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BMA

England

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To whom it may concern,

BMA Response to 'Aligning the upper age for NHS prescription charge exemptions with the State Pension age'

Please find attached a submission from the BMA in response to the public consultation on aligning the upper age for NHS prescription charge exemptions with the State Pension age.

Unfortunately, our answers were incompatible with the online form, but we ask that this submission is taken into account.

We welcome the opportunity to share our views on the proposals and hope that our response is constructive.

Yours sincerely,

Lena Levy
Head of Public Health and Healthcare



BMA Response: Consultation on aligning the upper age for NHS prescription charge exemptions with the State Pension age

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding healthcare and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

The BMA has long called for a review of the prescription charge system. We believe that prescriptions should be free of charge for all patients in England as they already are in the rest of the UK. We therefore reject both options proposed in this consultation.

Prescription charges defeat the fundamental principle of healthcare under the NHS, namely that care is free at the point of delivery. As set out in this response, the current charge system is detrimental to the health of those patients forced to pay for essential medications. Increasing the upper age limit for prescription charges serves only to worsen inequalities, as it will most severely impact those from vulnerable and socio-economically disadvantaged backgrounds.

Prescription charges have risen year on year for over a decade. Meanwhile, wages have remained stagnant, making prescriptions even less affordable to those most in need. The result is that many patients economise on prescriptions and forgo essential prescribed medications they cannot afford. Increasing the upper age for exemption from prescription charges will burden more people with further costs at a time when many are already struggling to make ends meet.

This approach to prescription charging is a false economy, as prescription noncompliance can lead to worse long-term health outcomes and further costs to the NHS. Studies of prescription noncompliance have shown that non-redemption of prescriptions is more common among those who pay prescription charges than among those who are exempt.^{1,2} These studies have shown that in addition to non-redemption of prescriptions these patients use a variety of other strategies to manage this cost, including avoiding a visit to the doctor in case this results in a prescription being issued, only part-filling a prescription that lists multiple items, and reducing medication dose. These strategies reduce consumption and mean that patients do not adhere to their medication regimens as intended by the prescriber, leading to worsened outcomes long term.

Our members are particularly concerned about the impact of the proposed changes on those with comorbid, chronic, and long-term health conditions, all of which are becoming more common among older populations. It is vital that patients are supported to mitigate these conditions, including through the use of preventative medicines. Increasing the upper age for prescription exemption will limit people's ability to engage in these proactive, preventative efforts.

Aligning the upper age for NHS prescription charge exemptions with the State Pension age is likely to have negative implications for health outcomes, morbidity, and mortality, with consequent potential for extra societal cost through the use of additional healthcare services. Abolishing prescription charges altogether is the fairest and the simplest option to protect the health and wellbeing of older people in England.

¹ Lexchin & Grootendorst (2004) [Effects of prescription drug user fees on drug and health services use and on health status in vulnerable populations: a systematic review of the evidence](#). International Journal of Health Services

² Prescription Charges Coalition (2018) [Economic evaluation of the benefits of extending free prescriptions to people with long-term conditions](#)