **£32.90** whilst a 12-month PPC is **£90.40**.

(a) Do you believe that Pre-Payment Certificates deal with the problem that people requiring multiple medications face? If so why?

(b) Has the cost of Pre-Payment Certificates ever prevented you (or a member of a group you work with) from buying one, even though overall you would have saved money? YES/NO

Question 7: What more could be done to alert the public to the existence of Pre-Payment Certificates?

Question 8: (a) Do you (or members of the group of people you work with) have to pay for prescription charges? YES/NO

(b) If yes please state in what ways (if any) having to pay for prescriptions affects you (them)?

(c) Please also state which conditions you (or the group of people you work with) suffer from:

Question 9: Some people find it difficult to afford the prescription charge particularly where there are multiple items required. Have you (or the people that you work with), ever gone without one or more medicines that you (they) were prescribed because you (they) could not afford the total cost?

YES/NO

What conditions were you (they) being treated for (please list)?

Question 10: Have you (or anyone you know) ever needed emergency or hospital treatment because you (they) could not afford to take all your (their) medicines?

YES/NO

If hospitalised how long was your (their) stay?

Question 11: Do you feel that you (or members of the group of people you work with) have ever suffered hardship through being required to pay prescription charges?

YES/NO

Question 12: People suffering from certain chronic medical conditions (such as diabetes) are exempt from paying charges whilst people suffering from other chronic conditions such as asthma, cancer and leukaemia are not. What other chronic conditions do you believe should be added to the list of exempt conditions?

- a) All chronic conditions
- b) All life-long conditions for which there is no known cure?
- c) Some conditions (please list)
- d) No more chronic conditions should be added to the list.

Question 13: In Wales young people aged between 16 and 25 years old were given exemption from charges. What do you think of this idea? Do you think a similar measure should be adopted in Scotland?

Question 14: Are there any other grounds, other than the current ones, on which you think people should be exempted from paying prescription charges? Please state which and why?

Question 15: Other than abolition are there any other changes you would like to see in the current system of prescription charges?

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