

Policies, Procedures, Guidelines and Protocols

Document Details		
Title	Community Trust NHS Prescription Payment/Exemption Declaration Form Policy	
Trust Ref No	1878-60291	
Local Ref (optional)	Not Applicable	
Main points the document covers	The Policy formalises arrangements for the issue of NHS prescription payment/exemption declaration forms for patients receiving medication across Shropshire Community Health NHS Trust (Trust) premises. It also formalises procedures for the collection of NHS prescription charges, where patients are deemed not to be exempt from paying for those charges	
Who is the document aimed at?	Trust members of staff involved in the supply of medicines	
Author(s)	Susan Watkins, Chief Pharmacist Terry Feltus, Local Counter Fraud, and Security Management Specialist	
Approval process		
Approved by (Committee/Director)	Medicines Management Group	
Approval Date	30 March 2020	
Initial Equality Impact Screening	Yes	
Full Equality Impact Assessment	No	
Lead Director(s)	Steve Gregory, Executive Director of Nursing Ros Preen, Director of Finance and Strategy	
Category	Medicines	
Sub Category		
Review date	30 March 2023	
Distribution		
Who the policy will be distributed to	Trust Members of staff involved in the supply of medicines	
Method	Electronically all appropriate members of staff, and available via the Trust website to all other staff	
Document Links		
Required by CQC	No	
Required by NHTSA	No	
Other	None	
Amendments History		
No	Date	Amendment
1	January 2017	Paragraph 1.6 changed to say “The process may allow for checks to be carried out as a result of the exemption checking system no longer being available to the Trust”
2	January 2017	Paragraph 2.2.2 changed to include retention period for prescription forms
3	January 2017	Paragraph 2.2.3 changed to include retention period for prescription forms

Amendments History		
No	Date	Amendment
4	January 2017	Paragraph 2.2.7 changed to include retention period for prescription forms
5	January 2017	New paragraph 2.2.8 inserted explaining where prescription form disposal guidance can be found
6	January 2017	Original paragraph 2.2.8 re-numbered to 2.2.9
7	January 2017	Original paragraph 2.3.7 removed as a result of the exemption checking system no longer being available to the Trust
8	January 2017	New paragraph 2.3.7 inserted explaining that where concerns exist that an individual patient is not exempt for the reason indicated on the prescription form, then reasons for the concern, and a copy of the form, should still be sent to the Trust Local Counter Fraud Specialist to investigate
9	March 2020	To update the policy with the name of the new Chief Pharmacist
10	March 2020	To update the policy with Lead Director's new titles (Executive Director of Nursing, and Director of Finance and Strategy)
11	March 2020	Paragraph 1.7 changed to say "For any patient found not to be exempt, it may also allow consideration to be given to the issuing of a Penalty Charge Notice in accordance with the NHS (Penalty Charge Regulations) 1999, pursuant with the NHS Act 2006. This may enable the Trust to recover both the prescription charge, and a penalty charge"
12	March 2020	Paragraph 2.2.5 updated with new information for patients wishing to obtain information about help towards health costs
13	March 2020	Paragraph 2.2.9 updated with new arrangements for obtaining a new Community Trust NHS Prescription Payment/Exemption Declaration Form template
14	March 2020	Paragraph 2.3.8 changed to say "For any patient found not to be exempt, consideration may be given to the issuing of a Penalty Charge Notice in accordance with the NHS (Penalty Charge Regulations) 1999, pursuant with the NHS Act 2006. This may enable the Trust to recover both the prescription charge, and a penalty charge"
15	March 2020	Minor changes to Section 2 of the Community Trust NHS Prescription Payment/Exemption Declaration Form

Community Trust NHS Prescription Payment/Exemption Declaration Form Policy

1 Introduction

- 1.1 The NHS (Charges for Drugs and Appliances) Regulations 2000 provide that a prescription charge must be made if a drug or appliance is supplied through one of the routes described as being chargeable in the regulations, unless the supply is exempt from being charged for because the patient to whom the supply is made is entitled to an exemption or because the supply of a specific type of medicine is exempt.

Specified routes of supply are:

- Pharmacist - by Pharmaceutical Services or Local Pharmaceutical Services
- Doctor
- Out of Hours
- NHS Trust, NHS Foundation Trust
- Walk in Centre
- Patient Group Direction

- 1.2 Shropshire Community Health NHS Trust (Trust) is therefore required to have arrangements in place to collect NHS prescription charges from eligible patients when they are issued with drugs to take home from their premises (ie MIU's and DAART).

- 1.3 The Policy formalises arrangements for the issue of a Community Trust NHS Prescription Payment/Exemption Declaration Form for patients receiving medication across Trust premises. It also formalises procedures for the collection of NHS prescription charges, where patients are deemed not to be exempt from paying for those charges.

- 1.4 The process to be introduced will allow for NHS prescription charges to be collected using a system of promissory notes included on the Prescription Payment/Exemption Declaration Form (see Appendix a); thereby:

1.4.1 removing the requirement for clinical staff to handle patient money.

1.4.2 reducing the security risk inherent in cash handling and banking.

1.4.3 eliminating the possibility of clinical staff/patient conflict.

- 1.5 Collection of the prescription charges will be administered by the Trust Finance Directorate (Financial Accounting).

- 1.6 The process may also allow for checks to be carried out to verify that patients, where it has been claimed they are exempt from paying for their prescription charges, are doing so correctly.

- 1.7 For any patient found not to be exempt, it may also allow consideration to be given to the issuing of a Penalty Charge Notice in accordance with the NHS (Penalty Charge Regulations) 1999, pursuant with the NHS Act 2006.

This may enable the Trust to recover both the prescription charge, and a penalty charge.

2 General Guidelines and Principles

2.1 Circumstances in which the procedure applies

2.1.1 This includes:

- 2.1.1.1 the issue of medicines to take away against a doctor's or non-medical prescriber's prescription or Patient Specific Direction.
- 2.1.1.2 the issue of medicines to take away against a Patient Group Direction.
- 2.1.1.3 the issue of Pharmacy or General Sales List medicines according to agreed Trust procedures.

2.2 Procedure to adhere to following the issuing of drugs

- 2.2.1 Clinical staff must complete Section 1 of the Community Trust NHS Prescription Payment/Exemption Declaration Form for all patients being issued medication to take home.
- 2.2.2 There will be a requirement for clinical staff in each Unit to insert their Unit Name, a Sequential Unique Form Number, and the Finance Account Code onto each form issued in Section 1; for audit purposes. Any wasted/spoiled forms will need to be retained for two years from the date of issue for inspection as part of the audit.
- 2.2.3 Clinical staff will also need to complete the Patient Details on each form in Section 1. Once again, any wasted/spoiled forms will need to be retained for two years from the date of issue for inspection as part of the audit process.
- 2.2.4 When Section 1 is completed, clinical staff will then need to ask the patient, or their representative, if the patient is eligible to pay NHS prescription charges.
- 2.2.5 Any patient, or representative unsure as to whether the patient is entitled to help towards their health costs should be directed to, and issued with, an HC12 Leaflet (Help with Health Costs) if available. Alternatively the patient can be advised to either ring telephone number 0300 330 1343 (local rate calls), or to download information via: www.nhsbsa.nhs.uk/nhs-low-income-scheme, to obtain further information about help with health costs.

- 2.2.6 It is the patient, or their representative's responsibility to decide whether the patient is entitled to help with their prescription charges and to complete the declaration(s) on the form, accordingly.
- 2.2.7 **ALL** original completed and wasted/spoilt forms will need be retained for two years from the date of issue and filed in sequential number order by each Unit and will be made available for inspection, as required.
- 2.2.8 **ALL** original completed and wasted/spoilt forms that are to be destroyed should be disposed of in a confidential manner in line with the Trust Records, Retention, Archiving and Disposal Policy.
- 2.2.9 Further supplies of the Community Trust NHS Prescription Payment/Exemption Declaration Form should be produced by each Unit from a template form which was supplied. If required, a new template form can be obtained by submitting an e-mail request to Becky Davis, Medicines Management Team Administrator via e-mail address: becky.davis4@nhs.net

2.3 Procedure for patients, or their representative, declaring the patient is EXEMPT from paying NHS prescription charges

- 2.3.1 Patients, or their representative, stating that the patient is exempt must complete Section 2 of the Community Trust NHS Prescription Payment/Exemption Declaration Form, and read, sign and date Section 3. Information about who is exempt from prescription charge payment is given in Part XVI of the Drug Tariff (The electronic drug tariff can be viewed at www.ppa.org.uk/ppa/edt_intro.htm)
- 2.3.2 The only exceptions to items subject to prescription charges (ie the patient is not charged) are:
 - 2.3.2.1 Contraceptives (including Emergency Contraception).
 - 2.3.2.2 Items supplied for immediate treatment where no order is made on a prescription form. Immediate treatment means medicines which are given to the patient to take whilst on the premises eg salbutamol nebuliser.
 - 2.3.2.3 Items personally administered such as pain relieving injections.
- 2.3.3 With the exception of age related exemption which can be verified by the patient's date of birth, and the issuing of contraceptives which are free of charge, clinical staff must ask the patient, or their representative, if they are in receipt of proof of their exemption.
- 2.3.4 If the patient or their representative ticks box 10., 11., 12., or 13., the clinical staff will need to ask the patient or their representative to

give details of the person receiving the benefit on the form in the boxes provided. Wherever possible this should include their National Insurance Number, as this is the main indicator required to enable accurate checks to be carried out to verify that the patients are in receipt of the benefits declared.

2.3.5 If the patient, or their representative, is not in receipt of proof of the patient's exemption, then the clinical staff **MUST** tick the "Evidence Not Seen" box on the form.

2.3.6 **UNDER NO CIRCUMSTANCES** should the patient, or their representative, be refused the medication if they are unable to prove the patient is exempt from paying the prescription charge.

2.3.7 If the clinical staff have concerns that an individual patient is not exempt for the reason ticked by the patient, or their representative, then the form should be copied and forwarded to the Trust Local Counter Fraud Specialist, together with details as to why it is considered they are not exempt, to enable checks to be carried out.

2.3.8 For any patient found not to be exempt, consideration may be given to the issuing of a Penalty Charge Notice in accordance with the NHS (Penalty Charge Regulations) 1999, pursuant with the NHS Act 2006. This may enable the Trust to recover both the prescription charge, and a penalty charge.

2.4 Procedure for patients, or their representative, declaring the patient is NOT EXEMPT from paying NHS prescription charges

2.4.1 Patients, or their representative, stating that the patient is not eligible for free prescriptions will be required to complete the "Promissory Note" Section 4 of the Community Trust NHS Prescription Payment/Exemption Declaration Form. This requests the patient to pay an appropriate prescription charge for the prescription medication issued.

2.4.7 **UNDER NO CIRCUMSTANCES** should clinical staff accept payment for prescription charges from the patient, or their representative, at the time of issuing the medication.

2.4.8 At the end of each week, the completed forms will be copied, and the copies forwarded to the Trust Finance Directorate (Financial Accounting) in order that invoices can be raised to the patients to collect the prescription charges due.

2.4.9 The Trust reserve the right to take further action to recover any unpaid prescription charges in line with the Trust's Finance Directorate Procedure R3 : Accounts Receivable : Credit Control.

Community Trust NHS Prescription Payment/Exemption Declaration Form

Section 1 (To be completed by Trust staff)

Unit:	Unique Form Number:	Finance Account Code:
Patient Details		
Title:	First Name:	Last Name:
Date of Birth:	NHS Number:	
Address:	Postcode	

* If the patient does not pay for NHS prescriptions, they must complete Section 2 below, and Section 3 overleaf

* If the patient does pay for NHS prescriptions, they must complete Section 4 overleaf

Section 2 (To be completed by patient)

I am the patient ☐ I am the patient's representative ☐ (Tick one Box)

The patient doesn't have to pay because he/she: (Tick appropriate box)

- | | | |
|-----|--------------------------|--|
| 1. | <input type="checkbox"/> | is under 16 years of age |
| 2. | <input type="checkbox"/> | is 16, 17 or 18 and in full time education |
| 3. | <input type="checkbox"/> | is 60 years of age or over |
| 4. | <input type="checkbox"/> | has a valid maternity exemption certificate |
| 5. | <input type="checkbox"/> | has a valid medical exemption certificate |
| 6. | <input type="checkbox"/> | has a valid prescription pre-payment certificate |
| 7. | <input type="checkbox"/> | has a valid War Pension exemption certificate; no
and the items prescribed are for the accepted disablement |
| 8. | <input type="checkbox"/> | Is named on a current HC2 charges certificate |
| 9. | <input type="checkbox"/> | Was prescribed free of charge contraceptives |
| 10. | <input type="checkbox"/> | * is included in an award of Income Support or income-related
Employment & Support Allowance |
| 11. | <input type="checkbox"/> | * is included in an award of income based Jobseekers Allowance |
| 12. | <input type="checkbox"/> | * is entitled to, or named on, a valid NHS Tax Credit Exemption
Certificate |
| 13. | <input type="checkbox"/> | * is included in an award of Pension Credit guarantee credit |

* For boxes 10, 11, 12, and 13, please give details below of the person getting the benefit or credit. This may be you or your partner.

*Name/Signature	Date of Birth	NI Number:
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Trust Use Only
☐
Evidence Not Seen

Section 3 (To be completed by patient, or representative)

Declaration (*For patients who do not have to pay*)

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable the NHS to check I have valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by Shropshire Community Health NHS Trust, the NHS Business Services Authority, the Department of Work and Pensions and Local Authorities.

Signed..... Date

Contact Telephone Number.....

If you are not the patient named in Section 1 – please print your name and address below:

Section 4 PROMISSORY NOTE (To be completed by patient, or representative)

I have received (number).....items at a cost of £.....per item on (Date).....

I (print name).....agree to pay Shropshire Community Health NHS Trust the sum of £.....for drugs issued to me. (An invoice will be sent to the patient by the Trust Finance Directorate by post to the address as detailed in Section 1 or by e-mail if an e-mail address is given below)

Signed..... Date

Contact Telephone Number.....

E-Mail Address.....

If you are not the patient named in Section 1 – please print your name and address below: