

Review of NHS Prescription Charges and Exemption Arrangements in Scotland

RESPONDENT INFORMATION DETAILS

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CONSULTATION RESPONSE 4.1 REVIEW OF EXEMPTIONS RELATED TO MEDICAL CONDITIONS

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| <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 do not feel that ALL prescriptions should be free for people with certain medical conditions, just those for the condition itself. Not all sufferers of these conditions are poor, those that are can get exemptions on low income grounds. There is a case to be made for reviewing the list of conditions attracting exemptions but I am willing to allow a committee of experts to decide which ones. They should not be influenced by campaigns in the popular press to get this or that illness exempt.</p> |
| <p>Question 2: Whether, where exemption is</p> | <p>It should relate only to medication for the</p> |

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| 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? | medical condition in question |
| Question 3: Whether it makes more sense to provide exemption based on a list of drugs, or based on a list of conditions? | Probably on a list of conditions, as new drugs are being introduced all the time and if it's condition based, then the new drugs could be prescribed without waiting for a review of approved 'free' drugs. Also, the same drug can be used for different conditions, making exemption condition based would mean the free prescriptions could be confined to the condition. |

4.2 ECONOMIC NEED AFFORDABILITY Pre-payment certificate scheme

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| Question 1: Whether prescription charge exemption should be extended to HC3 holders? | Possibly, don't have any strong views |
| 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? | Make 2-monthly ones available at half the 4 monthly price and 30 day ones for £10. Allow annual ones to be paid monthly by direct debit. Sell them over the counter at post offices (Here we have to get them from an office in Glasgow at present) I seem to remember that when I had one, I was allowed to use it even for prescriptions issued before I got the PPC but dispensed after. If this is the case, doctors could advise patients to get one when prescribing a lot of items. If it isn't the case, then it should be. |

Flat Fee

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| 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? | The present fee is reasonable for people with a decent income, and it is far less than the cost of most medication (see MIMS, which quotes prices) People without a decent income should be helped. |
| Question 2: Whether there should be a monetary cap to the charges that a patient is | There is a case for it but it would require the setting up of a computer based recording |

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| <i>required to pay over a set period of time, after which prescriptions should be free within this period of time?</i> | system for each patient. Frankly, the record of government computer systems is not good. We may end up with the sort of shambles we have with tax credits and the Child Support Agency. Use the prepayment certificate system to cap charges, it does work. |
| 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? | See answer to question 2 |
| <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

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| <i>Question 1: Whether there is a case for extending the current 'full time student' threshold to cover tertiary education?</i> | Not really. Students can already apply for exemption under the low income scheme. Not all students are poor, under this proposal, Prince William would have qualified for free prescriptions when he was at St Andrews. |
| Question 2: Whether exemption should be extended to all persons in full time education or training, regardless of their ability to pay? | No. As I said above, not all students are poor. Not all apprentices are poor. I spoke to one last week who is a 3rd year apprentice who earns £250 a week. Given that most apprentices are young, without family commitments and probably still living with their parents, they can afford the occasional prescription charge. Poor ones can get exemption on income grounds |
| <i>Question 3: Whether there should be concessionary charge arrangements for full time students or trainees above set age thresholds?</i> | Answer as for Q2 |
| 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

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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? | Answer as in Section 4 |
| Question 3: Whether it makes more sense to provide exemption based on a list of drugs, or based on a list of conditions? | Answer as in Section 4 |

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