

Review of NHS Prescription Charges and Exemption Arrangements in Scotland

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Responding as: An individual

Individual
Permission: Yes

Confidentiality: Yes, make my response and
name available, but not my
address

Group or
Organisation:

Share
Response Yes
Permission:

CONSULTATION RESPONSE4.1 REVIEW OF EXEMPTIONS RELATED TO MEDICAL CONDITIONS

Question 1: Whether exemption from all charges should continue to be given on medical grounds alone, and if so, whether the list of conditions should be reviewed?

Question 2: Whether, where exemption is given on medical grounds, that exemption should relate only to drugs for the treatment of the medical condition in question, rather than (as at present) covering all drugs whether or not they relate to the condition that gives rise to the exemption?	Exemption should relate only to the treatment of the condition in question, not all drugs.
<i>Question 3: Whether it makes more sense to provide exemption based on a list of drugs, or based on a list of conditions?</i>	Generally I think it would make sense for the exemption to apply to drugs/ appliances rather than conditions.

4.2 ECONOMIC NEED AFFORDABILITY Pre-payment certificate scheme

Question 1: Whether prescription charge exemption should be extended to HC3 holders?	Yes
<i>Question 2: What changes to the PPC system would address current barriers to its use, particularly by those on low income, and maximise patients' benefit?</i>	Introduction of a monetary cap

Flat Fee

Question 1: Whether there should be a reduced flat fee for all (with current income based exemptions) and, if so, the level at which affordability to the patient and cost to the NHS can be balanced?	
<i>Question 2: Whether there should be a monetary cap to the charges that a patient is required to pay over a set period of time, after which prescriptions should be free within this period of time?</i>	This would appear to be the simplest and therefore the most workable solution

Question 3: Whether there should be a concessionary rate for patients who require frequent prescriptions, and whether the concession should be triggered by the costs incurred over a set period of time?	
<i>Question 4: Whether there are other changes in the arrangements for pre-payments or caps that are not listed above and which would maintain charge income in general for NHS Boards?</i>	

4.3 ABILITY TO PAY

<i>Question 1: Whether there is a case for extending the current 'full time student' threshold to cover tertiary education?</i>	Yes, I feel that it is important to support all full time students.
Question 2: Whether exemption should be extended to all persons in full time education or training, regardless of their ability to pay?	
<i>Question 3: Whether there should be concessionary charge arrangements for full time students or trainees above set age thresholds?</i>	
Question 4: Whether there are other changes in the charging system that could remove the need for special arrangements for full time students or trainees?	

SECTION 5: SUMMARY OF CHANGE POSSIBILITIES AND VIEWS SOUGHT

5.1 REVIEW OF EXEMPTIONS RELATED TO MEDICAL CONDITIONS

<i>Question 1: Whether exemption from all charges should continue to be given on medical grounds alone, and if so, whether the list of conditions should be reviewed?</i>	
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Question 2: Whether, where exemption is given on medical grounds, that exemption should relate only to drugs for the treatment of the medical condition in question, rather than (as at present) covering all drugs whether or not they relate to the condition that gives rise to the exemption?	Should relate only to drugs for the condition in question
<i>Question 3: Whether it makes more sense to provide exemption based on a list of drugs, or based on a list of conditions?</i>	Probably makes more sense for exemption to relate to drugs rather than condition.

5.2 ECONOMIC NEED – AFFORDABILITY Pre-payment certificate scheme

Question 1: Whether prescription charge exemption should be extended to HC3 holders?	Yes
<i>Question 2: What changes to the PPC system would address current barriers to its use, particularly by those on low income, and maximise patients' benefit?</i>	Monetary cap

Flat Fee

Question 1: Whether there should be a reduced flat fee for all (with current income based exemptions) and, if so, the level at which affordability to the patient and cost to the NHS can be balanced?	
<i>Question 2: Whether there should be a monetary cap to the charges that a patient is required to pay over a set period of time, after which prescriptions should be free within this period of time?</i>	Yes, seems best way to proceed.

Question 3: Whether there should be a concessionary rate for patients who require frequent prescriptions, and whether the concession should be triggered by the costs incurred over a set period of time?	
<i>Question 4: Whether there are other changes in the arrangements for pre-payments or caps that are not listed above and which would maintain charge income in general for NHS Boards?</i>	

3 ABILITY TO PAY

Question 1: Whether there is a case for extending the current ‘full time student’ threshold to cover tertiary education?	yes
<i>Question 2: Whether exemption should be extended to all persons in full time education or training, regardless of their ability to pay?</i>	probably not
Question 3: Whether there should be concessionary charge arrangements for full time students or trainees above set age thresholds?	may be an option
<i>Question 4: Whether there are other changes in the charging system that could remove the need for special arrangements for full time students or trainees?</i>	I would be interested in investigating charging a nominal amount to all patients currently exempt provided this was tied to monthly capping. This could be introduced ahead of changes to IT systems by providing patients with a receipt which would entitle them to free or reduced cost items for a period of 1 month (or 28days) from the initial prescription. This could be checked at the Pharmacy in the same manner as current exemption certificates when subsequent items were required within this period. If the Executive is committed to patient contribution it does not make sense to exempt the majority of patients. Personally I would favour a lower scale of charges for those currently exempt

with charges capped around £8 per month for those able to pay. Of course I am not in a position to determine if the costs involved in introducing a cap of say £1 per month for those currently exempt would be greater than the revenue collected. I have no doubt the political costs could be enormous.

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