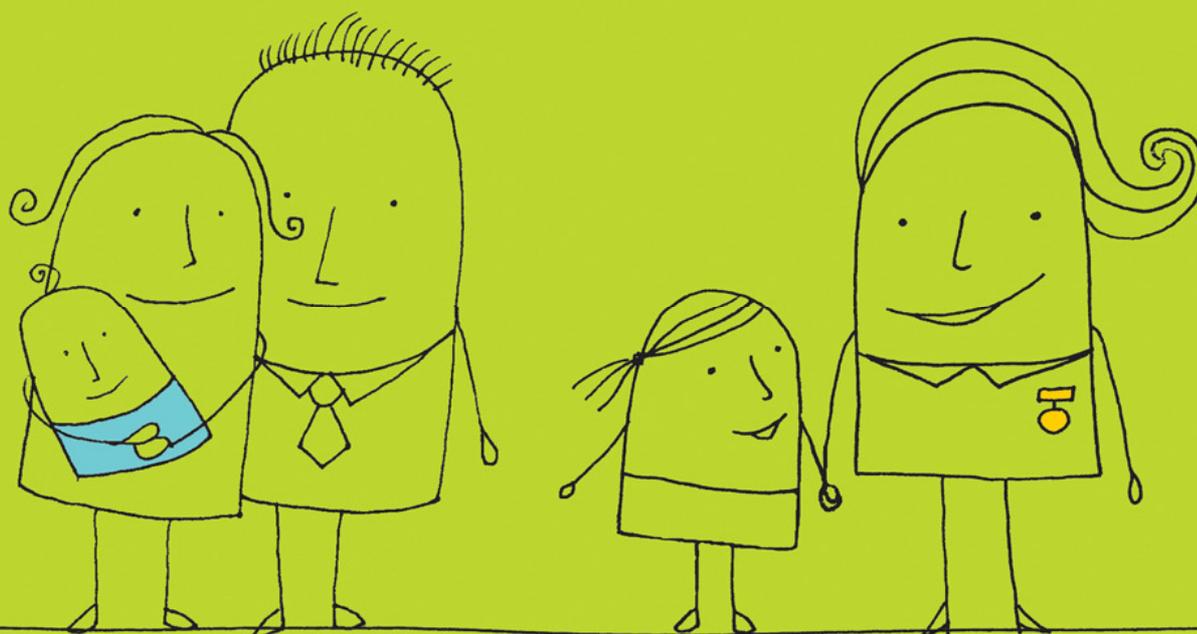


## Patient and Client Council

# Compilation of comments: People's views about prescription charging and products available on prescription

June 2011



## Introduction

The following comments are collated from the information given by respondents to questions about prescription charging and products available on prescription.

Comments have been compiled for each question as shown in the text below. The comments received are reproduced verbatim and no changes regarding grammar, spelling or punctuation have been made.

### **Q1 Patients who want a particular brand of product, should have to pay the difference between this and the generic\* equivalent.**

- patients should be given the best brand - there is a difference in effect and side effects. We buy the best brand food after all as advised by doctors.
- unless proven that there is a difference in the drug action/re-action
- If the patient is first tried on the cheapest one and it works well, they should have to pay the difference if they just decide they want the other one. Should be doctors choice.
- If cheaper products do the same job as the expensive ones why not use them?
- We need to be carefull with this one as some patient the generic equivalent don't agree with them and they would have to pay through no fault in there part.
- Everyone should be treated equally. I also think that people who are well enough should not get any of those health drinks etc. - ensure I know a lady who gets these and her is able enough to eat anything (or if she wanted she could by them).
- If the generic version is suitable then getting the brand name on prescription is an unnecessary luxury.
- Occasionally a patient may require a particular brand of product. It would perhaps be helpful to pay the difference.
- Sometimes they do not agree with the person - harder to digest.
- or perhaps patients could have a choice?
- Strongly agree.
- Panadol is paracetamol.

- to many generic products is only money into the brand name.
- This is a general answer to all the survey points. Prescriptions should still be free because there is a lot of deserving people out there, but the GP's should know if their patients need the medication or not and this should be monitored regularly.
- Elderly & Disability people heart, cancer stroke down syndrom
- I have very little money as it is. Im a widow living alone.
- When you work all your life you should be entitled to the right brand.
- People are now getting reasonable money (and I believe able to pay the difference)
- Most people believe coloured tablets are stronger than white. Totally unnecessary.
- One for all and all for one.
- This is only fair - providing the generic equivalent is as good as the brand product.
- Providing the cheaper product is off the same standard.
- Need to control the difference in price. The doctor would need to specify if generic drugs are acceptable for patient needs.
- Cheaper brand should be sued in all case and the difference should be paid by the client.
- We all deserve the best medication available. The government needs to step in and sort out the management problem in the health service. Managers are not going to make themselves redundant. Demote them and put them on the front line to work with the patients. I have 36 years service in the health service, i have seen a lot of changes. This is the only way. The proper way to save money in the health service is to pay off 1 in 3 managers in each Trust. They are not required. In my dept we have 3 managers basically doing the same job. 10 years ago there was 1 manager doing the work of these 3 people. I don't understand why people can't see this. the front line nurses are shouting it from the roof tops. the is the only way.
- If a doctor or consultant recommends a branded drug as being more beneficial to the patient, it should be free.
- Some people find generic not the same. For example color coating on the generic tablets can disagree with patient.
- If the generic product does the same as the brand product then the generic product should be sufficient. Health Service should not pay for the "name".

- if the results are the same why pay for the brand name.
- Its only a brand name.
- Some generic brands disagree with me - cheaper ingrediants?
- I feel that in the present financial circumstances - free prescriptions should be abolished & and a standard fee of say £3 per item would be fair.
- if they would rather have their different brand they should pay others just take what they have been given.
- Patietns should be advised in advance of the difference in brands.
- This to me is an attempt to usher - in part privatisation of the health Servcie. What next - means - testing sick people to assess entitlement to existing services. This would in principle be part privatisation of the services. Thin end of the wedge.
- I worked all my working life but approx 12 months and paid my insurance stamp - what was this for? One product can be more suitable to the product.
- because patients get money every month which wont cover this
- A large number of patients could not afford the extra charge.
- Assuming pharmacist has confidence that generic has satisfactory 'properties' ie gives benefit as good as brand.
- Agree because drug with brand name make no difference. Product does the same as cheaper product.
- Wish to remain on branded epilepsy medication, difference with generic
- This is an important issue. Branded name drugs already prescribed for epilepsy should not be changed to generic, as there is a consistency difference & this will affect person life if changed.
- most patients do not know about generic equivalentents.
- Entitled to the best.
- Provided the generic version has exactly the same ingredients and strength.
- Would not like to think GPs would only use this as a means to save money.
- The generic contains the same ingredients and mostly do the same job.
- If a patient has been on a particular brand for a long time they should not have to change and risk the change to put themselves at more risk

- A lot of patients could not afford them.
- Brand names are more expensive.
- particular drugs can be tolerated by some patients and some not. If little difference in cost freedom of choice.
- I love paracetamol. Good stuff! Don't care about brand names as long as painkillers have good strength!
- Depends on illness & suitability of drug required for specific condition.
- Only a small number of patients would require a particular brand.
- It does the same work, so why not charge a little.
- Are generic drugs as effective as branded version?
- If the generic equivalent provides the same treatment people who insist on a brand name should have to pay the difference.
- Except pensioners + children
- When the generic drug doesn't agree with patient why should they be penalised
- If the brand product works better or quicker I think all should avail of it free.
- If the cheaper brand does not work the better should be given.
- There are certain brands of product which agree better with patients than the generic equivalent.
- I believe all medication should be paid for by all patients, with exception to the severely disabled or terminally ill.
- It costs nothing to care.
- Although the drug is the same sometimes fillers in generics affect people.
- GP decision on which is most suitable drug.
- If the results of clinical trials on the equivalent generic drugs were more readily available to the public I would feel a lot less sceptical that the substitute is not a cheap imitation.
- Why if there is no difference in the drug and what it does.
- As long as we are sure the equivalent is of the same quality this should be used.

- They are both the same product under different names.
- Cost of brand drugs increase cost so reduce funds to deal with other patients.
- Patients who want a brand or product should have to pay the difference between brand and generic. This would save NHS money.
- In my own personal experience I have found that the generic equivalent is never as good or as effective as the brand name.
- Whatever doctor prescribes.
- All the same stuff
- All patients should pay if they want a particular brand.
- As long as it is within reason.
- Considering the generic to be cheaper + equivalent patient choice of brand over this should cost patient when an alternative exists, not health service.
- Worked all my life and paid for all this.
- Some patient may not tolerate change of drug to generic
- If one works better than the other then we shouldn't even be using "Generic", what's the difference?
- If you want a good brand why not pay for it.
- As they have already paid National Insurance. There for they shouldn't have to pay.
- As they have already paid National Insurance. There for they shouldn't have to pay.
- This would free up more expensive drug for those who is depending more.
- I think we have to face the realities of the current and future economic situations. As long as the generic equivalent is similarly efficacious.
- as long as there is no clinical reason for particular brand
- Yes. Like all products 'brand loyalty' stops patients/customers trying out a different produce. If they wish to stick to a particular brand of product then they should meet those extra costs.
- If the generic drug is as effective as the more expensive brand then anyone wishing to have the more expensive drug should pay the difference
- Provided the clinician has explained to the patient that there will be no different treatment effects. It is NOT good enough for a cancer patient with high anxiety levels to collect what seems to be a different drug from the

pharmacy & be told by the shop assistant that the surgery has authorised the change(as happened recently to a friend)

- i have been asking my Pharamist to remove Gavistcon from my monthly prescription for three months now as only use when needed. I have also told the Doctor but i still get Gaviscon eachmonth.
- I take a large variety of prescription drugs. When my GP changed me from Atorvastatin to Simvastatin I began to have muscular problems which quickly disappeared when I was changed back to the original Atorvastatin. My Consultant tells me there is a delicate balance in the range of drugs I take and that I should not permit any changes or new drugs without consulting him and that, even he would sometimes need to consult other experts. Charging me for a branded product, if required, would be Disability Discrimination.
- if the generic equivalent is as effective as the brand
- sometimes the better brand has less chemical, junk in it
- As long as it is equally effective and not more difficult to take e.g. enteric coated
- i disagree. personally speaking I know the make up of different brands can have a dramatic effects on patients because of the compression of the medication and whatever else is added.
- If the generic brand is just as good, there is no reason to prescribe a particular brand. Very often, there is the cynical view that GPs and consultants are 'in the pockets' of big drugs companies (all the branded pens, mugs, post-its, mouse mats etc). Doctors need to take responsibility for saving funds by prescribing generic drugs and should also explain to patients that generic versions are just as good.
- They should be priced fairly given the weight and measures.
- Generic drugs are as effective as branded
- WE ARE TOLD THAT GENERIC AND BRAND NAME DRUGS PRODUCE THE SAME THERAPUTIC EFFECT SO WHY SHOULD PUBLIC MONEY BE SPENT ON BRANDED DRUGS RATHER THAN FRONT LINE STAFF.
- If the generic product has the same quality, I agree but if it is an inferior product I would disaggree, a bit like the yellow packs own branding.
- patients who want branded when generic has same efficacy should pay the difference.
- If the Generic drug is equally as good as the brand drug then it wouldn't matter but from what I have read this isn't always the case.Is the Govt doing checks on the generic drugs?If Brand drugs can be copied(by crooks)then surely it much easier to copy generic drugs/pakaging etc...

- Because they are costing the health service more money when generic brands work just as well.
- If there is a similar generic drug available that does the job but a patient wants to go for a particular brand - yes they should pay the difference if it is more expensive.
- I understand the licensing of drugs in order to protect patents and development costs, generic versions should have the same constituents but produced cheaper.
- The generic product must be chemically identical.
- Some brands have different "preservatives" etc and therefore some brands are more suitable. Also for some conditions eg Parkinsons it is recommended for certain drugs that the same brand of drug is always used, therefore why should these people be penalised?
- only as a cost reduction process
- Pts should be given the choice.
- I have an intolerance to some medications. I have been given both and believe whatever the generic is coated with does not agree with me. Doctors believe all medicines are the same. I don't find this so. You should be given the product that agrees with you.
- If this helps with the budget for Health.
- Over the years I have found no difference to my prescribed generic drugs and those that previously had a commercial brand name.
- Some people can only tolerate certain brands of the generic product and this is not their fault so it is unfair to ask them to pay for the particular brand.
- This should not be the case for all drugs where there is sometimes a difference between preparations and people who are stable on one kind should not have to pay the difference if it is dearer than the generic (e.g. preparations of lithium for bipolar disorder).
- Often it is best to use the same brand all the time (either generic or branded) for some ailments, in particular for epilepsy, so that the exact same dosage as there can be a difference in strength due to manufacturing tolerances.
- It is often better to use the same brand all the time for some conditions due to variations in strength and different brands added substances.
- Unworkable idea for administration and quality control.

- Generic are just as effective as well known brands I have been using Generics for quite some time
- Who decides or how does the dispenser know that it is the patient who insisted on the branded drug? If a generic is available free then a patient who insists on the branded version should pay the FULL cost of the branded drug.
- This is fine if you are comparing like for like. Not always possible to do with complex medicines and conditions. Side effects from generic may be more severe or have a greater impact on the individual than named drugs.
- if research proves they are as effective they should always get the generic form
- There is, of course, the problem of the psychological effect of patients receiving what they perceive as an inferior product. The prescriber needs to convince the patient that what they are getting is identical to the branded version.
- THIS IS DIFFICULT -It`s confidence in the quality of the product .People are of the opinion the non named products are made behind a hedge in a tin shed and might not be safe You wouldn`t buy a car with no name on it ( you might just accept a free one) I wouldn`t buy a loaf with no manufacturers name on it nor would I accept a free one It`s all about confidence.
- I think in that where a generic tablet is available cheaper this should be used and if the patient wishes the more expensive version then they should pay for it
- In addition the level of "mark up" or profit made by pharmacists on generic and branded prescriptions should be reviewed and a reasonable ceiling established as a national agreement
- There should definitely be a charge for this service.
- The generic should be first choice for all users and prescribers of medicines.
- I agree that anyone who wants a brand should pay the difference. However, I think that people who are in paid employment should pay for all their prescriptions!
- I agree as a general principle but where the action of the product is different e.g. quicker dissolving in the case of capsules versus tablets there should be an element of patient choice and clinical consideration. The same is true where people have difficulty swallowing tablets but the more expensive tablets are hard to swallow.
- The cheapest form prescribed by a GP should be used. If people prefer a brand they should pay the difference in price.

- I used to work in a GP Surgery. Whenever patients' medication was changed from a brand name to a generic they nearly always complained. Both the doctors and the clerical staff assured patients that the generic was the same, however they would claim the drug was not working. Patients and the public need to be made aware of the main differences of a generic and a brand name drug (e.g. for tablets its usually its just the filler). In this time of severe budget shortages, we should not be supplying more expensive drugs for stubborn people! If someone refuses to take the generic version of a drug they should be made to pay. If, however, there is no generic version of a particular drug, and it is clinically necessary, then I believe it should be given for free.
- If there is no generic equivalent and medical advice recommends a product, it should be made available on NHS. 'Cherry' pickers should pay.
- Who will set the price? Will doctor's / pharmacists be paid extra to collect this fee? How will this be fed back to government? This seems a poorly thought out proposition
- Considering the amount of drugs beng prescribed and the reduction in money available to the NHS it is essential that we are prepared to accept the generic equivalent
- I think a small charge for all prescriptions should be re introduced for those who can afford it.
- Generic drugs are not always the same as a particular brand and this can be very important in conditions like epilepsy. It has been proven that some people with epilepsy can have seizures when the brand is changed. I believe that this is true for other conditions too.
- MY EXPERIENCE IS THAT PATIENT IS NOT ASKED WHAT BRAND THEY WANT - THE DOCTOR JUST PRESCRIBES. HOWEVER, IN ANY SITUATION MUST BE A GUARANTEE THAT THE GENERIC PRODUCT IS THE SAME EXACTLY AS PARTICULAR BRAND
- if the generic is proved to be as effective as the branded product then the patient should pay the cost.
- Unless patient has a reaction to generic
- Subject to the equivalent being identical in its content.
- I agree unless it is a case where the generic brands do not cut it. I know, for example, that with hormonal meds such as birth control, you may not get the same absorption with generics as name brand.
- if health service r offering free prescriptions then the patient should have the choice as to brand available

- As long as the pharmacies carry the generic alternative in stock and not just offer branded products at a cost to patient
- In general, patients will not have the necessary knowledge to make this choice. The GP who knows the patient should have the choice. In some cases the generic brand does not agree with the patient and there is no alternative but to continue with the brand which has been taken successfully for years.
- If person is not happy with what is prescribed give them the option to pay difference between brands
- If the generic equivalent is of equal quality/standard and effectiveness, it should be prescribed. Otherwise, the patient should pay any extra cost for the product of their choice.
- There might be a need for prescribers to reassure patients that generic products are as effective as the branded equivalent
- generic equivalents are just as good
- Patient choice should remain central.
- Unless it is for a specific reason eg the generic product is available in a gelatin capsule only whereas the branded product is available in other ways. This would make a difference to vegetarians.
- So long as the medicine does the right thing, the brand should be irrelevant.
- this should be the case unless there is a difference.
- As long as it does the same job.
- I do not think that all prescription products should be free. Commonly used over-the-counter products, for example for colds, indigestion, headache etc, could be paid for by most people. Some now cost very little in the larger supermarkets.
- Some generic products are not as good. In most cases, we should accept generic products but these need to be of good quality and organised for easy tracking (days marked, etc)
- I think this would be too difficult for the pharmacist to administer.
- Only if generic brand contains exactly the same ingredients in the same quantities as the named brand.
- There is no difference in the generic and brand products. They both have the same results.
- if the tablets do the same thing why should people have to pay more for them?

- THERE SHOULD BE NO DIVIDE IN EQUALITY OF WEALTH WHEN IT COMES TO BASIC NECESSITY OF HEALTH.
- Patients already pay high prices for healthcare, this charge would be an added burden and it would not in any way help them recover successfully.
- With the exception that if it becomes clinically necessary to have a brand name product the patient is not charged the difference.

**Q2. For a number of drugs, pharmacies should always give the generic\* version of the drug when it is not clinically necessary to have a brand name, thus saving public money.**

- Again the best is only good enough.
- drug companies are those who benefit - not the clients
- If the generic version works it should be used. In cases where it does not help the patient they should then be given the brand one.
- If cheaper products do the same job as the expensive ones why not use them?
- Why not?
- Occasionally a patient may require a particular brand of product. It would perhaps be helpful to pay the difference.
- Sometimes they do not agree with the person - harder to digest.
- (unsure) Patients should not be automatically given the cheapest medicine available, they should be informed of better options where applicable, and then required to pay for what is best, if they wish to avail.
- If it is serious (mild) ok. But no other wise.
- People that dose not work get every thing free they should look for work when they are fit to work
- Of course - it's a 'no brainer' really.
- If not clinically necessary other brand names would do.
- It makes sense and allows the saving to go elsewhere where it is needed.
- Providing it comes up to the same standard.
- As long as the quality is as good.
- As long as it controlled & has the same % of active ingredients.
- Pharmacies should try to cut corners. If it was ther on business or own interest to do so corners would be cut.
- It should be the GP's decision to sue the generic version at all times, then the onus is the clinicians decision.
- All clients/patients deserve to be well informed about their medication.

- Pharmacies need to be careful as chopping and changing packing can confuse older people.
- Only if patient agrees.
- I don't agree that the pharmacist should give generic versions without the Dr's say so.
- if the results are the same why pay for the brand name.
- If it does the same job, then yes its only a name.
- No matter what they say the same generic drugs are not as effective as the brand drugs.
- The government must ensure that the "generic" drugs are of a high standard - the equivalent to the brand name drugs.
- I feel that in the present financial circumstances - free prescriptions should be abolished & and a standard fee of say £3 per item would be fair.
- Tell people to take what they have been given no other option = just to greedy.
- So long as patients are made aware and that there is physically no difference to the overall quality of the drug.
- Where savings can be made, they should be made as such economy can be diverted to support other areas of the service. I would expect that this is already the case !?
- Surely a good drug is more beneficial - than vast amounts being spent on sport. We can exercise without vast amounts being spent on sport when we are in recession. Sport has become a profession not a sport.
- Some patients complain that their "new" tablets are not effective.
- Assuming pharmacist has confidence that generic has satisfactory 'properties' ie gives benefit as good as brand.
- In particular cases the generic version may not be as effective as the brand name.
- save's Health Service money, only use drugs if necessary
- remain as branded
- Epilepsy drugs are exempt from generic trial due to consistency difference, as Health Minister found out to his cost. Cancer & other specialist drugs should also be brand.
- Entitled to the best.

- Provided the generic version has exactly the same ingredients and strength.
- As long as patients get the correct equivalent dosage required.
- As long as it works if a patient has ill effects then it should be changed.
- Sometimes the generic products do not work the same.
- Surely this would save money in the long run.
- If illness is short term yes. A patient receiving longterm treatment same brand where possible.
- As long as it works, its good to save money on drugs, I would be happy with this.
- Is this not already done? If not why not
- If not clinically necessary there is no need for it.
- It does the same work, so why not charge a little; there is no difference.
- Generic versions have proven to be sound and provide the same treatment therefore should be used at all times.
- Except pensioners + children
- Except the drug disagrees with patient.
- I thought that this was the case already.
- If the generic drug is just as good for patient's ailments.
- People in full time work should pay for medication.
- Good idea.
- Pharmacies should prescribe what the doctor/patient prefers.
- The NHS needs to save money wherever possible.
- May not be suitable.
- Usually doctor prescribes generic brand even though the hospital prescribes branded drug.
- A GP decision for prescription drugs.
- Sometimes the generic brand can be in a 'hard to take' form.

- If the results of clinical trials on the equivalent generic drugs were more readily available to the public I would feel a lot less sceptical that the substitute is not a cheap imitation.
- Along there is no difference in the job that the pill does.
- If the branded drug was UK made it would be better to keep jobs in our own country.
- As an elderly person, the only problem I have with getting generic - before all 'The Cut Backs' started, when we used to get brand tabs, I knew exactly what colour, size etc. my tablet was, and what it was for, as I take a lot of tablets for heart and back problems. Now that I get generic most times, I don't recognise my tablets anymore, and often the names are different, size & colour. I find I get in a muddle now with varying differences from one month to another. I do not think elderly people should have their tablets changed like this.
- Yes I feel this would be one good idea. Why should we pay for brand names
- So long as they do the same.
- Companies or pharmacies should be given the generic name when there is no brand name plus saving public money.
- In my own personal experience I have found that the generic equivalent is never as good or as effective as the brand name.
- Need to be clear about clinical need not just financial expediences.
- Prefer to have brand that I know.
- We must save where we can't. Without as long as it causes no harm.
- Doctor should prescribe generic as suitable, therefore no grey area for patients, not pharmacies decision/liability to have
- One off medications eg. cold & flu.
- Once again we need this clearly explained in the public domain before we can give answers. The public don't fully understand if generic is as good
- These drugs are not necessarily the same as the generic versions, which may not be so effective.
- I think people should get proper drugs not cheap alternative drugs.
- I think people should get proper drugs not cheap alternative drugs.
- Generic version of a drug may sometimes have a slightly different make-up and could/can cause a bad reaction.

- A lot of this stuff goes to waste. Used only once maybe more.
- Economy will dictate this.
- Yes the additional costs of providing a particular brand product could be put to other uses.
- Provided the clinician has explained to the patient that there will be no different treatment effects. It is NOT good enough for a cancer patient with high anxiety levels to collect what seems to be a different drug from the pharmacy & be told by the shop assistant that the surgery has authorised the change(as happened recently to a friend)
- Pharmacies do not and should not know the clinical background of patients and should always give that which is prescribed by a doctor. I would also suggest that what is suggested would open the door to fraud with pharmacists giving out the generic version but claiming recompense for the branded version.
- as long as the generic equivalent is as effective as the brand
- Any savings that ensue should be passed on to the NHS, not the pharmacy.
- i disagree. personally speaking I know the make up of different brands can have a dramatic effects on patients because of the compression of the medication and whatever else is added.
- Yes - the generic drug should be the default, unless the doctor has explicitly stated that the brand name version should be given.
- I feel all brands of medication should be specifically labeled with a brand name for safety reasons
- practice in omagh saved £300,000 doing this over a year
- Anything to save the health service money is well worth doing.
- Generic versions should have the same formula
- How do the pharmacies know whether it is clinically necessary to have the brand named drug, especially when in most pharmacies it is a technician who is dispensing the drugs with the pharmacist casting an eye over the complete order.
- makes sense
- Providing the the savings go to the NHS and not profit to the pharmacies in the reimbursement to the pharmacy by the CSA

- If you are given a cheaper version that does not agree with you then you are less likely to take it thus wasting money. Not everybody needs free prescriptions
- The generic version is not always suitable as the other parts of the drug may cause an adverse reaction. You cannot assume that because the main constituent is clinically the same that the "filler" is equally compatible.
- I take a number of drugs for a complex medical condition and all the drugs prescribed are generic. The only problem I have is that the pharmacy that dispenses these drugs does not use the same generic supply each time resulting in tablets of different size, shape and colour being supplied. This leads to confusion for the patient, especially those who are elderly and it is easy to confuse them with other drugs used that are often similar in size, colour and shape.
- Only if there is a saving of public money and not just to pharmacist.
- only if there is a saving to the Government.
- This is workable and happens to me.
- Absolutely
- There are a number of issues here. Why was the generic version not prescribed by the doctor? An audit needs to be taken somehow to ensure that pharmacies claim back only the generic cost not the branded item cost. The audit process will incur cost which might outweigh the savings.
- Fine for run of the mill drugs or those not used to treat complex conditions.
- Some generic versions are made up differently and are not the same as the branded product.
- totally why are we wasting money
- This should not present a problem in many cases e.g. aspirin, anti-allergy meds etc.
- But is the chemist getting paid for the expensive one It's about profit - not saving money.
- Chain chemists are putting pressure on managers to MAKE PROFIT so who pays!
- I did not know that this was not the case. The Department of Health is so far removed from reality, with so many tiers of management that they are not focusing on what they should be focusing on, and thus vast savings could be made, if only there were less remote controlled Health Departments. Streamline all these departments, and save money.

- The medication would have to contain the exact same ingredients as the branded version to ensure the patient is receiving the correct medicine as ordered by the doctor.
- All medicines should be generic. I think people who are in paid employment should pay for all their prescriptions.
- Unless it is specified on the script that it is to be a particular Brand then of course generic should be given.
- I agree that pharmacies should always give the generic version unless there is no alternative, however I believe it is up to the GP to issue the generic on the prescription. I suspect that if a GP issued a prescription for a brand item, and the pharmacy gave the patient a generic most patients would kick up a fuss. Whilst I believe that pharmacies have a duty to ensure good value for money and pursue lower cost items, I think it is the GP's responsibility to issue prescriptions for generic drugs.
- Great in theory - will the doctors agree Will money be put into notifying patients - pharmacists again at the coal face dealing with unhappy patients
- Absolutely
- CLINICALLY necessary is the key determinant.
- Yes as long as the generic brand is effective.
- one doesn't know what one is getting
- It has been suggested that this step alone would save the health service a significant amount.
- generic equivalents are just as good
- Unless it is for a specific reason eg the generic product is available in a gelatin capsule only whereas the branded product is available in other ways. This would make a difference to vegetarians.
- As long as it does the same job.
- As long as any possible side effects between different brands are considered as appropriate to patient needs.
- Who decides which drugs and how much quality control is done? If generic products are well checked and proven to be as effective, then there is no reason not to use them, but How much checking of their comparative effectiveness is done?
- For a long time I requested Kapake. When I received the generic form I thought I had been changed to a different painkiller but when this was explained by the pharmacist I had no problem, especially when it is cheaper. I

was amazed about the cost saving which was achieved by a surgery in Tyrone.

- Only if generic brand contains exactly the same ingredients in the same quantities as the named brand.
- Manufactures make too much money out of their products
- If people think it will really help them they will take anything no matter what is on the box
- **BRANDING IS AN EVIL OF MODERN SOCIETY.**
- Patients should be given as much information as possible about their healthcare. Elderly people might in some cases take the wrong drug by mistake through lack of proper and up to date information, it could also be fatal. When there is good healthcare, everything good comes from it for the benefit of all.

**Q3 Dental products should no longer be available on prescription. e.g. teething gel, high fluoride toothpaste (Duraphat, Swissdent), high fluoride mouthwash (Peridex).**

- why not - if it is specific for a client to have this
- Didn't realise they were available. Think that definitely a bit extreme!
- If cheaper products do the same job as the expensive ones why not use them?
- I most definitely agree that these should not be available on prescription. I have never had a dental product on script in my life.
- I didn't realise these items were ever free. I strongly agree they should have to be paid by the individual.
- I was unaware that teething gel etc were available on prescription. There was no information regarding this at my local dentists' office.
- For teething gel parents should pay.
- The amount of products available is disgusting. The Health Minister introducing free prescriptions as a sop to the community does not impress at all - a wretched move - with care of vulnerable groups in crisis!! Unbelievable stupidity.
- some people are born with mouth ulcers.
- perhaps baby products be free but all other dental needs should be paid by the client.
- Dental products that are for cosmetic purposes should not be on prescription or should toothpastes, buy it if it is necessary.
- expensive to buy. Or cut slightly down in prize for single parent mothers, pensioners
- I agree as these products are reasonable priced (they are not expensive)
- None of these conditions are harmful to overall health.
- I didn't know they were free in the first place.
- These products are still needed and the consumer may not be able to afford them.
- They would not be prescribed if not needed and the individual may not be able to afford them.

- Duraphat is especially helpful to special need patients with exposed denture and sensitivity.
- Antibiotics from dentist should remain free or minimum charge.
- Everybody should be buying these over the counter.
- if these are medically necessary then they should be available.
- unless absolutely necessary.
- Teeth is very important, and its necessary that everyone has these prescriptions available. People may not be able to afford these.
- Didn't know you could get these items on prescription.
- Perhaps people on means tested benefits should be given this type product free.
- All cosmetic dental products should be charged at cost.
- Unless they are prescribed for medical reasons.
- I have always paid for such items over the counter at the chemist. However for pain-killers and anti-biotics for gum infections, medicine should be most definitely be made available on prescription.
- If these products were not on prescription then their prices would perhaps fall.
- Incorrect dental care, responsible for many more requiring above, let them pay difference.
- Again many learning disability people & those with other cognitive problems are prescribed Duraphat Toothpaste as previously due to over 200 referrals being found during review. Asked for were all learning disability people & these reviews were found, shoved in a drawer at dentistry RVH, due to lack of referral they suffered pain due to no fault of theirs, why should they pay for mistakes in dental care.
- Dental products are not usually imperative.
- Should only be available if absolutely necessary.
- The majority of mothers I know would never expect to get these items on prescription & for myself I wouldn't dream of contacting my GP but would go to the supermarket or chemist & buy them for myself.
- Money can be saved as people can buy these inexpensive items themselves. Sometimes unnecessary products are written on prescriptions only drugs necessary should be on prescription.

- The only thing that the dentist prescribes that should be free (antibiotics).
- Teething gel should be available on prescription.
- Mouthwash relating to an illness (yes), cosmetic mouthwash (no).
- I didn't know you get such things on prescription.
- Depends on how bad a person's mouth is. I think this one would be up to a doctor or dentist to say on.
- Unless there is a specific need for condition.
- Some dental products are too dear for people on benefits such as young parents.
- Again very few patients require these products.
- The charge would be minimal, so why not?
- Cancer patients who require special dental products should not have to buy some but get them on prescription as should patients with long term illnesses.
- If these products are necessary for people with certain medical problems give it to them at a reduced price otherwise charge them full price.
- Dental antibiotics should always be available on prescription.
- Except children.
- Except on long term use.
- The amount of money needed for these items cannot be too expensive and therefore should be paid for unless person concerned is unemployed.
- For some these products are necessary & should be prescribed.
- Never knew dental products were available on prescription.
- Anything for children should be free.
- As an HIV sufferer I have to use special toothpaste and mouthwash. Why should I or anybody else be penalised by Stormont or the British Government??
- most able to be pay for them
- Dental health is part of the patient's overall health.
- Never knew it was. This is ridiculous, if patients cared for their teeth from the start they would have fewer problems.

- All people don't have the money for it.
- It's a personal choice for patient.
- Perhaps exceptions could be made for severe dental conditions/dental problems caused by related illness etc.
- I wasn't aware you could get these items on prescription but feel that teeth is an important issue and can be very painful + expensive to maintain + only amount of people require the dental products and these predictions would be necessary.
- Except for teething gel.
- Only free for children up to 14 and pensioners.
- Too many things were on prescription and given out too freely. Now we are reaping the reward of too much spent and now not enough to go around.
- People with a definite medical problem that a mouthwash would be beneficial should receive it free.
- I feel teething gels should be available on prescription and mouthwash and toothpaste for people. These should be provided by a dentist apart from the teething gel.
- Some patients may need this to prevent further costly treatments from the dentist which is outside their budget.
- People who cannot rinse or gargle.
- These products should not be available free on prescription as it would save money for other health services.
- Those products should be paid for by the users as there is a very high wastage, especially with items such as mouthwash.
- Need to be clear about clinical need, if any, not just financial expediences.
- Would buy anyway.
- All patients should pay for dental products.
- Should be included in weekly shop.
- Products should be available to buy as required/recommended through dentist/pharmacies/supermarket as applicable.
- All a service which I have had to pay for all my life and as a pensioner I still have to pay!

- For some children that may not be in a position to be able to afford Duraphat toothpaste as these products are so much more expensive than Colgate toothpaste.
- Dental treatment is expensive for the ones that have to pay so the ones that don't have to pay must share some expense in paying for things that could be bought over the counter like the rest of us have to do. Try keeping prices a little lower by everyone picking up the bill.
- Only antibiotics for dental abscesses.
- Everybody should pay for dental products as this saves money.
- As I think people should be able to purchase their own toothpaste & mouth wash.
- As I think people should be able to purchase their own toothpaste & mouth wash.
- People on low income should not have to buy these products.
- if it is clinically recommended then it should remain free
- I didn't know these were available. These should be bought by the patient.
- I think it's ridiculous to prescribe Teething Gel Toothpaste and mouth wash these products can all be bought over the counter and are probably much cheaper.
- I disagree but would not be adverse to a small charge, reflecting normal supermarket costs, on these particular prescriptions.
- If these are considered medically necessary, they should be dispensed like any other prescription
- There are enough products in shops to access high quality products without having it on prescription
- A prescription is here not really necessary. However, if it is for children under 14-16, dentists should hand out a prescription but with the recipient paying for it nevertheless (or half the cost). This is to ensure that there is no misuse (esp. fluoride poisoning).
- If people need these products, they are just as entitled to them as people who need other prescribed products.
- People going through chemotherapy may need more dental care products in the event of mouth ulcers and burnin of oesophagus and patients who suffer with winston's disease would be very out of pocket if these products were taken off prescription.
- free to those on low income

- WHILST I AGREE THAT SOME DENTL PRODUCTS LIKE FLUROIDE TOOTHPASTE AND TOOTHWASH SHOULD NOT BE AVAILABLE O PRESCRIPTION I THINK THAT CHILDRENS PRODUCTS SUCH AS TEETHING GEL SHOLD BE AS CHILDREN CAN BE IN QUITE ABIT OF PAIN WHILST TEETHING AND IF TEETHING GEL WASN'T AVAILABLE ON PRESCRIPTIONS MOTHERS FROM POORER BACKGROUNDS WOULDN'T BE ABLE TO AFFORD IT.
- Good oral health is as important as any other aspect of phyiscal health
- As a mother of a child who needs special toothpaste & mouthwash, it really does help that I can get them on prescription.
- most of these materials are cosmetic although useful not medically nescessary
- cosmetic not medical
- Why should they be available except where there are definite psychological problems to the patient but I would be unsure to whom the exemption would be for unless it could be objectively assessed
- Some people are living blow the breadline in these times of recession and they may be unable to afford products to look after their dental hygeinle. I know from doing my weekly grocery shopping that the unhealthy sugary products are lower priced than the fruit and veg so if you are having money problems you are going to go for tinned fruit and veg which have a higher sugar content than the fresh as the tinned products are cheaper and last longer. If dental products are not available on prescription then people aree not going to be able to take care of their teeth properly. I mean if you have a starving family and a fiver in your purse which is more important to buy in your eyes- food or toothpaste. I know which I would choose! Therefore if you are not taking care of your dental hygine you are obvioulsly going to get cavities and so you will have to be treated by a dentist so costing the nhs more money than if they had the dental products on prescription. However there are people who can well afford to care for their teeth and will still demand these products on prescription. I do not agree with this.
- Teething can be a stressful time for mothers and contribute to post-natal depression. If teething gel helps and parents don't have to pay for it then that is a good thing.
- Cancer patients/ acute illness patients do need mouthwash etc but cosmetic dental products should be confined to specific cases and means tested
- Totally agree. I didn't know these were available on prescription.
- This should also apply to all other essential health care products provided through NHS.

- if someone has a fluoride deficiency they should get products but teething gel should be bought why have a child if you can't afford to bring it up properly
- This and cosmetic dentistry should have been dropped a long time ago
- I am surprised it ever was How can one get these It beats me ! But if some get these products then I will !!! Who is eligible???
- Did not realise they were available.
- have never been offered any of these' have been advised to use mouth wash and sold same by dentist
- Definitely - I was not aware that dental products were on prescription.
- These are personal products and as such should be financed by the user.
- As dental health issues are highest in Northern Ireland with children in particular affected, I believe every method available should be used to try and prevent dental disease.
- I was not aware that dental products were available on prescription. I think people who are in paid employment should pay for all their prescriptions.
- Except mouth wash products for people who are in a palliative state
- Not toothpaste. Some mouthwashes should be on prescription eg Corsydol. This may reduce the spend in the dental budget.
- These items can all be bought in supermarkets for much cheaper than the government can procure them.
- Absolutely
- If the product is for treating one off mouth infection it should be free. But not free for ongoing use.
- There are people who cannot genuinely afford some products especially those for babies and the elderly - surely some discretion must be retained
- I cannot believe that patients received these products surely there must be a very good medical reason for providing them
- So are you saying they would be available over the counter? The products need to be available to those who need them.
- if these products are advised and prescribed they should be available free
- Parents receive child benefit for extra help for the cost of having a child which should cover teething products, It is the responsibility of adults to care for their teeth by proper care if they require extra fluoride tooth products they

should cover the cost themselves unless it is a medical condition that could lead to more costly NHS treatment in the long term

- Limited benefit derived from these products
- It depends whether a doctor feels the product is required medically and on the patient's ability to pay. Some patients will exploit free prescriptions and perhaps it should be more difficult to obtain repeat prescriptions.
- Dental care is as important as other medical care
- some people may not be in a position to pay for dental products
- Dental Treatment is essential and dentists will only prescribe where necessary.
- I was not even aware that such daily products were given on prescription and agree that they should not. Perhaps with the exception of something like teething gel for low income families.
- People already pay large amounts to dentists. We are likely to have another epidemic of tooth decay if we don't give people some slack on dental care.
- I wasn't aware that there was any difference. Considering the fact that children in NI have poor teeth perhaps it would be wise to continue prescribing products which help with this problem.
- some people use some of these products unnecessarily. Abusing the system
- If people really cared about their health they would have taken better care of their teeth in the first place and not wait until someone hands out stuff for free
- I WASN'T AWARE THESE WERE AVAILABLE. EQUIVALENT IS WIDELY AVAILABLE.
- Dental healthcare is just as important as any other part of good healthcare. Lack of any part of it may prove fatal. Everyone should be able to avail of good dental healthcare.
- I use prescribed toothpaste Duraphat but would not mind paying for it if it was no longer available on prescription.

**Q4 Only gluten free bread should be available on prescription (for those with wheat intolerance).**

- it is no essential to eat bread
- Clients should have a proven gluten intolerance first and then - government should work with companies to price gluten-free foods as like groceries and then no need to have them on prescription - as all families have to buy groceries, therefore 'equality' maintained
- Only if the doctor decides and the patient has been diagnosed - not by themselves!
- No gluten free bread should be available on prescription
- I don't really know enough about this condition to be able to comment.
- Why free bread?
- I do not think any but the free product should be available.
- Not even gluten free. Adults do not need to eat bread. Plenty of alternatives (rice etc). Also Inuit peoples don't die without bread?
- No reason why ordinary bread should be available unless there is a medical reason for this.
- If there is a medical reason why ordinary bread would be prescribed then it should be free. If not then no.
- Dietary products should not be available.
- No food product should be on prescription.
- This product is extremely difficult to produce by the individual.
- This is not expensive and patients should be able to purchase this themselves.
- If medically necessary.
- Its hard to find these foods, it is a medical condition like any other, and it should be on prescription for those who need it.
- Bread is part of our staple diet so it should be available on prescription to coeliacs.
- I feel that in the present financial circumstances - free prescriptions should be abolished & and a standard fee of say £3 per item would be fair.

- Only for coeliacs.
- Why prescribe for potential problems which could lead to problems and add to costs to the service.
- I feel biscuits and crackers should be available.
- In this case gluten free bread is the only approach to deal with the problem and would probably be cheaper than a drug if such was available.
- all products should be available.
- All products needed should be available.
- Yes. Gluten free products are not always stocked in local shops. Not having them can cause serious illness.
- Essential.
- This should be available on prescription.
- This is an area which requires a lot more research.
- People will take advantage of these kind of items when on prescription & probably use them to feed other members of the family who don't have an intolerance.
- These products are expensive.
- Why can't they bake it so suit them? I'm not sure about this one.
- If a patient genuinely requires it they should get it.
- If it is costly perhaps the person would be unable to buy it, and it is essential for health.
- There are plenty of gluten free products on offer if people had to buy it. There wouldn't be as much wasted.
- Should be more products available as GF products are very limited.
- all products should be available.
- As I have coeliac disease the items I get on prescription are vital to help me live a healthy lifestyle.
- This should be paid for by the patient needing it.
- Not sure that it should be available long term, ie, should be an introduction to it, or trial to see if it improves condition.
- Why? Bread will be bought anyway.

- Because so many things contain gluten more than bread should be given up to a sensible level.
- I cannot see why a person without G.I. should obtain these products on prescription.
- If this condition is bad then there is significant additional cost for the good health of patient.
- Patients who suffer from a wheat intolerance should get free help with gluten free bread because of their condition.
- I think everybody should pay for their own bread, gluten or otherwise, as that is all part of the cost of living!
- Milder availability if gluten free flour to home bakers
- Easy to get in most shops now.
- If you have condition that requires.
- Don't think wheat intolerance should be given on prescription.
- These products are expensive eg. pasta's biscuits etc. Cut back should be on quantity prescribed not product, and realistic monthly prescribing
- I have to pay for my bread.
- As this is food & every one has to buy their food.
- As this is food & every one has to buy their food.
- Only if people cannot pay themselves - people on low income.
- These products should remain free. If cheaper to buy in shop than cost on prescription to gp then they should not remain free
- I see no reason for this to be included on a prescription - I would class it as groceries - except for OAPs.
- Should not be a prescription item as the cost difference between ordinary & gluten free bread is not so great given average levels of consumption.
- I have always refused to accept Gluten bread on the NHS as it can be bought in Tesco,s and i feel if people are working they should be taken these products at all,
- I disagree but would not be adverse to a small charge, reflecting normal supermarket costs, on these particular prescriptions.

- No food should be on script, people can bake their own if they have special dietary needs should be means tested and people who do not work should not get more than people who have worked all their lifes
- there is a wide product base of foods now on the supermarket shelves to accomodate those who are intolerant to gluten
- If gluten-free bread is available on prescription, then lactose-free milk etc. should be available as well. Besides, there is now a rich variety of food products available in supermarkets or special shops to find suitable alternatives.
- This question doesn't make sense! I don't know what's currently available!
- This is fair enough case, but only those who have an allergy to glutin
- if you are not wheat intolerant you do not need it
- DEPENDS ON THE PERSONS FINIANCIAL SITUATION. IF ONLY BREAD WHERE AVAILABLE IT MIGHT LEAD TO PATIENTS ON ARE ON A GLUTEN FREE DIET NOT GETTING ENOUGH NUTRIENTS IF THEY CAN'T AFFORD TO BUY THE OTHER PRODUCYS
- biscuits, cakes and pizza bases are not necessities! people with gluten intolerance can substitute potatoes and rice for gluten-containing products.
- I have wheat intolerance.I avoid bread/gluten products as much as possible.The NHS shouldn't pay for such items unless some one is incapable of work/ill long term.
- Whatever a patient needs to make their life more bearable should be available on prescription.
- As directed by the GP
- People with wheat intolerance have the right to a varied diet just like everyone else. They should not be limited to bread but should have access to other products.
- This is an over concentration which would lead to monopoly.
- Have'nt enough knowledge on gluten intolerance
- I don't even think gluten-free bread should be available on prescription.
- Should this be a prescription item?
- this is a medical condition they need a range of foods
- I have no familiarity with such conditions so cannot comment

- Is it otherwise? I buy gluten free and its very very expensive but I will now try and get it free How do I go about this? This is so over priced And do Chemists make a killing on this?
- The number of people needing gluten free products appears to be rising. Would means testing be a fairer way of rationing provision, as long as the administration cost was not counter productive?
- not sure why else u would want to use gluton free
- Free up until 14 years and then pay after that.
- It would also help if the gluten free bread did not come at a premium price.
- some with wheat allergy would find it very difficult to afford special wheat free products so I feel that more should be available on prescription for certain patients and for those who GENUINELY need wheat free foods. Criteria such as proper diagnosis should be used to determine need, not just a whim by patients who THINK they have an allergy.
- I don't think its fair to punish people with a genuine health issue, there should be a small variety of items available.
- I agree gluten free bread should be available on prescription but not for those in paid employment.
- Various gluten free products should be available
- There should be a range of products available on prescription for Coeliacs such as crackers, pasta, pizza bases and a variety of breads. There should be a maximum allowance per person.
- Gluten free bread is available in the supermarkets and the cost isn't too different from ordinary bread.
- Like majority of populace I was not aware of this.
- Readily available in all supermarkets or online Northern Ireland diet more varied- not so reliant on bread/pasta
- this is a matter for clinical decision - however the basic test should be what the rest of the population have to do.
- maybe manufactures should look at cost and leave such product as affordable as ordinary bread
- This should be the decision of the GP
- Anyone should have the option of buying gluten free bread, whether they have wheat allergies or not.

- I am unsure if this should be available. Is soya milk available to lactose intolerance patients?
- Only if no other financial assistance is paid to patient for the medical condition that they require gluten free bread, eg DLA
- I am not sufficiently au fait with this situation to comment intelligently.
- Depends on the patient's condition - if gluten intolerance is defined as a medical condition, it should entitle patients to the same level of treatment as for other conditions.
- All Gluten free products should be available
- I didn't realise this was available on prescription. Should have to be purchased in the same way I purchase bread. If it is a lot more expensive the bread makers should be lobbied to reduce their prices but there are great gluten free products available in major supermarkets.
- If you were on a gluten free diet with so little normal food you can eat -a little extra variety is some relief.
- Some of these are expensive to buy over the counter. People on low income would not be able to buy and would probably neglect there condition
- All products for certain diets should be available for those who need them.
- These products are very beneficial and important in a patient's diet and for their well being and aids in helping them manage everyday living better and successfully. More information on these products should be available for everyone.
- Everyone should be able to avail of all dietary supplements which would benefit all. If everyone was on the right diet for their conditions, healthcare costs would be saved, and used for future healthcare progression for society as a whole.
- What about people with other food intolerances e.g. lactose intolerance, msg intolerance? If gluten free products are available on prescription then you could argue so should products for those with other food intolerances. It could be seen as unfair to make prescription products available for one intolerance only.

**Q5 Other gluten free products (for those with wheat intolerance, e.g. 'Genius' bread, Wellfoods, Glutafin pasta, crackers) should not be available on prescription.**

- people know where they can get these or better still good therapy to learn to make them
- Clients should have a proven gluten intolerance first and then - government should work with companies to price gluten-free foods as like groceries and then no need to have them on prescription - as all families have to buy groceries, therefore 'equality' maintained
- Again up to the doctor but think a small charge would be acceptable or else give to those on benefits free.
- These are expensive items and just as necessary for the patient as bread.
- I don't really know enough about this condition to be able to comment.
- Let people budget for what they would like. No state can play "Santa Claus".
- We all have to buy our bread and other products why does gluten products be on prescription?
- Not even gluten free. Adults do not need to eat bread. Plenty of alternatives (rice etc). Also Inuit peoples don't die without bread?
- I think they should be.
- if they are needed and the individual could not afford it then they should be free. Depends on circumstances.
- Anything different should be paid for as a treat.
- Need to encourage supermarkets to bring price of these items down to a comparative level with products which have gluten.
- Food should not be free. In extreme cases an allowance should be issued or tokens.
- These products are a luxury for all, therefore should be purchased by the individual.
- Patients should be able to purchase these items themselves. If they are free patients tend to order too much and a lot is wasted. If the goods have to be paid for by patient then more is thought of them and a lot less wasted.
- If medically necessary should be available.
- Depends on doctors decision.

- I think some should be available on prescription, eg pensioners and those on low income.
- These products are sometimes hard to find in shops.
- These aren't essential items - should be free for those on low income.
- I feel that in the present financial circumstances - free prescriptions should be abolished & and a standard fee of say £3 per item would be fair.
- Because they are really dear, they should just pay a smaller fee for prescription.
- These options seem to me to be dietary preferences rather than necessities.
- Gluten free food is very expensive.
- These products should not be available on prescription until an investigation into their prices
- all products should be available.
- Choice should be available.
- These products should be available on prescription.
- These products are expensive.
- People with heart disease etc. don't get help or free health foods or products to stay on top of their illness, and they have to watch and eat certain food and control their diets & weights.
- not necessary, if it can be purchased.
- If it is costly perhaps the person would be unable to buy it, and it is essential for health.
- There are plenty of gluten free products on offer if people had to buy it. There wouldn't be as much wasted.
- With the caveat that these products should be free for those on low incomes, D.L.A. etc.
- Unless there is a financial need - unemployed - products very expensive.
- They are necessary to the patient.
- All items for coeliac disease should be made available to all sufferers of this terrible disease to help them remain in the community and without being hospitalised.

- Foods for diabetics are not available on prescription.
- These dietary items or gluten free products should be paid for by the Patient. Everyone pays for their own foods.
- large variety of gluten free products are available in supermarkets to buy as alternative to 'normal' products.
- Patients need variety.
- Why? Similar products will be purchased by other members of the household.
- Many who may need some of these items may not be able to pay.
- This is beyond anyone control to have this condition so help should be given.
- Everyone else has to pay for biscuits pasta crackers etc.
- Genuie bread, Welfoods Glutafin pasta crackers should still be free for those suffering with wheat intolerance.
- I think everybody should pay for their own bread, gluten or otehrwise, as that is all part of the cost of living! Everybody else has to pay for speciality products, again these items should be at your own expense.
- Easy to get in most shops now.
- Should be up to person to look after their own diet.
- limited range of these product in market which are actually edible/palatable. This patient group should have access to variety: onus on GP prescribing rationale not restricting chocie of product costs.
- People are not poor today and should be buying above things themselves in place of other foods.
- Why should they not paid as everybody else pays for there bread.
- People that are able to bake should be able to supply themselves.
- These products should remain free. If cheaper to buy in shop than cost on prescription to gp then they should not remain free
- I disagree but would not be adverse to a small charge, reflecting normal supermarket costs, on these particular prescriptions.
- totally agree
- there is a wide product base of foods now on the supermarket shelves to accomodate those who are intolerant to gluten

- These products are now fairly widely available in shops and I don't think it's the NHS's responsibility to provide free food where a diet without these products would be OK.
- There is always a chance of supermarkets tempted to up the price of these products, because its very specific food products
- If you can afford it then no
- Gluten free foods taste terrible(in my experience and are much more expensive)'It is best to do without such products.Some doctors may have a conflict of interest here if their partners are selling such items.
- When you're suffering from wheat intolerance, you need the special gluten free items and they are very, very expensive. Any help offered is very welcome.
- These products are costly for low income families
- These4 products such as "Genius"bread carry a premium priced in the retailers which for families on low income would put a burden on the family budget
- The gluten free products are so expensive to buy in shops and lik i previously said its not the patients fault that they have this illness-why should they have to pay more to eat than the rest of societey?
- People with wheat intolerance have the right to a varied diet just like everyone else. They should not be limited to bread but should have access to other products.
- Such products are a commercial matter.
- Have'nt enough knowledge on gluten intolerance
- they should have choice
- I have no familiarity with such conditions so cannot comment
- People with wheat intorlerance should have the choice of pasta and crackers and not just be limited to bread only.
- The expensive ones should get sitting but if doctors prescribe it the price will go up and up (why not the government is paying) Other illnesses need a share of free stuff too Kidney problem people for example!! Hayfever sufferers!
- The number of people needing gluten free products appears to be rising. Would means testing be a fairer way of rationing provision, as long as the administration cost was not counter productive?

- Personally I believe these products should not be on prescription - perhaps up to 14 years for children, Again was not aware that these products were on prescription.
- This is equivalent to treating an illness and so should receive the same treatment as other illnesses.
- some with wheat allergy would find it very difficult to afford special wheat free products so I feel that more should be available on prescription for certain patients and for those who GENUINELY need wheat free foods. Criteria such as proper diagnosis should be used to determine need, not just a whim by patients who THINK they have an allergy.
- I think a small range of items should be available on prescription, as everyone should have choice, but if there are other items to purchase then that is up to the person to buy them.
- I agree. Again, I think people who are in paid employment should pay for all their prescriptions.
- It is much more expensive & should receive a subsidy - I don't think they should get it for free - but at comparable costs to wheat products
- Should only be available for those formally diagnosed. A dietitian should be consulted.
- Most of these items are available in good supermarkets such as Tesco's. However I do feel that the prices on these items should be tightly controlled. There should be a system where those with a gluten intolerance should be able to order these items online, or through their local pharmacy especially for those who cannot access the supermarkets.
- These can all be bought in supermarkets, and I find it ridiculous that the government is basically handing out free food! If someone has a nut allergy they don't get nut free products on prescription - so why is a wheat intolerance any different?
- They should not be free but available at a reduced cost. Restricted quantities should be available. Those without wheat intolerance have to pay for their food those with allergy should have to pay an equivalent amount towards food.
- There is a limit to what should be available.
- maybe manufacturers should look at cost and leave such product as affordable as ordinary bread
- This should be the decision of the GP
- Are they not available in super markets/health food stores?
- These products are a necessity

- I am not sufficiently au fait with this situation to comment intelligently.
- If a patient is required to only eat specialist products which may be difficult to access or expensive, there should be help but there should be limits/controls to ensure that access to free products is not exploited.
- AllGluten free products should be available
- I didn't realise this was available on prescription. Should have to be purchased in the same way I purchase groceries. If it is a lot more expensive the producers should be lobbied to reduce their prices but there are great gluten free products available in major supermarkets.
- If you were on a gluten free diet with so little normal food you can eat -a little extra variety is some relief.
- I generally agree, unless means-testing is considered so that those who can afford to pay do so.
- Depends on income level of individual. Some should be helped
- Again some of these products are expensive to buy over the counter
- People who are in serious need of them products should be entitled to them instead of making them pay
- There should be as much help as possible for patients, to help them overcome successfully their health problems and in prevention.
- VERY EXPENSIVE PRODUCTS
- In some cases, for some patients, healthcare costs comes at the bottom of their list of items needed due to expense. Good healthcare is a right and a necessity and which everyone should have the opportunity to avail of freely all of their life.
- What about people with other food intolerances e.g. lactose intolerance, msg intolerance? If gluten free products are available on prescription then you could argue so should products for those with other food intolerances. It could be seen as unfair to make prescription products available for one intolerance only.

**Q6 Baby milk should continue to be available on prescription (e.g. soya based milk for babies with allergies).**

- It's important for babies to be fed correct milk for their circumstances.
- again - get pricing right and then everyone is paying equally
- Definitely!
- you don't want mothers cutting corners with their baby's diet right at the beginning.
- Don't know much about the above but allergies are very serious and help probably is necessary.
- I think if parents had to pay for more baby products they would seriously consider the number of children they could afford having - a long term effect on schooling/university numbers & and money paid by Govt.
- Surely it would be cheaper in the long term that the free prscriptions continue - children could be very ill if denied this necessity early.
- Prescriptions should have a fee of some amount - reduced from normal costs. Not FREE.
- Breast milk is better.
- single parent mums
- Babies are very special & have to be cared for.
- Also extend age limit to 18.
- Still needed by mothers who may not have the means to pay thus depriving the baby.
- Only to those who are on a low income. Those with the means to pay should pay.
- All mothers have to pay for healthy baby milk. SMA etc.
- As long as the soya milk is the same price as other milk for those babies who don't have allergies, this can be bought as it is for babies with no allergies.
- Breast feeding unless mental or physical handicap should be promoted.
- Only in proven cases of allergies.
- This should also be purchased by the parent/guardian. The more people get free the more is wasted. Same applies.

- Parents who can afford to pay should be charged a small fee for the prescription eg £ 2-3.
- The health of children should be a high priority & therefore baby medicine should be available to all.
- Children and young families should have this help as bottom-line insurance for proper baby development to ensure that no babies are deprived of proper nutrition in their formative months.
- Ordinary baby milk has to be bought by mothers anyway.
- Will reduce hospital admissions for babies with allergies. Some allergies are life threatening.
- Poorer families need to give children the best start.
- An allergy for a baby is a serious problem & most baby milk is expensive & these products more so.
- Only if the parents/guardians cannot afford this. Could family allowance pay for this.
- It is essential that babies are well looked after.
- (People have a choice to have children. So then they must pay for it, it's not an illness or disease. Only for certain cases I think.)
- This fair enough
- Most important to look after babies.
- Perhaps young single mothers could not afford the proper milk for allergies.
- This is much abused and a handy way to get free milk. Other parents pay for their baby milk.
- Babies and small children need a better start in life towards healthy growth and live their lives 100% better instead of being treated unfairly in life.
- This is vital for young babies + some families may not be able to afford it.
- No. This should be paid for by the parents, all babies come at a cost!!
- Should be just short term in most cases.
- Under certain conditions, presumably, as the example suggests.
- Only the difference in price should be given as mother would have to buy milk anyhow.

- If there is very little price difference they should not be free. If there is a significant increase they should be on script.
- I agree that some baby milk should be available only for baby's that need more nourishment eg babies who fail to thrive or have a reaction to tinned baby milk.
- Baby milk, soya based milk for babies with allergies should continue to be prescription free.
- Babies and small children are a special category + families need help with these extra costs.
- With baby, you have to be careful.
- Where an allergy has been proved this should be accepted as a medical condition themselves requiring prescribed formula. GP audits to review trends in this area + review prescriptions.
- All part of being a parent.
- Use the family allowance and other benefits for these things and give the health service a break.
- Only if they are substantially more expensive than normal brands
- This is a major component of an infant's diet and future well-being, so specialist foods (soya/reflux etc) should always be free.
- all mothers have to buy the milk products so the same applies when a child has an intolerance to milk. Too often it is called an allergy when it is only an intolerance.
- This isn't so widely available and is essential.
- It is in a child's welfare that these products are kept on prescription, a very significant nutritional need without the risk of a child suffering an allergy
- only to those who can not afford them
- only hypoallergenic milks- no standard milks which can be bought in supermarkets.
- breastfeeding rates may improve if formula is more expensive- free formula disincentivises breast feeding.
- If the family were very poor then there may be a case.
- Taking care of a baby is expensive enough without having to buy milk for a baby who has allergies.

- I would only agree with this if babies with no allergies were also getting milk etc free.
- Treatment for all babies should be fair and equal.
- Provided it's use is backed up by medical research
- With the recent research about soya based milk - should the health service not review the use of this type of milk?
- Again as above (5) there is a premium on products like this and a family with a baby with allergies this premium would stretch the budget on low income families even further than it is already stretched.
- assuming there is a diagnosed medical reason why babies require these
- I totally agree with this- its so important for babies to get a good start in life and if the parent cant afford the baby milk- (which for a 'normal, healthy' baby is high in price never mind for specialist milks) then the baby could have irreversible damage done to its insides.
- Specialised milk products are expensive and having them available on prescription means that parents are more likely to use them, preventing morbidity in the child and potentially reducing longer term costs to the NHS.
- I would not feed soya products to any person.
- yes agree this should be available until babies are weaned or else mothers encouraged to breast feed to prevent allergies
- Should also remove Calpol, nappy creams, etc.
- why have a child if you cant afford to bring it up
- I have no familiarity with such conditions so cannot comment
- I never knew this and have bought soya or goats milk for years I have been missing out It must depend on who your doctor is . We must get more control over doctors People change clinic to get more off the government I now understand this .Must change myself maybe will get made more aware if I threaten to change. I often wondered why people moved clinic!
- Again I wonder if this should be aligned with a specific threshold, e.g. eligibility for free school meals?
- only for these with allergies and if they r more expensive to buy then normal milks, why not a scribe to make up the differants, if not feeding by self sure they would hav to buy any why.
- Only children from low income families, should be entitled. Other families should have to pay for these products.

- This is also the equivalent as an illness and should be treated accordingly.
- If these can be bought at the supermarket and cost roughly the same as ordinary milk/formula then I don't see why people should get it on prescription.
- age limit should be placed on these items
- Only for those with allergies and at a reduced cost, not free. They get the same family allowance!
- This should be the decision of the GP
- All of my siblings and I had milk allergies growing up. We bought soy milk at the store, so should parents now have to buy the products themselves. Parents with children who don't have allergies buy bread and milk for their children.
- I have witnessed individuals in the past who claimed their babies need soya based formula to avoid buying baby milk. Similarly requested all baby creams for nappy rash prevention on prescription a sad abuse of the system but equally shocking that the GP sanctioned these requests.
- I strongly agree, my daughter was lactose intolerant and soya milk is much more expensive than breast or powdered milk
- Only on the recommendation of a Dietary consultant for a medical condition and be reviewed regularly
- with appropriate controls so that patients don't receive more than they need
- You are talking about the most vulnerable BABIES
- Having allergies is a terrible thing
- Families on low income just would be able to buy these products over the counter
- People who have babies with allergies should get the option of having a prescription to help them out a bit
- Again, there should be as much help as possible for this section of society, to benefit now and all through their lives. What happens at the beginning of a baby's life is important and forms the make up of their life thereafter. A good healthcare makes a very important and valuable contribution to society and a healthy, successful and productive life for all.
- All baby health products should be available, the beginning of a baby's life and its health is very important, the rest of its life will be structured on this period, so it needs the best healthcare available for our success in the future and well being.

- Because it is available on prescription only then it is harder to get - if parents could buy it then it would be available.

**Q7 If prescription charges were reintroduced, they should only be free to those with a long term illness or cancer. All other prescriptions should have a charge.**

- a fee of no more than £5 if item is cheaper the doctor should tell patient to get it at chemist and not put it on prescription
- I paid for my scripts - when I needed extra due to a wound I bought a prepaid (only x?)
- I am a sen. citizen and couldn't afford to pay for all my medication. I take 12 tablets daily & use 6 different creams daily for sensitive skin & rashes.
- no everyone on low income can afford prescriptions therefore not attending the doctor because they [can't] afford the cost
- free for all and sued carefully - they are reviewing GP practice now so let that be included, e.g. Paracetamol cheaper bought over counter - good drug that when used appropriately can be very beneficial & it is cheap.
- They should definitely be free to people who are on drugs long term - also to people on low incomes and benefits!
- I presume prescriptions would still be free for persons of pension age.
- I think the elderly and children should also be free.
- too general a statement. Other patients would be just as in need.
- Also to people over 70 as it is impossible to live on pensions as they are at the moment.
- Except senior citizens who get little enough pension & who at that age often find them relying more on medication but all others should have to pay even "so called" low income families - there would be less waste.
- Most pensioners would be unable to afford prescription charges.
- With a moderate fee not £6 - £1 per script.
- I strongly agree. There is no gratitude when products are dished out free.
- Fee should be moderate.
- Elderly & Disability, Heart & Stroke Flu patients
- other sick people on low incomes could not afford prescriptions.
- diabetes is a long term illness but not terminal - people don't usually die of illnesses such as diabetes, they usually die with them.

- Some people - low income families for example - could not afford to pay.
- People on a low income should not pay at all. This will only lead to more suffering and the NHS paying long term.
- Exempting pensioners
- Also exempting pensioners.
- Pensioners should still be entitled to free prescriptions as they generally have more health problems and lower incomes.
- People tend to not be as wasteful when they have to pay for medication.
- No waye earn should be entitled.
- Except for long term illnesses only the drug required before, ie Thyroxine = free all other drugs = not free
- People on benefits should be paying for prescriptions. Same applies again. People who get everything free don't appreciate it and it's waste waste waste.
- Prescriptions should continue to be free for pensioners and people on benefits.
- Some people abuse the system & it is up to the doctor to [separate] genuine patients from hypochondriacs.
- People cant afford prescriptions, for the good health of people. There should be free prescriptions for all.
- I think if there are personal circumstances maybe some of them should be free.
- Yes I think everyone should pay except those with long term illness & cancers.
- Pensioners who have worked all their lives should get free presscriptions.
- People on low incomes should have free prescriptions, also people should only pay a small fee for each item, eg £2-3 - not £6. I take 6 tablets every morning - 3 for blood pressure Grepid (a blood thinner) Aspin to thin my blood & Rantidine for my stomach. I also take a cholesterol lowering tablet at night, so I think they should only charge £2-3 per item. My general opinion is to pay a small fee for each item on the rprescription eg £2-3. Those on very low incomes should be given free prescriptions for everything, but doctors must monitor the prescription of drugs etc carefully. No Waste.
- I feel that in the present financial circumstances - free prescriptions should be abolished & and a standard fee of say £3 per item would be fair.

- They should make sure the person really needs it.
- Different charges may be levied depending on the price of the drugs or a nominal charge like previously - kids should be free - OAP's free.
- and should be means tested to all otehrs.
- Families on low income and benefits could not afford to meet the expense of medicines at over the counter prices. If met with prolonged illness - which is more likely to affect them than families who can afford better nourishment.
- Fine to pay for prescription if you have a good wage coming in. I still think pensioners should have priscrptions free. My government pension is currently £59.66 per week - how could I pay for priscrptions and gluten free products - what would I live on?
- A great number of patients could not afford to pay charges. They would do without medication rather than admit poverty.
- This is assuming that prescription charges are introduced through legislation.
- Prescription charges should never have been scraped, just reduced.
- OAP's should still have free prescriptions
- Much more discussion needed.
- Detailed discussions about exemptions need to take place before major decisions made.
- old people should get it free.
- Free to anyone who cannot afford same.
- Any medication that can be bought "over the counter" should be paid for.
- Most people can afford to pay at least part of the prescription charge.
- Too many people get drugs which they never use. There should be tighter control on "repeat" prescriptions - "Too many get a pill for every ill"
- This will discourage people from abusing GP services.
- Things like asthma/prosiraias etc are not recognised as long term illness and it is unfair for thoes with these illnesses to be discriminated against.
- Minimal charge.
- In present climate many families cant afford to pay prescriptions charges resulting in no treatment.
- It would be ok if you could afford to pay for your prescriptions.

- That's fair, NHS can't keep going on the way things are. Half the drugs in Northern Ireland aren't taken. Wasted! It takes money to make these drugs etc. This would stop drugs being wasted. If people paid, then they would take the drugs, I hope.
- What about poor, elderly - vulnerable, unemployed, although I agree that prescription charges should be introduced or at least a tariff: minor ailment prescriptions are abused & unneeded.
- Handicapped people & and old people should get it free.
- Some illnesses are still very serious but wouldn't last longterm.
- I have a long term illness and could not afford to pay for tablets.
- A minimal charge only for benefits & nil for long term cancer. What happened to "from the cradle to the grave"?
- Pensioners and people on a very low income should have free prescriptions.
- No prescriptions for anyone should have a charge. People don't ask to be sick or need medication.
- I think all prescriptions should have a minimum charge possible £1.00 per item, there is far too much abuse at present.
- Pay for health care through tax.
- They should be free to those with long term illnesses, cancer and for older people over 50's.
- I would be willing to pay a reasonable price for my prescriptions (I am over eighty).
- I think that unemployed need to have free prescriptions. The charge should not go over £5 per item.
- Elderly people and young people (children) should be free.
- Prescription charges should be free for those over 60.
- Everyone should qualify.
- Senior citizens should have free scripts as well as persons with long term illness & cancer.
- Everyone else should pay, but perhaps the cost of scripts should be reduced.
- People in full time employment should be made to pay for their prescription charges.

- Patients who get the same medication long term should not have to pay. Only a one off prescription should have a charge.
- Only the severely disabled or terminally ill should receive free prescriptions.
- Prescription charges would save a lot of wastage/cost.
- These charges could lead to a better NHS
- Those who can afford to pay should pay.
- Charges should be applied to those people who's income allow these people to afford to pay eg over £ 30.000.
- On principle I agree but a smallish charge (at least covering admin costs) I could accept except for above illnesses.
- Include children up to 14 and those over 65.
- We will then begin to appreciate drugs are only needed for more rigor things and most of the time we don't need very much. The Health Service doesn't have a bottom less pit of money.
- The health service needs to get real. prevention prevention prevention. Bring the service back to where it was before those exclusions. Millionaires can pay they got enough - (means tested)
- I feel the list of those who receive free scripts should be reviewed. I being a Thyroxine user myself feel it should not be included. But I feel people with chornic arthritis or depression who are on loads of medication ought to be included.
- I disagree because anyone can get ill at any time. People like myself are on around 7 different medications. There is no way I could afford these on prescription.
- I think their should be some charge for items. In order to obtain money to be used in other areas of the H. Service. But long term illness should have no charges.
- Prescription should be charged for as there is very high wastage with most drugs when they come free - if people had to pay they think twice about it!!
- As in most cases exceptions can be made - cautious of a 'kneejerk' response
- People with long term conditions should get free.
- A lot of these patients have more than one item to get - very expensive if they are on the medication for life.
- The charge should never been taken off prescriptions under sixty.

- Small charge for everyone else
- all really sick, i.e. B.P. heart diabetes ect. We pay enough on national insurance free prescription for all.
- A fixed charge would be acceptable to all socio-economic classes for illness considering health in context to other social costs eg. food bill/vehicle/night out. Chronic illnesses should be well defined + treatments streamlined and prescription-free or pre-payment.
- But a small charge for everybody not a big charge for a few.
- A small charge should be made. Those who get multiple drugs such as diabetics would be willing to pay a small amount. Those on social services should not be charged.
- Just a small charge per item.
- Everybody should pay for prescriptions as they take advantage of these and waste them.
- I think all prescriptions should be free especially long term illness or cancer.
- I think all prescriptions should be free especially long term illness or cancer.
- Charge should relate to nature of illness & patients ability to pay ie. No one suffering pain/discomfort should be prevented from having medication because of inability to pay!!
- Yes, all others should a charge as people have abused this system long enough.
- I think prescription charges should be re-introduced.
- In general agreement, however, it might be difficult to define a long term illness.
- If others not on longterm meds paid low amount for their prescriptions it might help too i.e. £2 per prescription
- if charges were to be reintroduced we need to be assured that the cost of doing so did reflect value for money. long term conditions such as asthma should be included if not already and full time students who are not earning. why not also consider the model of free prescriptions for the specified groups and for the rest make it mandatory for rest of pop. to purchase annual cert which will cover presc costs regardless of usage otherwise pay higher cost for each pres. issued? the benefit of this would be to raise revenue and creates incentive for us to participate in new scheme.

- people should pay a nominal fee of even £2 per script that would help off set costs
- I would suggest that the level of charge for prescription be reviewed to reflect the client's ability to pay
- I agree there should be a small charge eg £3.00 per item. I think that because perscriptions are free, people tend to get items on repeat that they do not need or use. This is wasteful, and a small charge might deter people from doing this.
- Everyone should pay a minimun fee for a prescription. That is per script not per item with the exception of long term illness or cancer patients.
- Free prescriptions should be given in any chronic long term illness including severe and enduring mental illness eg. schrizophenia, bipolar disorder. In the past patients had to pay for these.
- prescriptions should be also be free to old age pensioners.
- Distinguishing between patients requiring medication is Disability Discrimination.
- Prescription charges are a discriminatory tax on illness and should never be re-introduced.
- This question should not have featured in this survey.
- They should also be free to seniors (over 60)
- I agree with all 7 of the statements they are fair and logical and I can fully support all of them.
- The list of long-term illnesses that require medication should include conditions such as asthma, IBS, heart conditions. Under the old list, medication for many life-threatening conditions was not covered.
- This was what was in process for a short time. think this list could be extended.
- They should be free to those suffering from chronic illnesses, long-term illnesses, cancer. However, the economic situation of a person/household needs to be taken into account too.
- In general, medicine should be free to under-18s.
- I do support the re-introduction of prescription charges. Free prescriptions are completely unnecessary for most people and were a populist measure by the Minister rather than a carefully thought out measure. I have heard so many stories about how the initiative is being abused (people using their prescriptions to buy perfume, washing powder etc; people getting medications they don't need and giving them to family members in places where

prescription charges are still in place, stock-piling medications etc). A more sophisticated approach is needed - free or reduced cost for people on means-tested benefits, people with long-term illnesses or cancer, pregnant women, young children.

- It is bad enough the hospitals and clinics are inundated every day, along with having to pay
- prescription charges.
- pensioners and those on low income should also be included
- AS LONG AS THE FEE WASN'T TOO MUCH AROUND TEN POUNDS
- This appears to ignore those with short term illness, it does not take into consideration ability to pay. Our health is the most important element in getting people well, charging for prescriptions encourages many people to do without their prescriptions thereby costing more to the health sector by taking up time in hospitals from an illness that could have been dealt with at less than £10.
- previous definition of long term illness too narrow. but people getting allergy medications, paracetamol and cough bottles on prescription now that it is free is not good for the health budget.
- I have had a long term illness (CFS/ME/B12 deficiency/hypothyroidism etc) for years...still have it with other conditions now(I'm in my late 60's) More expertise/training/understanding etc in this illness is required. Tests are necessary for viruses(eg XMRV) etc/bacteria/parasites etc....not provided for at present. Things like Candida need to be dealt with in the early stages too. The disease needs to be diagnosed early and treated then with the appropriate drugs. That is not being done and many patients will be treated for things like depression.....given the wrong drugs(prevent B12 uptake/in my case Ativan/became addicted to it/then poisoned in NHS care....Some patients may be given ECT.All of this happened to me and eventually I was poisoned by the medication....had a breakdown(horrific!) under the NHS treatment because they didn't understand what they were treating.I still have a Rickettsia infection/parasites etc from my time in Africa(1960's/early 70's) Poor diagnosis/treatment costs the Health service more in the long term. That is why a special clinic(UK) for CFS/ME cases is required. The doctors/consultants who work there need to be specialists in this field. Virologists/pathologists will be required to do the testing. The Trust(Northern), the Health Minister and Dr Paisley(son too) should be well aware of my case as I have informed them all in recent years. I haven't met any doctor/consultant here who knew much about this illness....and the media have made a mockery of such an illness(maybe changing now?)
- I wouldn't mind paying a £1 per prescription to help offset free prescription for those with long term illnesses & cancer.
- I am on long term medication for blood pressure. If I do not take my medication I could end up getting a stroke thus resulting in me ending up with

a long term illness. I have worked ever day of my life after leaving secondary school and getting free precriptions was the first break I ever got - by the way I am still working and I am over 60.

- Almost right, prescription charges should be re-introduced at some level if only to prevent abuse of the system
- What will be classed as a "long term illness"? Cancer patients often recover and receive benefits and numerous other "benefits" whereas people with other long term conditions like myself, get nothing!!! Also whenever prescriptions were charged for, I saw very few people who did actually pay for the prescription, most were signing the back of the prescription, therefore would the cost of investigating the substantial amount of fraud which obviously occurs not substantially deplete the minimal amount of money which would be collected?
- speaking as a type2 diabetic
- Administrative charges on prescription cost money, bring in total generic prescribing on those drugs which are identical as branded drugs thus making the appropriate savings
- Also people on low incomes and benefits
- Prescriptions should remain free for pensioners
- Definitons would prove difficult and costly to assess. Even a £1 charge would be tolerable, if the condition was long term eg expected to last over 12 months.
- If this happens the definition of "Long term illness" should not just be restricted to Cancer, Diabetes and Thyroid problems as they were previously. For about 15 years I have had to take 5 different regular prescribed medications daily, and this has now increased to 7 in the past two years and as somebody who has been on long term incapacity benefit I was annoyed that it did not qualify for free prescriptions like those on income support or those who had certain medical conditions that qualified them for free prescriptions.
- For those living on benefits and unable to work for one reason or another or maybe are working but barely able to make ends meet, then the prescriptions should be free of charge.
- I would add arider to this - Senior Citizens should also receive free pescriptions
- Some people may require frequent prescriptions even if their illness is not long term or cancer. Cost should never be a consideration even if someone less well off has a one-off infection.
- They should also be free to over 60's.

- All prescriptions should be free to over 60's.
- The discrimination is too narrow.
- needs to be a realistic charge for normal scripts other acute treatment drugs should be free to prevent hardship to long term illness /cancer patients
- In the past there was controversy about what constituted 'long term illness' Some conditions were exempt others not.
- This is not the best method to use. Prescription charges should be placed on all items dispensed. Those with severe and or long term illnesses should be helped to apply for reduced or exempted charges.
- people with illness which have a knock-on health effect ie diabetes etc should be free also
- If a small charge for each script was introduced eg £2 and no exceptions this would generate money for the health service. therefore no exceptions for means tested benefits but free for pensioners, and children.
- I am assuming that under 18s and over 60s would still get their prescriptions free
- There are far more considerations to be made and the whole question needs much more public debate
- So long as Kidney patients are included Others are so why not .Who decides what illnesses get free prescriptions and what doesn't.
- Prescription charges should be means tested like everything else.
- Eligibility should not be determined by diagnosis but by income level and the age cohort to which one belongs, i.e. age 60 or raised to 66 in line with pension age. The reintroduction of prescription charges will not alone make a major impact on the Health and Social Care spend, but I believe that, cumulatively with other savings, it would be a right and proper way to better prioritise spending to best meet need.
- may be a small charge, i hav to say i didn't mind paying the £3 may be if you had to put your hand in your own pocket u might not b so wasteful but then again its very offen those that r on assistance that are the biggest wasters and they never seem to pay.
- and over 65's
- People waste so much medication. There should be an affordable charge for most medications and the pre-paid scheme should be better advertised as many people were unaware of this way of managing their medication
- All prescriptions should remain free for all.

- I think a charge should be on prescriptions, but it should be a sensible charge and not excessive, some people do without medicines, because they can't afford them.
- I do not think older people on pensions should have to pay for medicines. Only those in paid employment should be asked to pay.
- I think administering medication charges is a waste of tax payers money. Anyone requiring repeat prescriptions should get free scripts. I think also that it has been so much better that people on low salaries have been able to get their medicines for free.
- I totally agree, drugs should be free to those with a long term illness or cancer. I think access to free prescriptions should be means tested, say those on benefits but then only for drugs that are absolutely necessary. A lot of 'the prescription only medications' could have their status so that people can access these if required.
- What about statins for cholesterol - not an illness but a long term condition that requires long term prescriptions in some cases. This will save NHS money in long term as heart disease etc will be reduced and hospital care avoided. Any long term condition requiring medication should have free prescriptions.
- I agree those with long term illnesses should get free prescriptions, however if charges were reintroduced the Government would need to expand the eligibility of certain diseases that weren't previously covered by free prescriptions. If a charge is reintroduced, I think it should be set at £2-3. Anything more than that is too expensive I think. As it stands, free prescriptions do not discourage people from getting items they do not need. If they were charged, they would think twice about reordering something they don't use.
- I would suggest that prescription charges be reintroduced at a low rate for everyone with the usual help given to those on benefits. The previous system of being able to buy 3, 6 or 12 months ahead for those on a lot of medication was a good idea, but a low rate for everyone would save the Health Service money rather than free for all.
- I would not mind having to pay for my prescription especially if it benefited the health service finances.
- Those who work the system, will still find a way of avoiding charges for many products. Make Practice Managers more fiscally accountable.
- If all patients between 18-60 paid - the fee would be nominal
- I agree, providing the charges are excessive
- also for children and over 65

- why not have a universal charge of £1 for everyone? There are few people in this country who can't afford £1 a month.
- very much so
- Very strongly agree that charges should be re-introduced, we paid for prescriptions for years. The only problem is the continual increase in the charges so they should perhaps be capped.
- I am wary of drawing up lists when there has been no attempt made to give examples of long term illnesses. This looks like a save money at any cost proposal as it stands.
- charges along with looking at drug prescribing should reduce overall cost and reduce patients attending surgeries when a pharmacist could recommend alternative medication that did not require a script
- Whilst I recognise the need to re-introduce prescription charges I believe that free prescriptions should be extended to those living below agreed income levels.
- Long term illnesses should be better defined than previously for example diabetes included yet serious heart disease was not
- This should be the decision of the GP
- I feel that there should be a nominal charge per prescription (not per item) for everybody regardless of illness. I do not see how you can differentiate between illnesses. I for example take thyroxine every day and will always have to do so - but there is no reason why I should not pay a small charge.
- why not make a small charge for everyone, say £3-5 a month per prescription and those on more than x number of prescriptions would only pay a maximum amount, say £12 a month. That is not too much to ask, even of those in lower income brackets.
- would require significant clarification as to what constitutes a "long-term illness" My views are that anyone requiring longterm medication should have those free if they require to be prescribed i.e. any over the counter medications should be bought as such or carry a prescription charge.
- I understand sun screen products are also being prescribed. I do not feel this is appropriate.
- I do not agree with universally free prescriptions, I think that instead of having all prescriptions free the threshold for payment should have been raised ensuring more have access to free prescriptions while ensuring that those who can afford to pay do so.
- Only if the medication is for the long term illness and not just any complaint
- Long-term illness, or long-term severe illness?

- Agree that people with long term illness or cancer should have free prescriptions. So should those on low incomes. If charges were to be reintroduced, would like to see GPs prescribing the cheapest product available. Would also like to see a system where the patient pays the actual cost of a product where it costs less than the charge for a prescription.
- Prescriptions should be free for patients with long term physical illness, mental health problems or cancer but these patients should be charged for prescriptions unconnected with these illnesses
- depends on circumstances
- Prescriptions should be free if possible, but tighter controlled. Hard to define what illnesses would be exceptions are you saying that children, old people, those on benefits would have to pay?
- I think there should be a reduced rate or a payment scheme for people experiencing poverty due to age or disability.
- people who are not working should be given free prescriptions.
- This is an unnecessary cost. People should generally pay towards prescriptions.
- It is simpler to have free prescriptions and those who work should not be disadvantaged again.
- Only drugs directly associated with, or related to, the long term chronic condition should be free. For example diabetics should get free insulin, test strips etc but not paracetamol . In no circumstances should free prescriptions be limited to benefit claimants: this would prejudice the thrifty saver.
- I do not have a problem with introducing some charge for prescriptions and it might cut down on unnecessary waste. However, perhaps people who are on long-term/lifelong prescribed medication, of whatever nature, should get this free of charge. In general, the prescribing of medication by GP practices should be closely reviewed and monitored to reduce waste and geographic inequalities.
- Asthma should be included among long-term illnesses. In the past, it was not and this encouraged people not to have inhalers by them in case of crises. Don't know the current death rate from asthma, but it was very high.
- Also free for over 65s.
- People with terminal illness or cancer drugs should have the drugs related to their illness free.

- People in serious need of medication shouldn't have to pay but others should have to pay a small amount because if it is free they will just play on it. Money would go back into government to help pay for more medication down the line.
- Today, everyone should be entitled to free healthcare, part of everyday living, made available to everyone throughout their lives, to benefit from and be involved with and propose change where appropriate to be implemented.
- prescription charges should be reintroduced generally as local GP'S seem to hand out prescriptions for minor complaints such as colds,sore throats,coughs,etc. without consultations.treatments for these and lots of other minor ailments are available over the counter at your local chemist and should not be available free on prescription.Free prescriptions should only available to OAP'S,and those with long term illness.
- Everyone should be given free prescriptions for all conditions. Good healthcare is a right and an entitlement for everyone to have and for the future for all. Some patients might not be able to afford all the medication they need and serious consequences might occur to patients and necessary expenses as a result. Good healthcare is priority and is essential for all.
- I do not believe that anyone should be charged for prescriptions. It is the people who work who would be targeted, and I feel that we pay enough money on taxes to have free prescriptions. GPs should not be writing prescriptions unless they are necessary; therefore, there is no "waste" of public money. However, people without wheat allergies, etc. have to buy bread; therefore, I do not think it is fair that people with allergies get their bread for free.
- I think there may be other individuals who might need to be considered eligible for exemption from prescription charges e.g. people with a disability, pensioners those on income support / benefits etc.
- Unemployed should be able to access free prescriptions and also children.

Remember you can contact your local office on

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