

## Review of NHS Prescription Charges and Exemption Arrangements in Scotland

### RESPONDENT INFORMATION DETAILS

Name:

Organisation:

Address:

Postcode:

Email:

Telephone

Number:

Responding as: An individual

Individual  
Permission: Yes

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

Group or  
Organisation:

Share  
Response Yes  
Permission:

### CONSULTATION RESPONSE 4.1 REVIEW OF EXEMPTIONS RELATED TO MEDICAL CONDITIONS

<p><b><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></b></p>	<p>Yes, exemptions from all charges should continue to be given on medical grounds alone but the list of conditions should be reviewed substantially, effectively and efficiently in as short a timeframe as is compatible with seeking input from medical and scientific experts, charities working with those who suffer long term chronic or life threatening illnesses and taking evidence from those who suffer from these conditions.</p>
<p><b>Question 2: Whether, where exemption is given on medical grounds, that exemption should relate only to drugs for the treatment</b></p>	<p>I can see that ideally the exemption should relate only to those drugs related to the condition for which exemption is granted but</p>

<p>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>I imagine that any system/procedures required to distinguish between which drugs a patient should and shouldn't pay for would cost more to administer and implement than the cost of giving any/all medication free to those concerned.</p>
<p><b><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></b></p>	<p>Surely it should be on the basis of a list of conditions rather than drugs because patients are individuals and presumably some people will respond better to a particular combination of drugs than another individual with the same condition who might require a slightly different set of drugs.</p>

#### 4.2 ECONOMIC NEED AFFORDABILITY Pre-payment certificate scheme

<p>Question 1: Whether prescription charge exemption should be extended to HC3 holders?</p>	<p>I can't comment as I don't know what an HC3 holder is! If you want ordinary people to engage with government and participate in such consultation exercises why use such details without explaining clearly what it is or what it stands for?</p>
<p><b><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></b></p>	<p>See my response above - acronyms are equally as incomprehensible as form numbers to anyone outside the civil service and benefit system! I assume PPC stands for the Pre-payment certificate scheme referred to above? As I have no experience of the system I cannot make any constructive suggestions here.</p>

#### Flat Fee

<p>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?</p>	<p>Apart from those people who are exempt because they suffer from one of the - hopefully soon to be extended - list of chronic or life threatening conditions which require constant medication I would in fact favour a flat fee for all prescriptions. I don't think for example that all pensioners get free prescriptions when lots of them can well afford to pay. Also I think we as a society need to engage with the reality that the NHS's resources are finite and that we health care</p>
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	will need to be prioritised. Having everything free encourages us to become a nation of hypochondriacs going to the doctor for a pill or potion for every tiny self limiting ailment when if people had to pay a flat fee for their medicines it might encourage them just to dose themselves with the basics and save the NHS time and money.
<b>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?</b>	If the pharmacies and NHS already have systems in place which would enable them to see that Joe Bloggs had spent £xxx in a year for drugs (and still needed medication) and could trigger some automated exemption that would be fine but I do not think any more NHS money should be spent developing any new software/computer system to work this out without it costing vastly more than ever it would recoup.
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?	As above - if the NHS/government already has the data necessary to trigger such exemptions fine if not don't waste money on it.
<b>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?</b>	

#### 4.3 ABILITY TO PAY

<b>Question 1: Whether there is a case for extending the current 'full time student' threshold to cover tertiary education?</b>	Yes but only up to undergraduate level and for those in receipt of maintenance grants.
Question 2: Whether exemption should be extended to all persons in full time education or training, regardless of their ability to pay?	No
<b>Question 3: Whether there should be concessionary charge arrangements for full time students or trainees above set age thresholds?</b>	yes, - the issue should be their current educational status not their age. i.e. a young undergraduate or college student with wealthy supportive parents needs a concession less than a woman or man in their thirties or forties with a family who has returned to full time education or retraining

	to make a career change for example.
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?	See flat rate for everyone over the age of 18 say.

SECTION 5: SUMMARY OF CHANGE POSSIBILITIES AND VIEWS SOUGHT  
5.1 REVIEW OF EXEMPTIONS RELATED TO MEDICAL CONDITIONS

<b>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?</b>	Everything from here on repeats what went before - see Questions 1-4 above.
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?	
<b>Question 3: Whether it makes more sense to provide exemption based on a list of drugs, or based on a list of conditions?</b>	

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