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Dea Min kearly.

Thank you for your letter of 13 October 2015, following the inquest into the death of Nathaniel Phillips. I was sorry to hear of Mr Phillips' death and wish to extend my condolences to his family.

The main issue of concern in this case was raised by the family and GP. A diagnosis of brittle asthma is not one of the illnesses covered by the medical exemption certificate, despite the fact it is a life-threatening condition requiring medication. You noted that illnesses such as diabetes and epilepsy which require continuous medication are covered.

The second concern is that the GP did not escalate Mr Phillips' case or reassess his requirements and asthma control.

The list of medical conditions for which patients are exempt from prescription charges was introduced in 1968, with the only addition to this list since then being cancer (in 2009). Ten conditions are included in this list. I believe, it would be unfair to sufferers from other diseases to consider asthma in isolation. However, extending the list to include <u>all</u> potentially life-threatening long term conditions would present a very significant cost to the NHS, which is already facing unprecedented budget pressures.

There are, however, already a number of other routes to exemption from paying prescription charges, should the individual not qualify for a medical exemption. These include children under 16, people aged 60 or over and those in

receipt of certain means tested benefits, leading to around 90% of all prescription items in England currently being dispensed without a prescription charge.

Anyone on a low income, and not in receipt of benefits which provide automatic entitlement, can seek help under the NHS Low Income Scheme, which provides help with health costs on an income-related basis. The level of help available is based on a comparison between a person's income and requirements at the time a claim is received, or at the time a charge was paid where a refund is claimed.

To assist those who do have to pay, but who have a long term condition or on occasion may require a high number of prescribed items, Prescription Prepayment Certificates (PPCs) are available. The cost of annual and 3-month certificates is £104 and £29.10 respectively. There is no limit to the number of items that can be obtained through a PPC. The annual certificate benefits anyone needing more than 12 items a year, and the 3 month certificate benefits anyone needing more than 3 items in that 3 month period. PPCs can be obtained by calling 0845 850 0030 (local rates), online through the NHS Business Services Authority's website (www.nhsbsa.nhs.uk) or by post. The application form FP95 is available from pharmacies.

The second concern relates to the GP's care and management of Mr Phillips. There appears to have been a lack of monitoring and re-assessment of Mr Phillips by the GP.

It also appears that Mr Phillips presentations to the local emergency department following acute asthma attacks in January and February 2015, were not made known to his GP. If such information had been shared this should have initiated a review of Mr Phillips' condition by the GP.

Furthermore, it is not clear whether any attempt was made to advise Mr Phillips how he could obtain help to pay for his medication.

I note that you did not send a copy of your Regulation 28 letter to the GP Practice concerned. I would be happy for you to send a copy of our reply to the GP Practice and trust that this will prompt them to review their patient care and prescribing practice in light of this case.

More generally however, the General Medical Council (GMC) helps to protect patients and improve medical education and practice in the UK by setting standards for students and doctors. For example, doctors providing clinical care are expected to adhere to the following principles:



- prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health, and are satisfied that the drugs or treatment serve the patient's needs
- provide effective treatments based on the best available evidence
- check that the care or treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) self-prescribed over-the-counter medications.

Good practice in prescribing and managing medicines and devices (2013) provides more detailed advice to doctors on how to comply with the above principles when prescribing and managing medicines and medical devices, including appliances. A copy of this document is available on the GMC website.

Within the guide is a section on Reviewing medicines and Repeat prescribing and prescribing with repeats which provides clear guidelines for doctors on the effective management of drugs for their patients (relevant excerpts are included at Annex A).

I am grateful to you for bringing the circumstances of Mr Phillips' death to my attention and hope that you find this reply helpful.

ALISTAIR BURT