

EASING THE IMPACT

Public policy which eases the personal financial impact of living with multiple long-term conditions

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Key Facts

- Policy area: Public health, health, health inequalities, welfare and social security.
- Why this research was done: There is limited understanding of UK governmental policies that ease the financial impacts of living with Multiple Long-Term Conditions (MLTCs).
- What was done: A synthesis of current relevant UK policies was conducted.

Background

This publication has been produced in support of the **'Multidisciplinary Ecosystem to study Life course Determinants and Prevention of Early-onset Burdensome Multimorbidity'** study – simply known as MELD-B, based at the University of Southampton.

There is an increasing prevalence of Multiple Long-Term Conditions (MLTC) as people live longer and with people in lower socio-economic groups 19% more likely to experience them and at a younger age. There are three key personal financial areas which impact on people who live with MLTCs – income deprivation, medication costs and appointment costs. Current UK policies associated with these areas are shown in table 1. Financial support for people living with MLTC is limited and there are no financial policies that have been developed specifically with people living with MLTCs in mind – any benefit is incidental. Barriers of entry, administrative work, and inadequacy in the extent of support they offer all impact people living with MLTCs negatively.

People living with MLTCs told us:

“There is very little help and guidance offered, the emotional work is immense, and people are left struggling to afford the basic necessities.”

Key Findings

Income Deprivation

- People living with MLTCs may have a change in financial income due to change in employment or being unable to work.
- This further increases the impact of medication and appointment costs.
- Whilst there are several state benefits for disabled people or people who are sick, people in receipt of multiple benefits have a low income which represents a 65% cut when compared to average weekly earnings.
- Applying for state benefits requires a high degree of literacy, tenacity and administrative ability.
- Despite saving the UK Government an estimated £162 billion per year, the financial prospects of carers are extremely limited.

“The benefits system creates a huge strain with the energy and abilities required to apply, it's inflexible with fluctuating conditions, and adds to psychological and mental health problems many people with MLTC's already have”.

Income deprivation recommendations based on findings from this synthesis:

- The criteria for Carers Allowance are far too strict for applicants, including the hours young carers can access work and/or education in the week. This requires immediate review with a plan for modernising.
- Simplifying and reducing the level of administration required by people living with MLTCs and their carers in applying for benefits is vital to enable eligible claimants to feel less burdened by the existing system.



Medication Costs

- About 10% of patients had not collected their prescriptions due to the cost in 2022.
- Prescription Payment Certificates (PPC) often help people living with MLTCs to cap expenses but still represent a significant financial pressure.
- The list of medical conditions which entitles someone to a prescription exemption certificate is limited and the rationale for those selected conditions is not entirely clear.

“I have long term conditions which require management with medication. I am not eligible for free prescriptions even though I will have to take medication for the rest of my life and one of my conditions could be potentially life threatening. If I do not take my medication, I will end up using health services more and costing more. Yet my medical conditions are not on the list for free prescriptions. It is not clear how the list is decided...I have a PPC which although cheaper it is still extra money to find on top of other living costs.”

Medication cost recommendations based on findings from this synthesis:

- The NHS business services authority (NHSBSA) should provide greater clarity on the reasons why specific conditions are eligible for a Medical Exemption Certificate and inclusion of MLTCs should be adopted in the criteria.

Appointment Costs

- Attending multiple appointments requires considerable time commitment that potentially impacts earnings from employment or requiring additional childcare costs.
- Whilst the Healthcare Travel Costs Scheme (HTCS) offer some support to a limited number of eligible people there is administrative work associated with use.
- Non-emergency patient transport services (PTS) offer transport for a limited number of eligible people but for individual patients are not time efficient.
- There is no current policy that would support accommodation costs if required to attend multiple appointments far away from their home.

“Travel to appointments means a car journey to the GP or hospital because of where I live. There is no viable public transport option. On top of that appointments for me and my family have been all over Hampshire... The current system is set up for the convenience of clinicians (having regional centres or sending you to alternative sites because of demand) but places more demands on patients in terms of travelling time and cost.”

Appointment cost recommendations based on findings from this synthesis:

- **NHS Integrated Care Systems** should find solutions that can help lessen the financial burden for patients who are required to attend multiple appointments across different sites.
- **NHS foundation trusts** must already provide free parking for a limited number of eligible people and this should be extended to people living with MLTCs.

Recommendations

Recommendations for the UK Government based on findings from this synthesis:

- The UK Government should work to reform and reduce the administrative burden of the current range of policies that provide financial support for people living with MLTCs and ensure equity for those digitally excluded by providing suitably accessible alternatives.
- The UK Government should give regard to and actively embed co-production with people living with MLTCs when developing policies that have financial impact on people accessing or utilising healthcare and of those requiring state benefits.
- The UK Government should continue to work towards more integrated health and care services, in partnership with NHS Integrated Care Systems, which include policies to reduce the number of healthcare appointments that people living with MLTCs require, thereby addressing fragmented pathways and individual financial burden.

Financial area	How MLTCs impact	Current UK policies
Medication costs	→ Multiple conditions requiring multiple medications	→ Free NHS prescriptions for some eligible groups including for limited number of medical conditions → NHS prescription prepayment certificate offering saving if more than 3 prescriptions needed in 3 months
Appointment costs	→ Increased healthcare usage and more appointments → Travel costs → Accommodation costs → Disruption to work	→ Healthcare Travel Costs Scheme → Non-emergency Patient Transport Services → Free NHS onsite parking for a limited number of eligible people
Income deprivation	→ Change in employment status	→ Disability Living Allowance (<16 years) → Personal Independence Payments (>=16 years) → Universal Credit → Carers Allowance → Statutory Sick Pay → Pension Credit

The MELD-B project has traditionally used the term 'burden' to describe the deleterious effects of living with multimorbidity. Following consultation with Patient and Public representatives the terms 'impact' and 'work' have started being used in lieu of 'burden', and 'living with multiple long-term conditions (MLTCs)' has started being used in place of 'living with multimorbidity'.

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The views expressed in this publication are those of the authors and not necessarily those of the NHS, the National Institute for Health Research or the Department of Health and Social Care.

Anonymised quotes depicting lived experience have been provided by members of the Patient and Public Involvement (PPI) advisory group with their permission to be used in this report.