

## Aligning the upper age for NHS prescription charge exemptions with the State Pension age Consultation

Healthwatch Birmingham welcomes the opportunity to respond to the Department for Health and Social Care's consultation on *Aligning the upper age for NHS prescription charge exemptions with the State Pension age*. Our key role is to make sure that patients, the public, service users, and carers (PPSuC) are at the heart of service improvement in health and social care. We have completed the consultation survey, and would like to further comment on our responses. In line with our role, we have focused our comments on:

- Patient and Public Involvement.
- Whether the proposals are responsive to the needs of those accessing services, ensuring that they do not lead to health inequality.
- The extent to which the proposed change affects Birmingham citizens.

Healthwatch Birmingham welcomes that the Department for Health and Social Care is consulting on this topic, and is directly asking about potential inequalities as a result of this proposed change.

### Patient and Public Involvement

We are disappointed to note that the documents have only been available online, and that we are not aware of any other steps taken to engage the public in this consultation. We do note however that an email address has been provided for people to contact if they require documents in a different format, and a postal address has been given for those wishing to send a postal response.

We engaged with the public of Birmingham on this topic, and found that people were unaware of the proposed change, and this consultation. We feel the timing of this consultation over the summer, and during the current pandemic, may have limited the public's awareness of it.

It is useful that, whilst a full equality needs assessment has not yet been shared, the department has shared information on the potential equality impact. We believe that the more informed people are about changes proposed, the more able they are to respond fully.

Healthwatch Birmingham is pleased to note how clearly the department have communicated about the question added to the consultation after it had opened. However we note that people were limited by a small word count of 150 in their answers to the questions, which may have limited how fully they could express their views, and could lead to important points being lost.

The information provided in support of this consultation is not clear on what engagement activities took place prior to the consultation. As a result, it is unclear the extent to which



the views of the public and other stakeholders were taken into consideration. Healthwatch Birmingham would like to urge you to not only listen to people's views but also demonstrate how these views have affected the proposal. This will ensure that people feel part of the decision-making process not just rubber stamping decisions that have already been made.

## Feedback from people in Birmingham

Healthwatch Birmingham have engaged with the public in Birmingham on this topic, and have heard from 46 people about how this proposed change may affect them and other people in Birmingham. 80% of respondents would be directly impacted by the change currently. Only 25% of respondents stated they were working full time.

We heard from people how the proposed change would affect them personally.

*I'm retired, but below state pension age. I currently have 5 drugs on repeat prescription which I have to use every day. The conditions they treat are life threatening so I could not afford to do without them.*

*I am 63 & have regular prescriptions which I would find difficult to pay for as I don't work.*

*It would have a huge impact on my income as I'm 62 and live off a small pension.*

*Already struggling with increases in things like council tax etc.*

Some people felt that they had earned the right to free prescriptions by being economically active their whole lives, and highlighted the disparity between nations the UK.

*I'm currently 2 years away from retirement never had anything for free of the government, now moving goal post again.*

*I am almost 64, I think I've paid enough into the system working all my life, why shouldn't we get something free*

*No but it's just take by the government I have paid into the system all my working life even have to work extra year from 65 to 66 still working still paying tax all they want is for people to die so they have to give you nothing for all that you have put into the country*

*I have worked since age 18 and paid all my dues. Never claimed benefits and now when I need help from NHS it is being taken away.*

*Most people of 60+ have contributed to society through work, supporting a family, supporting the needs of the next generation and providing a settling influence in times of stress. How can a wellness attack on this group be justifiable when economic disaster is about to impact the social and family support system? Those who support such a proposal are being hoodwinked by the fact that they're alright now - they should consider a very uncertain future and the effects of increasing age on health and wellbeing.*

*I'm only 2 years off 60 & have to take numerous medications for health problems & don't think it's very fair if they raise the age to 66 as Scotland, & Wales get free*



*prescriptions whatever their age. Why should England have to pay & the others don't.*

*Why not start charging the people in wales/ Scotland that all currently get free*

We asked if there were any particular groups of people or communities that would be more affected in Birmingham. Many people highlighted older people on low incomes, people from ethnic minority communities and people with long term health conditions or disabilities.

*This will have a huge impact on people who have long term medical conditions and a reduced level of income*

*Those who are struggling on a widow's pension, low income, large families and long covid.*

*Most over 60 do not have a high annual income source which will impact their health*

*Old people, we don't all have well-paid jobs. More obviously though, those who are on long term medicines for conditions such as diabetes.*

*Lower paid older people who are just above the level needed for universal credits*

Women who have already been affected by the change in state pension age were particularly highlighted.

*Those on low incomes. Women that have already been badly affected by the raise in state pension age.*

*Women born in the 50's who's pension age has been increased, for the majority without notice.*

*People on low incomes, people with on-going life threatening conditions, people with disabilities and women because of changes in state pension age.*

*1950s born women who are suffering hardship because of the unexpected rise in the pension age. Anyone on a low income but not on an eligible benefit for free prescriptions.*

*I am not only having to continue working since pension age has been increased to be able to survive now they want to make me pay for my medication that I need in order to continue working*

People told us about how this would affect people who live in poorer areas of Birmingham and/or from deprived backgrounds. Many told us that they felt the proposed change would cost the NHS more money in the longer term.

*Very badly people will have to do without necessary medicines and it'll end up costing NHS even more.*

*This will increase the incidence of increase morbidity and mortality as people will be reluctant to seek medical advice and pay for prescriptions.*



*As their health issues increase and income decreased this will be more of a struggle and may cause some people not to get the medication that they need*

*People will just suffer if they can't afford medication leading to complications e.g. worsening of illness and then requiring hospital treatment costing the government more in the long run.*

*This will have a devastating effect. People who can't afford it will stop taking some medication they need and suffer. They will also create longer term problems by not taking what they should costing the NHS more money and reducing severely their quality of life and health and wellbeing*

*People should continue to receive free prescriptions once they reach 60. This keeps the older population well maintains health and a more sustainable health and wellbeing. Taking this away is a false economy in the long run.*

People also told us about concerns for the economic impact on people's lives, leading to worsening health inequalities.

*It will devastate their lives due to the effects of long covid and diminishing incomes due to the effects of the world economic destabilisation and Brexit isolation.*

*They will be less likely to obtain the medication that they need so the health gap will widen*

*It will increase poverty for all those affected. We don't all have unlimited resources, some of us have to live on a very small private pension*

The issue of those who receive a small private pension was raised by some people. It was highlighted that in this situation, people are not always accessing benefits, and thus would not receive a prescription exemption for that reason.

*I am struggling financially as I get a private pension which is very little. I don't qualify for any benefits & not working, I don't get my state pension for another 4 years. I'm on 6 different medications & this would be an absolute nightmare for me.*

*In the last 14 years I have had to pay for my regular medication. It wasn't easy as I was on a small pension. When I reached the age of 60 it was a huge help that I qualified for 'free' prescriptions, bearing in mind that I had paid in my contributions to National Insurance for over 40 years. Ironically I am not currently taking regular medication but many people over 60 are. It is so wrong to increase the age limit.*

We also heard from some people who are supportive of the change. However it was interesting to note that when we looked at the demographic information of contributors, people who were supportive of the change lived in more affluent areas than those raising concerns. We analysed this by looking at the indices of multiple deprivation decile that they lived in.

*We must increase contributions to NHS costs. Prescription charges are a good way that service users can contribute.*



*People are living longer... the system has to change to accommodate life expectancy, it's not a bottomless pit.*

*Free medication results in huge waste; people are prescribed and dispensed stuff they never take. I have seen medication collections worth hundreds or even thousands of pounds sitting on shelves in people's houses that were thrown away. Everyone should pay something, adjusted to their ability to pay, and to the cost of the drugs.*

*It doesn't affect me as I am 77 but I think it's fair that working people over 60 should pay for their prescriptions*

## Proposed change

Healthwatch Birmingham has heard from more people who oppose the proposed change than those that are supportive of it. As can be seen from feedback above, many reasons to oppose the change have been raised.

Only one person suggested to us that the change should be staggered, such as by allowing existing 60-65 year olds to retain their exemption. Most people were opposed to the change happen at all, and a small number were supportive of the change.

The feedback we have heard from people indicates that a potential unintended consequence is people choosing to not take prescribed medication, leading to worsening health, and increasing deprivation health gaps. This could lead to more costs on primary and secondary health care systems. The burden of this would be worse for systems with more deprived populations.

We also heard from several people who were unaware about the proposed change. It is clear that if the change was to go ahead, a carefully planned extensive engagement process would need to take place to inform everyone affected by it. Co-production of this message would be essential in populations with language needs, such as those with sensory disabilities and people who do not speak English as a main language. This is to ensure everyone understands the change, and what the pre-payment and exemption options available to them are.

The differential impact on particular groups of people or communities, and impact on those from disadvantaged geographic areas, can be clearly seen in the feedback above. It is of note that we heard from several people from the most deprived areas of Birmingham (IMD decile 1 - most deprived), all of whom were opposed to the change and who raised many concerns. As highlighted in the consultation information provided by the department, those who live in the most deprived areas tend to use more prescription items than those in less deprived areas. Charging for prescription items for this population risks worsening health inequalities.



Yours Sincerely,



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