



What we think about:

Prescription charges

Rebuilding lives after stroke

Stroke
Association

Background

Charges for prescription medication were introduced in 1952 to raise additional revenue to fund the NHS. Today, England is the only UK nation without universal free prescriptions. Wales abolished charges in 2007, Northern Ireland in 2010 and Scotland in 2011. As of April 2018 in England, a prescription costs £8.80 per item and according to the Government, prescription charges currently raise around £450 million each year.¹

Since 1968 a set of exemptions to prescription charges have been in place for those under 16 and over 60, pregnant women, 16-18 year olds in full-time education and people receiving certain benefits. A list of exempt medical conditions also exists to protect those with conditions that are likely to have a higher need for medication. This includes conditions like diabetes and cancer. 90% of all prescriptions in England are covered by these exemptions and are dispensed free of charge.²

71% of stroke survivors have one or more other conditions, meaning they may be more likely to need prescription medication.³ However, stroke is not currently included on the exempted conditions list.

What we think

Prescription medication plays an important role in preventing stroke and managing the effects of stroke. Despite this, stroke is not currently an exempted condition for prescription charges. The current exemptions list is out of date; it has been largely unchanged for decades despite advances in medicine.

Many stroke survivors live with several medical conditions for which they may require medication. While the majority of stroke survivors are exempt from prescription charges due to age, around one in four strokes happen to people of working age. These individuals are not exempt and will therefore have to pay for their prescriptions over long periods of time.

The extra cost of prescription charges often comes at a time when many stroke survivors are already struggling with additional expenses and loss of income as a result of their stroke. Charges are another burden for stroke survivors who are trying to come to terms with their stroke and focus on their recovery.

It is therefore vital that those affected by stroke and trans-ischaemic attacks (TIA) are able to access the medicines they need regardless of age, income or wealth.

Why do we think this?

The system is out of date

Despite progress in the treatment and detection of certain conditions, the list of exempt conditions for prescription charges has not been changed since 1968 (apart from the introduction of cancer in 2009).⁴

Evidence suggests that the number of strokes is going to dramatically increase between now and 2035. This means an increasing number of working age stroke survivors will have to pay for their medication. Working age stroke survivors tell us that current prescription charge exemptions are just another example of how care and services are tailored to older people's needs, but not to the needs of younger stroke survivors.

Prescription charges can have negative effects on stroke survivors

Evidence suggests paying for prescriptions makes it more likely that people will self-ration their medicines or skip doses to make them last longer and save money^{6 7}.

Common risk factors for stroke such as hypertension and atrial fibrillation can be treated effectively with prescription medications, therefore reducing the risk of stroke⁸. However, when people don't regularly take the medicine that is prescribed to manage stroke risk factors or take a lower dose than is recommended, they are more at risk of having a first or second stroke or becoming unwell and needing further treatment from their GP or hospital.⁹

Around one in six stroke survivors experience a loss of income after their stroke and around a third say they have to spend more on daily living costs¹⁰, as well as crucial home alterations and higher heating bills¹¹. Many stroke survivors are unable to return to work and family members often have to reduce their hours because of their new caring responsibilities. Prescription charges are an extra pressure on stroke survivors at a time when they should be focusing on their recovery.



There is widespread support for change

We are not the only ones who believe this system needs changing. Stroke survivors from our Policy and Influencing reference group living in England have told us they feel they are being treated unequally compared to others with long-term conditions.

There has also been a lot of criticism of the current exemption system from within parliament¹², other health charities and experts such as the Royal Pharmaceutical Society¹³, the British Medical Association and the Royal College of Physicians.¹⁵

The UK Government commissioned a review of prescription charges in 2009 with a particular focus on how to include long-term conditions as part of the exemptions list. The review recommended a broad definition of a long-term condition and that people's individual doctors make the eligibility decision based on their knowledge of the patient's condition. The report also highlighted how the existing system was restrictive and inflexible to change¹⁶. However in 2010, the Coalition Government decided that there was not enough money to make the recommended changes to improve the system.

What do we want to see happen?

We want the UK Government to review the existing exemptions list for prescription charges and to include stroke and other long-term conditions such as Parkinson's disease and cystic fibrosis.

Including long-term conditions such as stroke in the list of exemptions will remove a barrier to stroke survivors taking their medication. This will improve patient outcomes and quality of life and reduce the likelihood of costly interventions. This could also help stroke survivors to stay in or return to employment.¹⁷

What are we doing?

- We will continue to work with the Prescription Charges Coalition (PCC) – a group of nearly 40 organisations campaigning to end unfair prescription charges for people with long-term conditions. Working as part of the PCC, we will be able to do more research into the effect of prescription charges on people with long-term conditions such as stroke.
- Through our UK helpline and stroke support services we will continue to support stroke survivors to understand their medication and why taking it is important, as well as provide information and advice on how stroke survivors can access prescription medication.
- We will continue to provide free factsheets on many of the common medicines stroke survivors might have to take following a stroke.

Q&A

Q. What support is there for stroke survivors in England to pay for prescriptions?

A. Prescription payment certificates offer the best support for stroke survivors who are not covered by any exemptions and require three or more prescriptions a month. These allow you to pay a fixed monthly price for any prescriptions you need. **Find out more about existing exemptions and prescription charges.**

Q. Are there any plans to re-introduce prescription charges in Wales, Scotland or Northern Ireland?

A. Most of the political opinion in Northern Ireland, Scotland and Wales is in support of free prescriptions.

In the 2017 general election, all of the major political parties in Scotland supported keeping free prescriptions. There is also considerable support from Welsh political parties for retaining free prescriptions.

In Northern Ireland the situation is a little more complicated. In 2015, due to public pressure to improve access to specialist medicines, then Health Minister Jim Wells proposed the reintroduction of prescription charges to pay for a new specialist drug fund in Northern Ireland.¹⁸ This fund would pay for drugs that were either too expensive or too specialist to be licenced for use at that point in time.

Many health charities campaigned against the reintroduction, surveying those with long-term conditions on the potential impact it could have. In November 2015 Health Minister Simon Hamilton stated that "given the lack of consensus", prescription charges were unlikely to be introduced in Northern Ireland in the short term.

In December 2017 the reintroduction of prescription charges was included, as part of a budget preparation exercise, as a revenue raising option.¹⁹ We believe that if charges are reintroduced in Northern Ireland there should be exceptions for stroke survivors for the reasons outlined above.

Q. Why aren't we calling for universal free prescriptions?

A. Despite statements from Governments in Scotland²⁰, Wales²¹ and Northern Ireland about the success of free prescriptions, there has been limited research into its full impact, particularly around:

- levels of medicine wastage
- amount of prescriptions being dispensed for medicines available over the counter
- accessibility to new and more expensive medicines
- levels of medicine adherence.

Initial data from Wales, three years after the abolition of prescription charges, show that there were no additional increases in the number of prescriptions, the number of over the counter medicines prescribed, or the overall net cost of each prescription.²²

Until the full impact of universal free prescriptions, and their impact on people affected by stroke is known, we are not calling for universal free prescriptions in England.

Q. How long have prescription charges been in place?

A. Prescription charges were initially introduced in the UK in 1952 to help cover the cost of running the NHS. They were in place until 1965 where they were removed for three years. When the government made the decision to reintroduce charges in 1968 they also introduced a set of exemptions relating to income, medical status and age.

Q. Does this policy apply to the whole of the UK?

A. Yes, although most relevant to England where prescription charges are in place at the moment, it also covers if there was a reintroduction of charges in Scotland, Wales and Northern Ireland.

Policy to be reviewed June 2019

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When stroke strikes, part of your brain shuts down. And so does a part of you. Life changes instantly and recovery is tough. But the brain can adapt. Our specialist support, research and campaigning are only possible with the courage and determination of the stroke community. With more donations and support from you, we can rebuild even more lives.

Donate or find out more at **stroke.org.uk**

Contact us

We're here for you. Contact us for expert information and support by phone, email and online.

Stroke Helpline: **0303 3033 100**

From a textphone: **18001 0303 3033 100**

Email: **helpline@stroke.org.uk**

Website: **stroke.org.uk**

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