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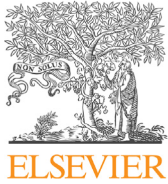

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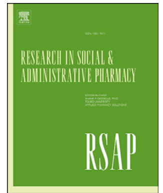

Knowledge and attitudes to prescription charges in New Zealand and England

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ABSTRACT

Background: Prescription charge regimes vary between countries but there is little research on how much people know about these or support values underlying them.
Objective: To explore, in New Zealand (NZ) and England, the public's knowledge of, and attitudes to, charges and whether knowledge and attitudes varied by demographic characteristics or by values about entitlement to public goods.
Method: A questionnaire was developed and administered to people over 18 recruited in public places in NZ and England.
Results: 451 people in NZ and 300 people in England participated. Less than half in each country knew the current prescription charge. In each country 62% of people were unaware of arrangements to protect people from excessive annual charges. Support for free or lower cost medicines for children, people over 65, people on low incomes, people on benefits, and people with chronic health problems was higher in England than in NZ. Support varied by participants' demographic characteristics and, in the case of people on low incomes and people on benefits, by values about universal entitlements.
Discussion: Gaps in knowledge, particularly about mechanisms to protect people from high costs, are concerning and may lead to people paying excessive charges. There was consensus about the elderly, children and the chronically ill being "deserving" of lower prescription charges, but people who did not believe in universal access to public goods appeared to see people on low incomes or benefits as less "deserving". In general, public views resembled those underlying the prescription charge regime in their country.

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1. Introduction

Although public funders in most industrialised countries pay most of the costs of prescription medicines for their citizens,[1] they also require citizens to contribute. Prescription charges generate revenue, and reduce excessive demand for and wastage of prescription medicines. However there is a considerable body of research and reviews[2–4] showing that prescription charges prevent some people getting medicines they need,[2,5–10] increase utilisation of other health services[11,12] and have a negative impact on people's health.[13,14] Thus prescription charges are an important aspect of the interface between consumers and health systems, and experiences of being unable to pay can significantly affect people's interactions with and perceptions of the health system.[7] Prescription charge regimes vary widely in different countries.[15,16] This study examines

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two relatively similar countries, New Zealand and England, which currently have different approaches to prescription charges. New Zealand was a British settler colony, and most New Zealanders have European ancestry. Both countries have now ethnically diverse and New Zealand also has a significant indigenous population. Both countries have a health system funded predominantly through taxes and which aims to minimise financial barriers to healthcare. In both countries general practitioners (GPs) play a very significant role in providing primary healthcare, however in England GP visits are free, whilst in New Zealand there are significant user charges.

In New Zealand prescription charges are low, but are (almost) universally applied. Everyone 13 years and over pays $5 (equivalent to $3.54 USD on 1 Dec 2016) per prescription item. This entitles the patient to up to 3 months of a medicine. There are some other charges, for example for medicines that are only partially subsidised, but the standard charge for the great majority of medicines is $5. There is a payment ceiling of 20 items per individual or family per year (1 Feb–31 Jan). After this people can obtain a Prescription Subsidy Card that entitles them to be exempt from the standard $5 charge.[17] However previous research has suggested that many people may continue to pay despite this.[18]

In the UK, prescription charges vary by country. In Scotland, Wales and Northern Ireland prescriptions are free.[19] In England there is a standard charge, but most prescriptions are exempt (89.9% in 2014).[20] The charge is much higher than that in New Zealand (8.20 UK pounds at the time of the study, which is equivalent to 10.27USD at 1/12/16)[21] but is applied to a minority of prescriptions (and length of supply is longer (up to 6 months)). Exemptions are available on the basis of age (those under 16, those 16–18 in full-time education and those aged 60 or over), illness (those with a medical exemption certificate or who have a listed condition) and income (on Income Support or sometimes other benefits or tax credits). It is estimated that approximately half the adult population are exempted from charges.[22] As in New Zealand, there is also a system for protecting people from excessive annual charges. Those who require large numbers of prescriptions can purchase a Prescription Prepayment Certificate (PPC), that allows them to get as many prescription items as required, in the timeframe that they have prepaid for, reducing and capping the cost.[23]

In NZ, apart from children, all citizens pay the same small amount for all prescriptions.[24] In England, those who may face a lot of prescription charges, either through age or ill-health are exempted from charges. These exemptions are very broadly applied so that, for example, individuals over 60 who are in very good health and take few medicines are also exempt from charges. In both countries there is some protection for those with poor health and therefore many prescription medicines in one year.

There is little research exploring what the general population know about prescription charges. Knowledge of entitlement is important because it is one of the factors that determines whether people access social support they are entitled to.[25] There is also little or no research on whether the public support the policy approaches to prescription charges taken in their country, with the notable exception of Schafheutle.[26] Public support for the policy approach in their country could be because the system of prescription charges reflects commonly held moral values about who is entitled to free medicines (who is deserving or undeserving) or how subsidies should be targetted, or it could be that citizens of a country come to accept the system that they have and regard it as fair. Views about universality of access to essential items and services may also affect views of prescription charges and this may or may not vary between countries. Initiatives involving public involvement in decision making, such as structured dialogues in Canada, and citizen's juries in Australia have explored community values in relation to healthcare. In the Canadian process citizens opposed the introduction of user fees because of concerns about access,[27] and in Australia citizens were similarly concerned with equity.[28]

The aim of the study was to explore, in New Zealand and England, the general public's knowledge of and attitudes to prescription charges, whether this varied by demographic variables or by values about entitlement. An additional aim was to compare NZ and England, looking at whether knowledge, attitudes and their predictors were similar or different.

2. Methods

A questionnaire was developed and administered to people recruited in public places in a range of cities and towns in New Zealand and England.

2.1. Questionnaire design

The questionnaire was designed to be short (2–5 min) and easy to administer in public places. The initial draft was developed by the New Zealand investigators, and then discussed by Skype with the England team, to identify questions which needed to be adapted for England (the ethnicity question and some of the prescription charges questions). The researchers in England then adapted these questions or response options to ensure that they made sense in the English setting.

Participants in both countries were asked the same questions about their age, gender and ethnicity. Response options for ethnicity were different in each country, with each based on the ethnicity question used in the national census. Participants were then asked their occupation, and to rate their health on a five point scale.

The interviewer then asked the participant how much people usually pay for a prescription medicine, and a question about their knowledge of the exemption arrangements in their country. In New Zealand this was about the Prescription Subsidy Card available after 20 items, and in England it was about the Prescription Prepayment Certificate. Participants were then told the standard prescription charge in their country and asked whether they thought that a range of different people should pay that charge, less or nothing. They were then asked about the standard charge and whether they thought it should stay the same, be increased, or be decreased.

The final question asked participants for their opinion of the statement “Everyone has the right to food, housing and medicine”. This item was adapted from McFarland and Mathews[29] for use in the New Zealand Attitudes and Values Study.[30]

In New Zealand the initial questionnaire was initially pretested on friends and family with no particular knowledge of pharmacy, revised, and then piloted on members of the public approached in public places, and again adapted as necessary. Relevant changes were also adopted in the English version. This was pretested in England on staff at the School of Pharmacy and no further changes were made.

2.2. Interviews

The questionnaire was administered to adults aged 18 years or older in public areas with high pedestrian traffic in 9 cities and towns around NZ in June/July 2015 and in Preston and Manchester in England in July 2015. Student interviewers were trained by the supervisors, including general discussion of strategies to intercept and interview people, practice interviews, and group discussion and feedback. Students selected locations based on their observations of pedestrian traffic. Interviews were conducted at a range of times in order to obtain a wide range of responses. These were all

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