

Review of NHS Prescription Charges and Exemption Arrangements in Scotland

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Individual
Permission: Yes

Confidentiality: Yes, make my response and
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Group or
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Share
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Permission:

CONSULTATION RESPONSE 4.1 REVIEW OF EXEMPTIONS RELATED TO MEDICAL CONDITIONS

<p><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></p>	<p>I agree that the list of conditions should be reviewed.</p>
<p>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?</p>	<p>The exemption should only relate to drugs for the treatment of the medical condition.</p>

<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>	It makes more sense to provide exemption based on a list of conditions.
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4.2 ECONOMIC NEED AFFORDABILITY Pre-payment certificate scheme

Question 1: Whether prescription charge exemption should be extended to HC3 holders?	No.
<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>	

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?	It would depend on the number of times a patient needs a prescription. A one-off prescription of £6.50 is not much but when there are more drugs needed on a regular basis the fees become very costly.
<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 be difficult to monitor
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?	Again this would be difficult to monitor.
<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>	No there is no case for extending the current "full time student" threshold.
Question 2: Whether exemption should be extended to all persons in full time education or training, regardless of their ability to pay?	Where does the exemption limit stop. This shows the need either to charge everyone a small amount or to give prescriptions free of charge.
<i>Question 3: Whether there should be concessionary charge arrangements for full time students or trainees above set age thresholds?</i>	No
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?	No

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>	The charges should continue to be given on medical grounds alone and 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?	The exemption should relate only to drugs for the treatment of the medical condition.
<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>	Based on a list of conditions

5.2 ECONOMIC NEED – AFFORDABILITY Pre-payment certificate scheme

Question 1: Whether prescription charge exemption should be extended to HC3 holders?	
<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>	

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?	A reduced fee should be on the prescription and not on each item on the prescription and should be at a level everyone can afford. A flat fee of £1 per prescription would probably be acceptable.
<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>	No
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?	No
<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>	No.

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3 ABILITY TO PAY

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