

## 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  
Permission: Yes

### CONSULTATION RESPONSE 4.1 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?***

The list of conditions exempted must be reviewed. It should contain all long term/permanent conditions, as these people may need a range of medications. The PPC is not cheap and those with chronic conditions are the very people who may only work part time, or not be able to take on extra responsibilities.

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

Yes, it would be fairer to only exempt the listed chronic conditions and related conditions.

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>	A list of conditions, as many problems are very temporary.

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

Question 1: Whether prescription charge exemption should be extended to HC3 holders?	pass.
<b>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?</b>	A lower charge, as even a small number of prescriptions is expensive.

#### 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?	Yes, about half the current charge.
<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>	Yes, at the point at which a PPC would be cheaper.
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?	Yes, if they weren't covered by their condition.
<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.
Question 2: Whether exemption should be extended to all persons in full time education or training, regardless of their ability to pay?	Yes.
<b>Question 3: Whether there should be concessionary charge arrangements for full time students or trainees above set age thresholds?</b>	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  
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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?	
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5.2 ECONOMIC NEED – AFFORDABILITY Pre-payment certificate scheme

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#### 3 ABILITY TO PAY

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***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?*

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