

## Policies, Procedures, Guidelines and Protocols

Document Details		
Title	Community Trust NHS Prescription Payment/Exemption Declaration Form Policy (Out of Hours Dental Services)	
Trust Ref No	1948-60290	
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 at Shropshire Community Health NHS Trust (Trust) out of hour's dental service clinics. 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 at dental clinics	
Author(s)	Susan Watkins, Chief Pharmacist Tom Seager, Clinical Director (Dental) 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 at dental clinics	
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 NHLSA	No	
Other	None	
Amendments History		
No	Date	Amendment
1	January 2017	Paragraph 1.5 changed to say “The process <b>may</b> 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 2.2.8 changed to include retention period for prescription forms
5	January 2017	New paragraph 2.2.9 inserted explaining where prescription form disposal guidance can be found
6	January 2017	Original paragraph 2.2.9 re-numbered to 2.2.10
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	January 2017	Paragraph 2.3.9 changed to include retention period for prescription forms
10	January 2017	Paragraph 2.4.4 changed to include retention period for prescription forms
11	March 2020	To update the policy with the name of the new Chief Pharmacist
12	March 2020	To update the policy with the Dental Lead's Title (Clinical Director Dental) )
13	March 2020	To update the policy with Lead Director's new titles (Executive Director of Nursing, and Director of Finance and Strategy)
14	March 2020	Paragraph 1.6 changed to say "For any patient found not to be exempt, it <b>may</b> 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 <b>may</b> enable the Trust to recover both the prescription charge, and a penalty charge"
15	March 2020	Paragraph 2.2.6 updated with new information for patients wishing to obtain information about help towards health costs
16	March 2020	Paragraph 2.2.10 updated with new arrangements for obtaining a new Community Trust NHS Prescription Payment/Exemption Declaration Form template
17	March 2020	Paragraph 2.3.8 changed to say "For any patient found not to be exempt, consideration <b>may</b> 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 <b>may</b> enable the Trust to recover both the prescription charge, and a penalty charge"
18	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 (Out of Hours Dental Services)**

## 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 (i.e. MIU's, DAART, and out of hours dental clinics).
- 1.3 The Policy formalises arrangements for the issue of a Community Trust NHS Prescription Payment/Exemption Declaration Form for patients receiving medication at Trust out of hour's dental clinics. 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 Collection of the prescription charges will be administered by the Trust staff at the out of hour's dental clinics.
- 1.5 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.
- 1.6 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.

## **2.2 Procedure to adhere to following the issuing of drugs**

2.2.1 Dental clinic 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 staff at each dental clinic to insert a Sequential Unique Form Number 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 Dental clinic 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 Dental clinic staff will also need to insert the number of prescription items being dispensed to the patient in Section 1. In doing so it should be noted that different strengths of the same preparation in the same formulation only attract one prescription charge. If a mixture of different presentations of a drug are prescribed, then each one will attract a separate prescription charge (e.g. modified release tablets + immediate release tablets = 2 prescription charges). If required, further clarification on this issue can be provided by the Trust Chief Pharmacist.

2.2.5 When Section 1 is completed, dental clinic staff will then need to ask the patient, or their representative, if the patient is eligible to pay NHS prescription charges.

2.2.6 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](http://www.nhsbsa.nhs.uk/nhs-low-income-scheme), to obtain further information about help with health costs.

2.2.7 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.

- 2.2.8 **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 dental clinic and will be made available for inspection, as required.
- 2.2.9 **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.
- 2.2.10 Further supplies of the Community Trust NHS Prescription Payment/Exemption Declaration Form can be obtained by submitting an e-mail to Moira Jones in Dental Management, on the following e-mail address: [moira.jones6@nhs.net](mailto:moira.jones6@nhs.net). Please allow five working days for delivery.

## **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](http://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 e.g. 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, dental clinic 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 dental clinic 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 dental clinic 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 dental clinic 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.
- 2.3.9 ALL original completed forms will need be retained for two years from the date of issue and filed in sequential number order by each dental clinic and will be made available for inspection, as required

## **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 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.
- 2.4.2 Dental clinic staff will be required to obtain payment for prescription charges from the patient, or their representative, at the time of issuing the medication.
- 2.4.3 On receipt of the payment, dental clinic staff will complete the "Office Use Only" section of the Community Trust NHS Prescription Payment/Exemption Declaration Form.
- 2.4.4 ALL original completed forms will need be retained for two years from the date of issue and filed in sequential number order by each dental clinic and will be made available for inspection, as required.

## Community Trust NHS Prescription Payment/Exemption Declaration Form

### Section 1 (To be completed by Trust staff)

<b>Dental Clinic:</b>	<b>Unique Form Number:</b>	<b>Finance Account Code:</b> WM910/451100
<b>Patient Details</b>		
<b>Title:</b>	<b>First Name:</b>	<b>Last Name:</b>
<b>Date of Birth:</b>	<b>NHS Number:</b>	
<b>Address:</b>	<b>Postcode</b>	
<b>Number of Prescription Items Dispensed:</b> _____		

\* 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 <b>and</b> 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 <b>guarantee</b> 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.

<b>*Name/Signature</b>	<b>Date of Birth</b>	<b>NI Number:</b>
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### 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 (To be completed by patient, or representative)

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

I (print name).....have paid to Shropshire Community Health NHS Trust the sum of £.....for drugs issued to me.

Signed..... Date .....

Contact Telephone Number.....

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

#### Office Use Only

Amount Paid £_____	Received by_____
Payment Method: Cash/Cheque/Card*  *Delete as appropriate	Date_____