Prescription charges – the perpetual problem

Since the foundation of the National Health Service in 1948, prescription charges have been at the centre of debate over its funding. Both NHS founder Aneurin Bevan and future Labour Prime Minister Harold Wilson were political casualties when a one shilling charge was introduced in 1951. Wilson swept to power 13 years later on the back of a pledge to scrap them altogether, only to be forced into a humiliating U-turn after three years of spiralling drug costs.

On p47, Danny Buckland examines the complex and fraught issue of making patients pay for their medicines. Abolished in Wales, Northern Ireland and Scotland, prescription charges are facing a growing body of opposition in England. The Prescription Charges Coalition, a pressure group of 40 organisations, is calling for their abolition, citing their impact on drug regimen adherence with tales of patients breaking pills in half to make them last until payday.

Of course, not everyone in England pays the charge but critics say the list of exemptions is confusing and inconsistent. “It is hard to justify why a patient with a regular thyroid prescription should get everything free ... while someone with osteoporosis may not get anything free,” BMA GP committee deputy chair Richard Vautrey tells Buckland. He has a point but the fact remains that prescription charges generate over half a billion pounds in annual revenue. That’s a hole that won’t easily be filled.

The Royal Pharmaceutical Society (RPS) responds by claiming prescription charges generate more costs than revenue. What might at first seem a somewhat counterintuitive assertion makes some sense when the costs of noncompliance and poor adherence such as hospital admissions are taken into account.

“Asthma is a good example where a patient chooses to do without their preventive inhaler because they are OK at the moment yet the condition is gradually worsened to the point of crisis,” says Neal Patel, head of corporate communications at the RPS.

Universal charges?

One option proposed by the King’s Fund is to extend prescription charges to all patients but reduce the cost to £2.50. At first glance, this would seem a more egalitarian policy and likely to ease the burden on many but critics have pointed out it would introduce new financial burdens to, for example, the elderly, currently exempted from payment.

Despite the various arguments ranged against them, the scrapping of prescription charges in England is unlikely in the immediate future. Junior health minister David Mowat last year claimed the system worked well and that “prescriptions are affordable for everyone”, while Labour appears to be sitting on the fence, condemning this year’s increase in charges while falling short of advocating full abolition.

The issue is unlikely to go away, with many seeing paying for medicines as anathema to the founding principles of the NHS, but as Bevan himself discovered at an early stage, idealism and financial reality rarely share common ground.

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