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Ms Charmian Runciman
Scottish Executive Health Department
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Date 27th April 2006
Your Ref
Our Ref

Enquiries to Lynn McTavish
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Dear Ms Runciman

CONSULTATION ON REVIEW OF NHS PRESCRIPTION CHARGES AND EXEMPTION ARRANGEMENTS IN SCOTLAND

I write with regard to the above Consultation and have pleasure in enclosing a number of comments which have been collated from various groups/individuals within NHS Forth Valley:

Primary Care Prescribing Group

The queries raised in the Consultation Document were discussed by the Primary Care Prescribing Group. The Group agreed that the following should be exempt from prescription charges:

- Children
- Those in full time education (Up to undergraduate level)
- Pregnant women
- Those on low income should also be exempt but the definition of low income is a political decision.

The Group felt that all other situations could be dealt with through prepayment certificates but these required to be developed with the availability of monthly direct debit payments in the same way as a TV licence.

The Group felt that there should be no range of chronic conditions nor list of particular medicines that would automatically give exemption.

The Group felt that pensioners should not automatically be exempt but should be covered by low income exemption and prepayment certificate availability.

The Group felt that the suggestion on page 15 that there should be a monetary cap on the payments that a patient should be asked to pay over a set time was unworkable and would be covered by prepayment certificates. The Group also felt there was a need for support/advocacy for certain groups of patients e.g. mental health patients to ensure that medication was collected appropriately

Chairman: Ian Mullen BSc MRPharmS DL
Chief Executive Fiona Mackenzie MA(hons) MBA MIHM dipHSM

Forth Valley NHS Board is the common name of Forth Valley Health Board

Area Drug & Therapeutics Committee (ADTC)

The Area Drug & Therapeutics Committee discussed the Consultation Document and were in agreement with the comments provided by the Primary Care Prescribing Group. In addition it was the Committee's view that where patients compulsorily have to take their medicines eg some psychiatric medicines or treatment for Tuberculosis, then these patients should be entitled to free treatment.

In seeking comments on the consultation document, it was also circulated to members of our Public Partnership Fora and the following comments were received:

Clackmannanshire Public Partnership Forum Development Group

Section 4.1 Review of Exemptions Related to Medical Conditions

Views sought on:

Q1 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.

Response

- Medical conditions must not be separated from the ability to pay.
- The list of medical conditions should be reviewed.
- Lifelong and threatening chronic diseases should remain as currently listed, but should also include any compulsory psychiatric treatments, tuberculosis and rheumatoid arthritis.

Q2 Whether, where exemption is given on medical grounds, that exemption should relate only 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 give rise to the exemption.

Response

- Support the exemption for the named medical conditions.

Q3 Whether it makes more sense to provide exemption based on a list of drugs, or based on a list of conditions.

Response

- Exemption should be based on list of medical conditions. If another drug for a different medical condition is prescribed then that should also be an exempted item.

Section 4.2 Economic Need - Affordability

Views sought on:

Q1 Whether prescription charge exemptions should be extended to HC3 holders.

Response

- Yes

Q2 What changes to the PPC system would address current barriers to its use, particularly by those on low income and maximise patients' benefit.

Response

- Suggest that more patient information should be made available to all vulnerable individuals in formats that meet their needs i.e. different languages (other than English), Braille, Audio Tape etc.

Capping & Concessionary Fees for Higher Users

Views sought on:

Q1 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 to the cost to the NHS can be balanced.

Response

- Link to basic hourly minimum rate of pay.

Q2 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.

Response

- Cannot divorce from ability to pay.
- Should take into account the medical condition e.g. diabetes i.e. life threatening

Q3 Whether there should be a concessionary rate for patients who require regular repeat prescriptions or acute prescriptions frequently and whether the concessions should be triggered by the costs incurred over a set period of time.

Response:

- Support the introduction of a concessionary rate for those patients who require regular repeat prescriptions or acute prescriptions frequently.

Section 4.3 Ability to Pay

Views sought on:

Q1 Whether there is a case for extending the current full time student threshold to cover tertiary education?

Response

- Agree. (presume tertiary includes college education)

Q2 Whether exemption should be extended to all persons in full time education or training, regardless of their ability to pay.

Response

- Means testing needs to be equitable. Any forms that patients require to complete should be clear, simple and concise with guidance provided on completion (eg *Crystal Award*). Turn around of submitted applications should be quick & post dated to fit in with the start date of the trainee/students' course.

Q3 Whether there should be concessionary charge arrangements for full time students or trainees above set age thresholds.

Response

- Yes

Q4 Whether there are other arrangements in the charging system that could remove the need for special arrangements for full time students or trainees.

Response

- Universal entitlement would be less bureaucratic.

Page 7

2.16 Highlights the contentious issue arising from implementing policy in Wales due to cross-border activity – whereby patients resident in Wales but registered with a GP in England are unable to access a Welsh prescription.

Response

More discussion needed on Cross Border activity.

Annex C Pages 28 – 29

Para 5. The consequence of abolishing charges is not simply a cost increase equivalent to the current income from paid-for-drugs. The evidence suggests that complete abolition of charges leads to a significant increase in scripts dispensed, with a consequential rise in drugs bill costs and increased consultations with GPs to obtain prescriptions.

Response:

- This could be monitored through GP and Community Pharmacists and other health care and social care staff.

Para 6. There is evidence that on the one hand, if prescription charges are introduced or increased, uptake is likely to fall (with possible adverse consequences) and on the other, if charges are abolished, there is likely to be a significant increase in prescribing and dispensing.

Response

- Compare uptake to dental services because of cost implications .eg. patient may only present beyond the point of no return.

Para 8. The SPICe briefing paper did not identify any research that quantified the impact of increased demand on GP services from the abolition of prescription charges. However, to quantify a possible scenario, if there were to be a 20% increase in the current demand for prescriptions, then based on the assumptions that each person obtained an average of 2 prescriptions when they saw their GP, and an average cost to the NHS of £25 per consultation, the additional cost of consultations would be in the region of £15 million per annum.

Response

- Will the new Pharmacy Contract play a part?

I trust that these comments will be of assistance to you. I can confirm that the information can be made available to the general public (completed Respondent Information Form enclosed) if requested.

If you require any further information, please let me know.

Kind Regards



Beverley Finch
Head of Corporate Services

Encs