

## **EXTENSION OF THE LIST OF MEDICAL CONDITIONS GIVING EXEMPTION FROM NHS PRESCRIPTION CHARGES: GUIDANCE FOR DOCTORS**

### **ALL CONDITIONS**

We ask all doctors to advise patients of their entitlement to medical exemption from prescription charges and give them a form FP92A once a relevant diagnosis is made. Application for an exemption certificate should only be made once the diagnosis of one of the medical conditions listed on the FP92A is confirmed. The exemption certificate will be backdated one month from the date the application is received but cannot start before 1 April in respect of cancer exemption.

Exemption certificates only apply to charges for NHS prescriptions but they cover all prescriptions, not just those for the exempting condition.

Pending receipt of an exemption certificate, patients should ask the dispenser for an NHS receipt (FP57) (which is also a refund claim form) when they pay a prescription charge.

Patients who are aged 60 and over are exempt from NHS prescription charges on age grounds and do not need to apply for a medical exemption certificate. Patients who are exempt because they are receiving a relevant benefit, for example income support, may wish to apply for a medical exemption certificate so they are covered if their financial circumstances change.

Applications for medical exemption for all patients, including cancer patients, are made to, and exemption certificates issued by, the NHS Business Services Authority (BSA) on behalf of the Secretary of State. Certificates run for 5 years and are in respect of all NHS prescriptions, not just those for the exempting medical condition. Certificates can be used until the end date shown. A reminder will be issued automatically and the certificate may then be renewed if the qualifying conditions still apply. Certificates do not have to be returned if the patient's condition changes. They should be returned on the death of the patient so the system may be noted and no reminders sent.

Application forms FP92A are only available for NHS use. They are normally purchased and distributed by PCTs. They have been revised to include cancer patients and on this occasion, they will be purchased and distributed direct to practices by the NHS BSA.

Regulations are changed so that only the new version FP92As - clearly marked 1 January 2009 – should be used from 9 February 2009. The new version FP92As can be used as soon as they are received and old versions should be destroyed securely. Further supplies should be ordered from your PCT in the usual way. Old versions signed before 9 February 2009 will be accepted in respect of the existing list of medical conditions but not in respect of cancer patients.

If a patient receiving private treatment has an NHS doctor, they may apply for exemption if the doctor has access to records to enable him/her to confirm the patient's statement

### **CANCER**

The Charges Regulations will be amended to extend the medical exemption to include cancer patients. They will give exemption from charges for cancer patients in respect of all prescription items (not just those for cancer) dispensed on or after 1 April 2009. Cancer patients may apply for exemption certificates from 9 February but their exemption certificates will not start until 1 April 2009. The new version of the FP92A must be used. Exemption certificates for cancer patients will last for 5 years and can be used to their end date even if

the patient's cancer treatment finishes during that period. At the end of 5 years a new application may be made if the patient still meets any of the conditions in (i) – (iii) below.

The regulations will state:

“No charges shall be payable by a person with a valid exemption certificate issued by the Secretary of State on the ground that the person is undergoing treatment for –

- (i) cancer;
- (ii) the effects of cancer; or
- (iii) the effects of cancer treatment”.

The words used are intended to have the following meanings but interpretation is a matter for the doctor's clinical judgement in deciding whether or not to confirm the patient's statement and sign the application form.

The new medical exemption is not intended for patients who have been treated and are now apparently clear of cancer where no further treatment is planned. In these cases, treatment does not include routine follow ups with planned discharge later.

Advisory sunscreen because of risk of skin cancer is not a qualifying condition for exemption. This does not preclude prescribing sunscreens (as per drug tariff) where clinically appropriate.

“**Cancer**”: means diagnosed cancer (any cancer), not suspected cancer, eg skin lesion where no biopsy (or diagnostic test) has been carried out, nor pre-cancerous cells, eg following smear test.

“**Undergoing**” means continuing treatment not just one episode such as nitrogen freezing of a skin lesion with no further treatment planned

“**Treatment**” for diagnosed prostate cancer is in accordance with NICE guidelines as at: [www.nice.org.uk](http://www.nice.org.uk)

“**Treatment**” includes a course of tamoxifen following diagnosed cancer or similar drug to like effect. It also includes the prescription of lymphoedema garments needed as an effect of cancer or its treatment. These are listed in the Drug Tariff and can be prescribed on an FP10.

“**The effects of cancer**” includes palliative care if treatment for cancer itself has ceased (eg pain relief). It also includes effects directly related to cancer that did not exist before the diagnosis, for example change in mental health. The effects of cancer (and cancer treatment) would also include “ostomies” although these patients could apply for an exemption certificate if they have a permanent fistula.

“**The effects of cancer treatment**” may be in respect of current treatment or previous treatment and could arise some time after the treatment. They include all the side-effects of cytotoxic drugs listed in chapter 8 of BNF and includes prevention of side effects of these drugs. This is an example, not exhaustive, and effects of treatment also include late effects of radiation, including the need for camouflages, and secondary lymphoedema.