

Patient and Client Council

People's views about prescription charging and products available on prescription

June 2011

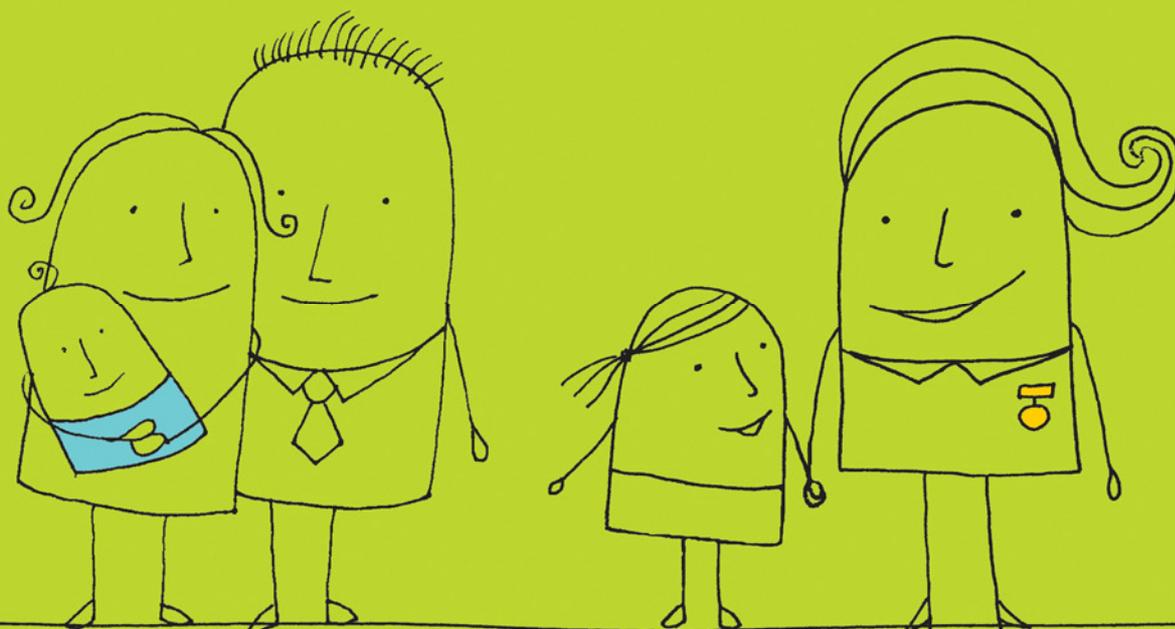


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Foreword

Dear Reader,

I am pleased to present this report of our findings from a survey of patients and the public regarding charges for prescriptions and products available on prescription.

The Patient and Client Council believes that it is vital to include public views in discussions regarding the cost of healthcare. Due to the financial challenges facing the health and social care system, it is important to review those areas where money can be saved. Potential budget cuts and an ongoing spending review have made people aware of how services might be affected in the near future. The fact that many people took time to complete the survey and provide detailed comments shows the interest they have in the future of health care services and in prescription charging in particular.

There are important messages for the Department of Health Social Services and Public Safety, the Health and Social Care Board and Local Commissioning Groups. This report makes clear that the public would welcome changes and improvements in the system for prescriptions.

I would like to express my sincere thanks to everyone who took part in the survey. Thank you for the generosity with which you gave of your time, and the sharing of your opinions. The Patient and Client Council will strive to ensure that the voices captured in this report and resulting recommendations influence decision making in 2011 and beyond.



Maeve Hully

Chief Executive of the Patient and Client Council

Summary

This report reflects people's views about prescription charges and the number of products that are currently freely available on prescription, such as gluten free products and baby milk. The survey was distributed among the members of the Patient and Client Council Membership Scheme and was made available on the Patient and Client Council website. A total of 401 people completed the survey.

The main findings were:

- A minimum prescription charge is acceptable.
- If prescription charges were to be reintroduced, the eligibility criteria for long-term medical conditions should be reviewed.
- The economic and social situation of patients and clients needs to be taken into account; for example medication for pensioners, children and people on low incomes should remain free.
- People are willing to use generic drugs rather than branded drugs in order to save money. They need to be assured of the quality of generic products, that their activity is similar to the original branded product and they can expect to have the same generic product dispensed consistently and not frequently changed.
- Food products for special dietary requirements should not be available on prescription unless absolutely essential. Rather the extra costs of these products needs to be addressed to make them affordable in line with the cost of ordinary food.

Based on these findings, we have made recommendations that should inform future reviews on prescription medicines. These include:

- A prescription charge could be reintroduced.
- The current list of items available on prescription needs to be reviewed and adapted.
- There should be general guidelines regarding the prescription of medicines and other items.
- Pharmacists should provide patients with more advice and information regarding generic products.

It is our aim that the views collected here will inform the decisions made by the Department of Health, Social Services and Public Safety, the Health and Social Care Board and Local Commissioning Groups with regard to prescription medicines in Northern Ireland.

1.0 Background and Purpose

1.1 The Patient and Client Council

The Patient and Client Council was established to provide a powerful, independent voice for people on health and social care issues.

The Patient and Client Council has four main duties. They are to:

- listen and act on people's views;
- encourage people to get involved;
- help people make a complaint; and
- promote advice and information.

1.2 Background and Purpose

In September 2008 Northern Ireland's Health Minister Michael McGimpsey announced that prescription charges would be abolished from 1 April 2010. The Minister said:

This will bring an end to the inequitable system which ranked one person's suffering above another's. The introduction of free prescriptions in April 2010 will bring great comfort to thousands of people who suffer from ill-health and do not need the added anxiety of trying to find the money to pay for vital medication. It is also totally against the principles of the NHS which promises free health services to all¹.

The Minister further added that existing services would not suffer as a result of this decision and that there would be processes put in place to ensure responsible

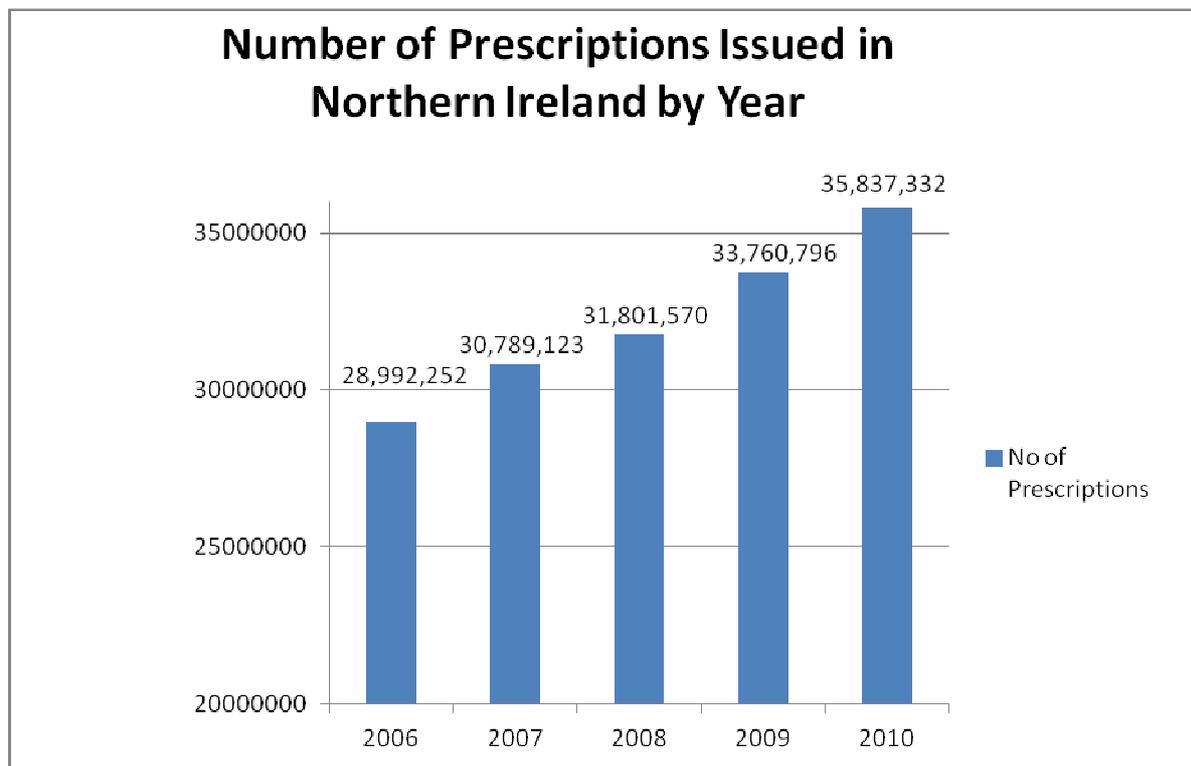
¹ <http://www.northernireland.gov.uk/news/news-dhssps/news-dhssps-december-2008/news-dhssps-301208-prescription-charges-reduced.htm>. Last accessed 20 May 2011. This article sets out the Minister's policy to introduce free prescriptions

prescribing and sensible prescription rates. He also urged the public to take medication only if they really needed it.

Within the context of the budget cuts for health and social services, the issue of free prescriptions is part of the public concerns about how we fund our health service. The People's Priorities and Rural Voices Matter reports, produced by the Patient and Client Council in November 2010, surveyed a total of 2,391 people. In both reports people registered the cost of prescriptions as a concern.

It has already been reported in the media that the costs of providing free prescriptions have been shown to be greater than predicted². The number of prescriptions issued rose by almost 1.8 million from 2006 to 2007 and increased by one million from 2007-2008. Free prescriptions were introduced in Northern Ireland on 1 April 2010. The rise in the number of prescriptions since 2006 is shown in the following diagram.

Figure 1



² <http://www.bbc.co.uk/news/uk-northern-ireland-11542542>. Last accessed 20 May 2011. This article discusses the increasing costs of free prescriptions.

There is also evidence of wastage, since medication was prescribed without actually being used or needed. It is estimated that up to £18 million is wasted on unused prescriptions every year in Northern Ireland leading to the “Don’t use it, don’t order it” campaign. This urged people only to order medication which they actually were going to use³. It is perhaps also worth noting in the context of free prescriptions the increasing trend of misuse and abuse of prescription drugs which is exacerbated by the use of the internet⁴.

While patients benefit from not having to pay for free prescriptions, it should be noted that the money used to buy drugs comes out of the same budget as other health and social care services, such as hospital services. General Practitioners (GPs) have a key role in ensuring that the medication they prescribe is actually required.

The report presents the views of patients, carers and members of the public who are members of the Patient and Client Council membership scheme. It is useful to note that the Northern Local Commissioning Group is currently completing a similar survey on the views of GPs.

³ Information from www.nidirect.gov.uk. Last accessed 20 May 2011

⁴ The increase in abuse of prescription drugs in the UK and at a global level led to a demand for action in February 2010 by Professor Hamid Ghodse, Head of the International Centre for Drug Policy at St. George’s, University of London. See www.sgul.ac.uk. Site last accessed on 20 May 2011. See also www.timesonline.co.uk. Sandall, R, “Prescription drugs: legal and lethal. Forget heroin and cocaine. The dangerous drugs claiming the lives and minds of the stars are prescription painkillers and a new class of happy pills that doctors are handing out by the million” 24 February 2008. Site last accessed 20 May 2011.

2.0 Our Approach

The Patient and Client Council issued a short survey of seven questions/statements to gather the views of members of the Patient and Client Council Membership Scheme on prescription charging and items available on prescription. This survey was carried out by post and e-mail. Alternatively, members of the public could fill in the survey online through the Patient and Client Council website. A copy of the survey can be found in Appendix 1.

Once the completed surveys were returned, the results were collated and analysed to create this report. In total, 401 people from across Northern Ireland took part in the survey (239 by post and 162 online).

The survey consisted of a number of statements with which respondents were asked to agree or disagree. In addition, people had the opportunity to provide more detail as to how they felt about the issues raised by each statement/question. Given the number of comments received, it is obvious that people feel strongly about prescription charging. Full details of the views provided by respondents are available on the Patient and Client Council website –

www.patientclientcouncil.hscni.net

The volume of comments given by respondents varied from question to question. It is worth noting that Question 7 which asked about charging for prescriptions elicited the highest number of comments with 53% of respondents choosing to detail their views on this issue. 41% of respondents took the time to comment on Question 1 which provoked some strong opinions on the costs and use of generic medicine as opposed to brand name drugs.

For questions 2 to 6 between 27% and 33% respondents elaborated on their answers. These questions addressed the provision of particular products on prescription.

3.0 Our Findings

A total of 401 people responded to the survey. This section analyses and evaluates their responses. A selection of people's comments will also be included here to highlight certain issues. For each of the questions, an attempt to balance the views of those who agreed or disagreed has been made to ensure that the range of people's views is included. It should be noted that this survey was undertaken with the general public and the PCC membership scheme but did not target groups of people with particular illnesses or disabilities for their views. It represents a snapshot of public opinion at a particular point in time.

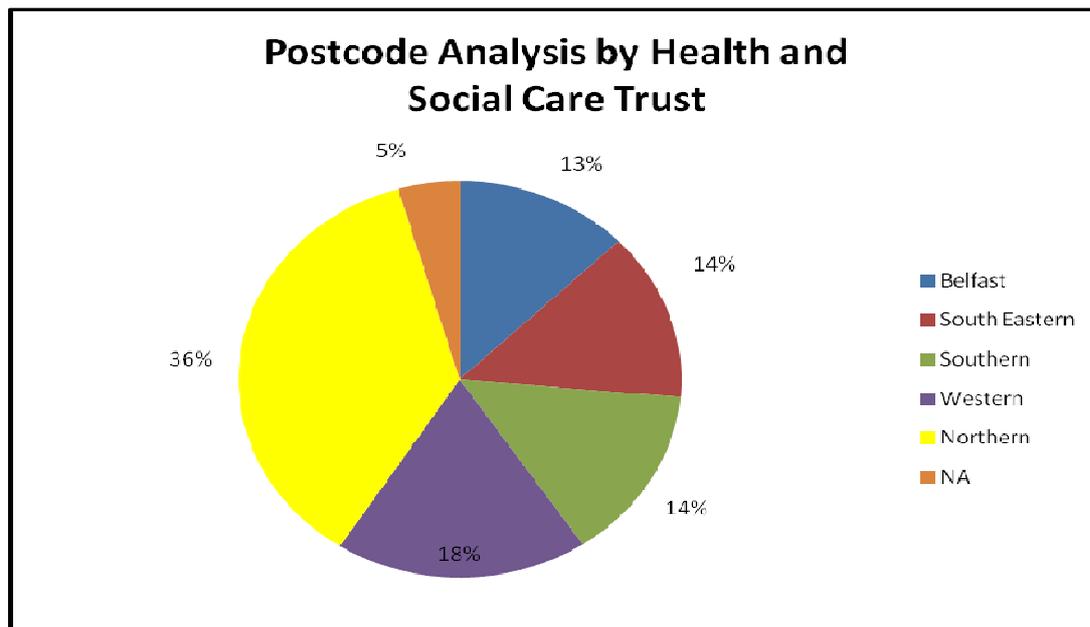
Throughout the report, the following two terms will appear repeatedly so it is useful at this stage to provide a definition for each of them:

- **Brand:** refers to the brand name under which a manufacturer markets the drug, for example Panadol which is simply a brand name for Paracetamol.
- **Generic:** refers to the name of the drug itself, for example paracetamol, aspirin or diazepam.

3.1 Postcode distribution

In order to determine the distribution of respondents from across Northern Ireland, respondents were asked to supply the first four digits of their postcodes so that a breakdown of respondents by Health and Social Care Trust area could be produced. This is shown in the following diagram:

Figure 2



More than a third of the overall responses came from the Northern Trust area, almost one fifth of the responses came from the Western Trust area and more than a tenth from each of the remaining Trust areas.

3.2 Responses to Questions 1 to 7

The following table presents the responses from the survey question by question. It gives the overall numbers of those who responded as well as percentages.

Table 1 Responses (N = Number)

	Agree		Disagree		NA	
	N	%	N	%	N	%
1. Patients who want a particular brand of product should have to pay the difference between this and the generic equivalent.	275	68.6	123	30.7	3	0.7
2. For a number of drugs, pharmacies should always give the generic version of the drug when it is not clinically necessary to have a brand name; thus saving public money.	327	81.5	68	17.0	6	1.5
3. Dental products should no longer be available on prescription e.g. teething gel, high fluoride toothpaste (Duraphat, Swissdent), high fluoride mouthwash (Peridex).	307	76.6	87	21.7	7	1.7
4. Only gluten free bread should be available on prescription (for those with wheat intolerance).	264	65.8	123	30.7	14*	3.5
5. Gluten free products (for those with wheat intolerance e.g. 'Genius' bread, Wellfoods, Glutafin pasta and crackers) should not be available on prescription.	254	63.3	128	31.9	19*	4.8
6. Baby milk should continue to be available on prescription (e.g. soya based milk for babies with allergies).	322	80.3	68	17.0	11*	2.7
7. If prescription charges were reintroduced, they should only be free to those with a long term illness or cancer. All other prescriptions should have a charge.	241	60.1	148	36.9	12*	3.0

* This comparatively high amount of NA appears to be due to some respondents failing to see the questions on the back of the sheet.

3.3 Discussion of the Responses

This section discusses the various comments made by the respondents with regards to each question. Comments are summarised and the main points highlighted. A few comments have been selected to illustrate certain issues and these are set out in boxes which are highlighted throughout the text. Please note that quotations are given verbatim; grammar and spelling errors have not been corrected.

Q1 Patients who want a particular brand of product should have to pay the difference between this and the generic equivalent.

Agree	68.6%	Disagree	30.7%	NA	.7%
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A majority of respondents agreed that people who want a specific brand should pay the difference between that and the generic equivalent. Their agreement was, however, tied to the condition that the generic product does exactly the same as the brand product. Furthermore, the generic product needs to have the same ingredients and should not have any additional side-effects.

If the generic product does the same as the brand product then the generic product should be sufficient. Health Service should not pay for the "name".

Provided the generic version has exactly the same ingredients and strength.

If the generic equivalent provides the same treatment people who insist on a brand name should have to pay the difference.

In general, people would like more information regarding generic products. They believe that misinformation, either by their doctor or pharmacist, caused confusion regarding the effects of generic products. Furthermore, people want more information to build up confidence in generic products and more reassurance from their GP and pharmacist that the generic products work just as well as branded ones.

I used to work in a GP Surgery. Whenever patients' medication was changed from a brand name to a generic they nearly always complained. Both the doctors and the clerical staff assured patients that the generic was the same, however they would claim the drug was not working. Patients and the public need to be made aware of the main differences of a generic and a brand name drug (e.g. for tablets its usually its just the filler). In this time of severe budget shortages, we should not be supplying more expensive drugs for stubborn people! If someone refuses to take the generic version of a drug they should be made to pay. If, however, there is no generic version of a particular drug, and it is clinically necessary, then I believe it should be given for free.

Some people, however, believe that generic drugs do not work as well, interfere with their other medication or do not agree with them.

In my own personal experience I have found that the generic equivalent is never as good or as effective as the brand name.

Some brands have different "preservatives" etc and therefore some brands are more suitable. Also for some conditions eg Parkinsons it is recommended for certain drugs that the same brand of drug is always used, therefore why should these people be penalised?

This is fine if you are comparing like for like. Not always possible to do with complex medicines and conditions. Side effects from generic may be more severe or have a greater impact on the individual than named drugs.

There is also the assumption that cheap products do not work as well as expensive ones, and that only expensive drugs are the best medication or cure.

There is, of course, the problem of the psychological effect of patients receiving what they perceive as an inferior product. The prescriber needs to convince the patient that what they are getting is identical to the branded version.

THIS IS DIFFICULT -It`s confidence in the quality of the product. People are of the opinion the non named products are made behind a hedge in a tin shed and might not be safe. It`s all about confidence.

If the results of clinical trials on the equivalent generic drugs were more readily available to the public I would feel a lot less sceptical that the substitute is not a cheap imitation.

Overall, people would find it more acceptable to use generic preparations because it would save money that could be used for other the health and social care services.

Patients who want a brand or product should have to pay the difference between brand and generic. This would save NHS money.

Q2 For a number of drugs, pharmacies should always give the generic version of the drug when it is not clinically necessary to have a brand name; thus saving public money.

Agree 81.5% Disagree 17.0% NA 1.5%

While the majority of people would agree that the generic product should be dispensed rather than a brand to save money, many voiced strong concerns regarding the effectiveness of generic drugs. People want more information available to the public that explains the effects of generic drugs in order to build confidence in patients and clients. Also, the Department of Health, Social Services and Public Safety needs to assure the public that generic products are of the same high standard as brand products.

Patients should not be automatically given the cheapest medicine available, they should be informed of better options where applicable, and then required to pay for what is best, if they wish to avail.

It makes sense and allows the saving to go elsewhere where it is needed.

The government must ensure that the "generic" drugs are of a high standard - the equivalent to the brand name drugs.

Practice in Omagh saved £300,000 doing this over a year.

Again people expressed concern that generic drugs are not as effective and might cause side-effects. They also fear that generic drugs interfere with other medical conditions which could then become worse.

No matter what they say the same generic drugs are not as effective as the brand drugs.

I think people should get proper drugs not cheap alternative drugs.

The generic version is not always suitable as the other parts of the drug may cause an adverse reaction. You cannot assume that because the main constituent is clinically the same that the "filler" is equally compatible.

I take a number of drugs for a complex medical condition and all the drugs prescribed are generic. The only problem I have is that the pharmacy that dispenses these drugs does not use the same generic supply each time resulting in tablets of different size, shape and colour being supplied. This leads to confusion for the patient, especially those who are elderly and it is easy to confuse them with other drugs used that are often similar in size, colour and shape.

Another important point relates to pharmacies; many people stated that pharmacists should not be allowed to dispense drugs, in contradiction to a Doctor's prescription, because they might not know the exact medical condition of a patient.

Pharmacies do not and should not know the clinical background of patients and should always give that which is prescribed by a doctor. I would also suggest that what is suggested would open the door to fraud with pharmacists giving out the generic version but claiming recompense for the branded version.

How do the pharmacies know whether it is clinically necessary to have the brand named drug, especially when in most pharmacies it is a technician who is dispensing the drugs with the pharmacist casting an eye over the complete order.

Q3 Dental products should no longer be available on prescription e.g. teething gel, high fluoride toothpaste (Duraphat, Swissdent), high fluoride mouthwash (Peridex).

Agree 76.6% Disagree 21.7% NA 1.7%

The majority of people were surprised to see that dental products are available on prescription. They see this as an example of wasting money because dental products are available quite cheaply in the shops.

Didn't realise they were available. Think that definitely a bit extreme!

These items can all be bought in supermarkets for much cheaper than the government can procure them.

However, people agree that dental products for a specific medical condition, for example antibiotics for abscesses, should remain free of charge. Also, people think that dental products should remain free if the problem is the result of a medical condition.

I have always paid for such items over the counter at the chemist. However for pain-killers and anti-biotics for gum infections, medicine should be most definitely be made available on prescription.

Cancer patients who require special dental products should not have to buy some but get them on prescription as should patients with long term illnesses.

Some people are living below the breadline in these times of recession and they may be unable to afford products to look after their dental hygiene. I know from doing my weekly grocery shopping that the unhealthy sugary products are lower priced than the fruit and veg so if you are having money problems you are going to go for tinned fruit and veg which have a higher sugar content than the fresh as the tinned products are cheaper and last longer. If dental products are not available on prescription then people are not going to be able to take care of their teeth properly. I mean if you have a starving family and a fiver in your purse which is more important to buy in your eyes- food or toothpaste. I know which I would choose! Therefore if you are not taking care of your dental hygiene you are obviously going to get cavities and so you will have to be treated by a dentist so costing the NHS more money than if they had the dental products on prescription. However there are people who can well afford to care for their teeth and will still demand these products on prescription.

Many people see dental care as cosmetic and hence believe it should be paid for by the individual. On the other hand, some people think that free prescriptions help ensure good dental care.

This and cosmetic dentistry should have been dropped a long time ago.

People already pay large amounts to dentists. We are likely to have another epidemic of tooth decay if we don't give people some slack on dental care.

If people really cared about their health they would have taken better care of their teeth in the first place and not wait until someone hands out stuff for free.

Q4 Only gluten free bread should be available on prescription (for those with wheat intolerance).

Agree 65.8% Disagree 30.7% NA 3.5%

This question provoked a lot of comment, especially from those who disagreed with gluten-free bread being available on prescription.

There is general agreement that those who suffer from wheat intolerance should get bread (and other items) free on prescription, provided that their condition is medically proven. Many justify their agreement on the basis that gluten-free products are not widely available and are prohibitively expensive.

Depends on the patient's condition - if gluten intolerance is defined as a medical condition, it should entitle patients to the same level of treatment as for other conditions.

People with wheat intolerance have the right to a varied diet just like everyone else. They should not be limited to bread but should have access to other products.

On the other hand, people think that bread is not a necessary part of a diet and that there are enough alternatives available. Furthermore, people think that as everyone must eat, everyone must pay for their own food.

Dietary products should not be available.

I think everybody should pay for their own bread, gluten or otherwise, as that is all part of the cost of living!

If gluten-free bread is available on prescription, then lactose-free milk etc. should be available as well. Besides, there is now a rich variety of food products available in supermarkets or special shops to find suitable alternatives.

People will take advantage of these kind of items when on prescription & probably use them to feed other members of the family who don't have an intolerance.

Other people, however, think that gluten free products are too expensive to buy and think that the government should either ensure that such products are priced like normal bread or it should remain free on prescription so that people's diets do not suffer.

There should be a range of products available on prescription for Coeliacs such as crackers, pasta, pizza bases and a variety of breads. There should be a maximum allowance per person.

Clients should have a proven gluten intolerance first and then - government should work with companies to price gluten-free foods as like groceries and then no need to have them on prescription - as all families have to buy groceries, therefore 'equality' maintained.

Q5 Gluten free products (for those with wheat intolerance e.g. 'Genius' bread, Wellfoods, Glutafin pasta and crackers) should not be available on prescription.

Agree 63.3% Disagree 31.9% NA 4.8%

Almost two thirds of the respondents agreed that gluten-free or other dietary products should not be available on prescription.

Let people budget for what they would like. No state can play "Santa Claus".

These dietary items or gluten free products should be paid for by the Patient. Everyone pays for their own foods.

These products are now fairly widely available in shops and I don't think it's the NHS's responsibility to provide free food where a diet without these products would be OK.

However, there is some disagreement in regards to the underlying medical conditions; some people think that people who suffer from wheat allergies or coeliac disease should get these products free. On the other hand, some people argue that those with a special diet because of heart disease or diabetes are not provided with any free food products although they can only eat certain foods.

People with heart disease etc. don't get help or free health foods or products to stay on top of their illness, and they have to watch and eat certain food and control their diets & weights.

All items for coeliac disease should be made available to all sufferers of this terrible disease to help them remain in the community and without being hospitalised.

Foods for diabetics are not available on prescription.

The price of such food items is of course an issue; many people would like to see gluten-free products on prescription because they are so expensive. Efforts should be made to reduce the pricing so that everyone can afford these products.

Need to encourage supermarkets to bring price of these items down to a comparative level with products which have gluten.

The gluten free products are so expensive to buy in shops and like I previously said its not the patients fault that they have this illness-why should they have to pay more to eat than the rest of society?

Q6 Baby milk should continue to be available on prescription (e.g. soya based milk for babies with allergies).

Agree 80.3% Disagree 17.0% NA 2.7%

The majority of respondents agree that baby milk should remain free for those babies with allergies or other specific conditions. Most people argue that the diet at this early stage in a child's life is particularly important and hence every help and support should be available. As specific baby milk products are rather expensive, most people think they should be available on prescription to assist mothers and families.

The health of children should be a high priority & therefore baby medicine should be available to all.

Taking care of a baby is expensive enough without having to buy milk for a baby who has allergies.

All baby health products should be available, the beginning of a baby's life and its health is very important, the rest of it's life will be structured on this period, so it needs the best healthcare available for our success in the future and well being.

There is, however, also disagreement; some people think that that baby milk has to be bought anyway and is part of the overall cost of raising a family. Instead of giving free prescriptions for baby milk, people suggest using the family allowance to buy such products.

Ordinary baby milk has to be bought by mothers anyway.

No. This should be paid for by the parents, all babies come at a cost!!

Use the family allowance and other benefits for these things and give the health service a break.

Some people are aware of the long-term effects of not feeding the right product to a child; in particular those children with medical conditions need the right diet to prevent illnesses getting worse and hence costing the NHS much more.

Will reduce hospital admissions for babies with allergies. Some allergies are life threatening.

Specialised milk products are expensive and having them available on prescription means that parents are more likely to use them, preventing morbidity in the child and potentially reducing longer term costs to the NHS.

Lastly, a few people think that giving out free baby milk can lead to abuse of the system with people claiming allergies or intolerances to get free food.

This is much abused and a handy way to get free milk. Other parents pay for their baby milk.

All mothers have to buy the milk products so the same applies when a child has an intolerance to milk. Too often it is called an allergy when it is only an intolerance.

I have witnessed individuals in the past who claimed their babies need soya based formula to avoid buying baby milk. Similarly requested all baby creams for nappy rash prevention on prescription a sad abuse of the system but equally shocking that the GP sanctioned these requests.

Q7 If prescription charges were reintroduced, they should only be free to those with a long term illness or cancer. All other prescriptions should have a charge.

Agree 60.1% Disagree 36.9% NA 3.0%

Just over three fifths of the respondents agreed that a prescription charge should be re-introduced and were keen to ensure that people with long-term illnesses continue to receive free prescriptions. However, the definition of long-term illness was questioned and needs reviewed. Some medical conditions are treated as long-term and others are not; for example, asthma or psoriasis.

Things like asthma/prosiraiais etc are not recognised as long term illness and it is unfair for those with these illnesses to be discriminated against.

I agree those with long term illnesses should get free prescriptions, however if charges were reintroduced the Government would need to expand the eligibility of certain diseases that weren't previously covered by free prescriptions. If a charge is reintroduced, I think it should be set at £2-3. Anything more than that is too expensive I think. As it stands, free prescriptions do not discourage people from getting items they do not need. If they were charged, they would think twice about reordering something they don't use.

In considering the comments of those who disagreed with the above statement, it was clear that these respondents felt that exempting people with long term illnesses did not go far enough; other groups such as children, people in receipt of benefits and pensioners should also be taken into account and continue to receive free prescriptions.

They should be free to those suffering from chronic illnesses, long-term illnesses, cancer. However, the economic situation of a person/household needs to be taken into account too.

In general, it is felt that paying for prescription means less waste. People think that once you have to pay for certain products, you only buy what is needed and necessary and so there would be less waste of money and products. Re-introducing charges will also mean saving money that could be used in other areas of health and social care.

People tend to not be as wasteful when they have to pay for medication.

Some people abuse the system & it is up to the doctor to [separate] genuine patients from hypochondriacs.

Too many people get drugs which they never use. There should be tighter control on "repeat" prescriptions - "Too many get a pill for every ill"

That's fair, NHS can't keep going on the way things are. Half the drugs in Northern Ireland aren't taken. Wasted! It takes money to make these drugs etc. This would stop drugs being wasted. If people paid, then they would take the drugs, I hope.

We will then begin to appreciate drugs are only needed for more rigor things and most of the time we don't need very much. The Health Service doesn't have a bottom less pit of money.

It should be noted that 29 people put forward a suggestion as to what the charge should be. All but one person out of these respondents felt that the charge should be between £1 and £3 while the remaining respondents felt that the charge should be a maximum of £10.

People also talked about the fear of not being able to afford medication if prescription charges are re-introduced. Particularly pensioners and those who take several types of medication fear that they will not have money left to live on if they are required to pay for their medicines.

Charge should relate to nature of illness & patients ability to pay ie. No one suffering pain/discomfort should be prevented from having medication because of inability to pay!!

Fine to pay for prescription if you have a good wage coming in. I still think pensioners should have prscriptions free. My government pension is currently £59.66 per week - how could I pay for prisscriptions and gluten free products - what would I live on?

3.4 Main issues in people's comments

Overall, the majority of respondents think that prescription charges would be beneficial because they would reduce waste and save money that could then be used to support other health and social care services. The responses gathered also show that it is not just a simple matter of whether there should be a prescription charge or not. The diversity of views expressed reveal the need for a debate about what medication/specialist products individuals should pay for (if any) and whether or not certain groups such as young children or pensioners should be exempt from charging altogether.

It should be noted that in spite of the majority of people being in favour of some degree of charging, it is not a case of simply introducing charges for all. Many of the comments in favour of charging did not suggest the reintroduction of universal charging but rather listed a number of groups of people who should not have to pay. In addition, a number of themes can be identified from the comments provided.

For those who favour reintroducing prescription charges, a key issue is the possible abuse of the system and the waste of money and resources. Many people are concerned that free prescriptions are an invitation to claim everything possible free of charge. This not only incurs huge costs but also damages the healthcare system in the long run. In particular, the government is being held responsible for making such abuse possible by scrapping the charges and having too many items on the free-prescription list. Thus, people argue for a more thought-out approach in which criteria are reviewed and adapted so that money is not wasted.

The amount of products available is disgusting. The Health Minister introducing free prescriptions as a sop to the community does not impress at all - a wretched move - with care of vulnerable groups in crisis!! Unbelievable stupidity.

These [gluten-free products] can all be bought in supermarkets, and I find it ridiculous that the government is basically handing out free food! If someone has a nut allergy they don't get nut free products on prescription - so why is a wheat intolerance any different?

The following comment sums up many people's views.

I do support the re-introduction of prescription charges. Free prescriptions are completely unnecessary for most people and were a populist measure by the Minister rather than a carefully thought out measure. I have heard so many stories about how the initiative is being abused...A more sophisticated approach is needed - free or reduced cost for people on means-tested benefits, people with long-term illnesses or cancer, pregnant women, young children.

A number of arguments were also put forward as to why prescriptions should remain free. For example, some respondents express an underlying feeling of "betrayal"; they say that they have worked all their lives, paid their taxes and insurance

contributions and now, they could still be required to pay large sums from a smallish pension. These people feel mistreated by the system and let down by the government.

I am on long term medication for blood pressure. If I do not take my medication I could end up getting a stroke thus resulting in me ending up with a long term illness. I have worked every day of my life after leaving secondary school and getting free prescriptions was the first break I ever got - by the way I am still working and I am over 60.

I worked all my working life but approx 12 months and paid my insurance stamp - what was this for?

When you work all your life you should be entitled to the right brand.

Others see prescription charges as penalising those who are ill.

Prescription charges are a discriminatory tax on illness and should never be re-introduced.

A long-term view is taken by other respondents. They argue that prescriptions need to remain free in order to help prevent long-term illnesses developing or becoming more serious. This action would reduce long-term costs to the health and social care services.

Some respondents also think that re-introducing prescription charges could have a negative effect on future developments; for example, people may let their condition deteriorate before seeking treatment. Thus, there needs to be awareness of the implications certain measures might have.

Everyone should be given free prescriptions for all conditions. Good healthcare is a right and an entitlement for everyone to have and for the future for all. Some patients might not be able to afford all the medication they need and serious consequences might occur to patients and necessary expenses as a result. Good healthcare is priority and is essential for all.

4.0 Conclusions

The overall number of responses to this survey shows that this is a matter of interest to people. Free medication is considered a basic right by many. However, people are aware of the current financial circumstances of our health and social care services and think that a charge for prescriptions could be paid. Should prescription charges be re-introduced, however, the criteria for exemption need to be reviewed.

Many of the respondents are also aware of the potential flaws in the system. Free prescriptions are seen by some to be an invitation to abuse and waste. Others feel that free prescriptions are essential in ensuring that people can access treatment when they need it.

The main issues identified in the survey are:

- The majority of respondents are sympathetic to the re-introduction of prescription charges.
- The list of illnesses that exempt patients from charges needs to be reviewed so that the needs of people with long-term serious illnesses can be adequately met.
- Generic medicines should be used instead of branded products provided they have the same quality, ingredients and effects.
- People need to be better informed about generic medication.
- Where generic medicines are dispensed there should be consistency of supply.
- Food products should not be available on prescription unless absolutely necessary to treat a medical condition.
- Babies need to be particularly protected so products which meet their special dietary requirements should be available free.

5.0 Recommendations

As the survey has shown, respondents are aware that there are financial constraints faced by our public services. Prescriptions may be an area where savings can be made. However, the substitution of branded drugs with generic ones, the review of those items currently free of charge and the potential re-introduction of some form of charging regime all require careful scrutiny. People would also like to be informed better, especially with regard to changes in their medication. Lastly, people feel that the present system for prescriptions has the potential for a degree of wastage.

Based on the views obtained from the public, the Patient and Client Council recommends that:

- There could be a minimum charge for prescriptions.
- The list of illnesses that exempt patients from charges could to be reviewed.
- There could be a review of dietary and other (non drug related) products that are currently available on prescription.
- Patients receiving generic medicine should expect to receive the same presentation every time and not experience constant changes (size, shape, colour). This would help reduce confusion for patients who are taking a number of different drugs.
- The Health and Social Care Board, Health and Social Care Trusts, the Public Health Agency, GPs and Pharmacists should work together to inform the public about generic medicines to build confidence in these products.
- People who want a particular branded product could pay the difference between that and the cost of the generic product unless they have a medical condition which can only be treated effectively by a branded product.

- A subsidised system could be considered for those who require gluten-free products (such as a voucher system which offsets the extra costs of gluten free products in the supermarket).
- Appropriate steps need to be put in place to counter waste and abuse of the system.

Patient and Client Council

Your voice in health and social care

Survey on Products Available on Prescription

* ‘Generic’ refers to the name of the drug e.g. paracetamol. ‘Brand’ refers to the brand name or manufacturer of the drug e.g. Panadol. Another example is ‘antacid’, brands of which are Gaviscon and Maalox.

1. **Patients who want a particular brand of product, should have to pay the difference between this and the generic* equivalent.**

Agree

Disagree

Comments:

2. **For a number of drugs, pharmacies should always give the generic* version of the drug when it is not clinically necessary to have a brand name, thus saving public money.**

Agree

Disagree

Comments:

3. **Dental products should no longer be available on prescription. e.g. teething gel, high fluoride toothpaste (Duraphat, Swissdent), high fluoride mouthwash (Peridex).**

Agree

Disagree

Comments:

4. Only gluten free bread should be available on prescription (for those with wheat intolerance).

Agree

Disagree

Comments:

5. Other gluten free products (for those with wheat intolerance, e.g. ‘Genius’ bread, Wellfoods, Glutafin pasta, crackers) should not be available on prescription.

Agree

Disagree

Comments:

6. Baby milk should continue to be available on prescription (e.g. soya based milk for babies with allergies).

Agree

Disagree

Comments:

7. If prescription charges were reintroduced, they should only be free to those with a long term illness or cancer. All other prescriptions should have a charge.

Agree

Disagree

Comments:

Please give the first digits of your postcode e.g. BT45 _____

This will be useful in gathering opinions from different areas.

Thank you for completing this survey. Please return this in the freepost envelope provided.

Remember you can contact your local office on

Telephone 0800 917 0222

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