# Response to consultation on:

# Visitor and Migrant Cost Recovery – Extending Charging

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**Pharmaceutical Services Negotiating Committee**
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PSNC welcomes the opportunity to respond to the consultation on Visitor and Migrant Cost Recovery – Extending Charging.

For brevity, we respond only to the questions that impact on NHS pharmacy contractors.

## Question 6: Do you have any comments on implementation of the primary medical care proposals?

The consultation recognises that identification of chargeable patients is essential to the cost recovery and for charging / recharging for NHS prescriptions.

We would add two comments.

First, it is essential that prescriptions identify the chargeable status of the patient, at the time it is issued (and whether on paper or sent electronically). This will require the prescriber's IT system to be modified and for the pharmacy EPS systems to be updated. The time taken to make changes to these systems must not be underestimated – for example, the government amended legislation to allow the electronic transmission of prescriptions for controlled drugs in 2015, but it is not expected that the IT systems will support this until 2018. The prescribers (and pharmacy contractors) must not be expected to operate any processes associated with charging / recharging until the IT systems are fully operational.

As prescriptions issued in the other home countries may also be dispensed in pharmacies in England, it is presumed that there will be similar requirements introduced in those home countries. If it is proposed only to amend the prescription requirements in England, then it will be necessary for the government to take steps to ensure no 'gaming' of the system, through for example, EEA and Non-EEA visitors choosing to visit practitioners in the other home countries, then presenting prescriptions in England.

The costs of changes to these systems must be met in full by the government.

Secondly, prescriptions from all prescribers – primary and secondary care and also medical or non medical prescribers must all be brought within these arrangements.

We note that prescribers will be expected to use new forms for the purpose of identifying these visitors. It is fundamental to the whole process that if the prescriber does not use the appropriate form, then there will be no way that a pharmacy contractor can be alert to the status of the patient – and the patient would be treated in the same way as home patients as regards charging and exemptions.

## Question 7: We propose reclaiming the balance of cost of drugs and appliances provided to EEA residents who hold an EHIC (or PRC) (over and above the prescription charge paid by the patient) from the EEA country that issued the EHIC/PRC.

We agree with the first assumption in the consultation – that changes are contingent upon the prescriber IT systems identifying the EHIC visitors and chargeable Non-EEA residents.

The government is seeking to amend the systems to include a field for chargeable status for these visitors when the prescription is generated. We refer to our response to question 6; this must apply to all prescribers.

We also suggest that the opportunity afforded by this exercise also extends to identifying which 'home' patients are chargeable – i.e. the system links with DwP etc, to flag in the appropriate field, the chargeable status of all home patients – so that patients no longer need to produce evidence of entitlement when collecting prescriptions, and no longer have to complete a claim for entitlement to exemption.

The IT changes needed for prescriber and pharmacy computer systems are substantial and it would be wasteful not making this broader change at the same time.

As we stated in the response to question 6, the changes to pharmacy systems will take time, and this is not within the control of the pharmacy contractor. The government should enter into a contractual relationship with the major pharmacy and prescriber system suppliers to fully orchestrate the changes, and to fund those.

We oppose the additional workload for pharmacies in keying in EHIC / S1 / S2 data as suggested in the third bullet. The pharmacy contractor should have no additional workload than checking the exemption / chargeable indicator on the prescription and collecting the prescription charge where it is due. This should be pre-populated. The visitor should be producing the EHIC at the time of the registration with the prescriber in order to secure treatment within the NHS, and this is the point at which the EHIC information should be keyed – this would allow it to be inputted once only – any other process would cause significant duplication of effort for patients who are transient and visit a number of pharmacies over a short period of time.

We do not accept the assumption that entering data will take nought to two minutes. We presume that the portal is not yet in existence, and there have been no discussions so far as we are aware with pharmacy systems suppliers or pharmacy contractors. Processes would have to take into account the dispensing processes, EPS systems, and of course the FMD overheads before an assessment can be made as to the likely time that will be taken to enter such data. Although we oppose the entry of data by pharmacy contractors, we must insist that if the government nevertheless takes this less efficient avenue (compared with making the record at the point of the patient entering the NHS systems at the prescriber's practice) that a thorough cost inquiry takes place into any time requirements, and that there is properly negotiated remuneration for this activity, before the systems are implemented.

## Question 8: We propose removing prescription exemptions for non-EEA residents to whom surcharge arrangements do not apply and who are not in one of the charge-exempt categories in section three.

It must be evident to both the patient and to the pharmacy contractor – from information on the face of the prescription, whether the patient is able to claim exemption. Pharmacies cannot be expected to quiz every patient that visits the pharmacy to determine whether the patient is entitled to claim exemption from charges (under the current charges regulations). Many patients visiting from non-EEA (and indeed from EEA) countries may not speak English, and therefore the only reasonable way for the chargeable status to be determined in pharmacy is if the prescription contains that information.

We are also concerned that arrangements whereby some Non-EEA visitors will be able to claim exemption and some will not will increase the opportunities for fraudulent declarations. The pharmacy contractor is the last opportunity in the NHS able to decide to supply with or without charge – and for the system to be seen by the public and the profession to be fair, it will have to be designed to minimise the opportunity for fraudulent exemption claims.

## Question 9: Do you have any comments on implementation of the NHS prescriptions proposals?

We repeat briefly the points made above:

- The IT systems of prescribers and pharmacies must be amended at the government's expense before healthcare professionals are able to assist with these charges – we do not agree with the incorrect conclusion in the table at the top of page 18, that there will be no additional IT costs to pharmacy contractors if the costs of development are not funded by the government;
- Any entry of EHIC etc data must be carried out as the patient enters into NHS treatment i.e. on registration with a prescriber, and that EHIC information is not required to be inputted by pharmacists or their staff;
- The systems should be broadened by government to deal also with exemption status of home patients.

We also wish to make the point that if a patient does not tell the truth when presenting a prescription for dispensing at a pharmacy, the pharmacy must not be surcharged with the cost of the prescription charge. The pharmacist is able to make a judgement only on the evidence presented at the time the prescription is presented, and if the patient chooses not to present evidence, but also claims entitlement to exemption, then as with home patients, the pharmacy contractor must be able to indicate 'evidence not seen' and provide the drugs or appliances without charge. An argument between a patient and pharmacist about exemption status cannot be allowed to get in the way of treatment.

**About PSNC**

PSNC promotes and supports the interests of all NHS community pharmacies in England. We are recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors. We work closely with Local Pharmaceutical Committees to support their role as the local NHS representative organisations.

Our goal is to develop the NHS community pharmacy service, and to enable community pharmacies to offer an increased range of high quality and fully funded services; services that meet the needs of local communities, provide good value for the NHS and deliver excellent health outcomes for patients.