the mean score was lower among the unintended and unplanned groups (difference in mean score was −4.8 (95% CI −6.0 to 3.7) and −2.8 (95% CI −3.4 to −1.51) respectively) and higher in the ART group (3.8 (95% CI −0.2 to 7.85)). This equates to a 3.8 month cognitive delay in the unintended group, and to a 3.0 month advantage in the ART group, compared to the planned group. These effects almost entirely disappear once the models are adjusted for sociodemographic factors (parent’s income, qualifications, mother’s age, whether the baby is her first child and alcohol in pregnancy).

Compared to the fertile group, the difference in means becomes −0.9 (95% CI −1.9 to 0.2) in the unintended group, −0.4 (95% CI −1.2 to 0.4) in the planned group and 1.2 (95% CI −2.0 to 4.4) in the ART group. Further adjustment for lifecourse mediating factors (birthweight, parent-child relationship, and parental involvement) makes little difference to the final results.

Conclusions We find no evidence that pregnancy planning, subfertility or ART adversely affects children’s expressive language ability at 5 years of age. The effects observed in the crude analyses are almost entirely explained by confounding by socio-economic factors, indicating that maternal education and poverty are strong influences on children’s cognitive tests in early childhood.

Provision of services

062 ABOLITION OF PRESCRIPTION CO-PAYMENTS IN WALES: AN OBSERVATIONAL STUDY ON DISPENSING RATES

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Objectives To assess the effects of the abolition in April 2007 of prescription co-payments in Wales on rates of dispensing by general practitioners.

Design and setting An observational study comparing changes in dispensing in Wales, where co-payments were abolished, with North East England where they continued.

Participants All general practices in Wales and North East England which provided monthly dispensing data continuously between October 2003 and March 2008.

Main outcome measures The main outcome was the change in dispensing of all BNF items per 1000 patients per month between the baseline year before charges were first reduced in Wales and the year following abolition. Similar comparisons were made for the 14 medicines that had previously had most items dispensed subject to charge before abolition. Sales of over-the-counter substitutes were also examined where relevant. A survey of local health boards and primary care trusts examined local initiatives, which might differentially affect dispensing between the two areas.

Results Total monthly dispensing rates (items/1000 patients) increased significantly in both areas but significantly less so in Wales (difference = −19.7, p = 0.024, 95% CI −56.7 to −2.6). For the 14 selected medicines, combined dispensing rates increased significantly in both areas but significantly more in Wales (difference = 27.51, p < 0.0001, 95% CI 25.66 to 31.5). There was much variation for individual drugs, but BNF categories tended to show this same trend except for antibiotics, where rates increased in Wales but decreased in NE England. The survey revealed few local initiatives that could explain these differences. Sales of over-the-counter substitutes did not explain the changes in dispensing.

Conclusion The Welsh policy was associated with a smaller increase in dispensing of all BNF items than NE England. There was a small increase in dispensing rates relative to NE England for the 14 medicines with the highest number of items dispensed subject to charge before abolition. Although factors besides the co-payment may have influenced these changes, these results suggest that the overall impact of abolition was minimal.