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NHS charges



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Summary

This paper sets out the basis for various NHS charges. It covers which groups are exempt and explains variations in the devolved nations. The future of NHS charges is considered along with calls to suspend prescription charges during the Covid-19 outbreak.

The legal basis for NHS charges

The National Health Service Act 1946, which set up the NHS in England and Wales, contained a provision that NHS services should be provided free of charge unless that Act expressly provided for a charge. This provision has been carried forward into the legislation which replaced the 1946 Act – the NHS Act 1977 and subsequently the NHS Act 2006.

Since the founding of the NHS, amendments have been made to allow charges for NHS services including prescription, dental and optical charges.

The future of NHS charges

In the context of financial pressure on the NHS, there have been calls for the introduction of additional charges for services, such as GP appointments. To date, no plans to introduce further charges have been announced.

Other relevant Library papers

[NHS charges for overseas visitors](#) and [NHS hospital car parking charges](#) are covered in separate Library papers.

1 The history of NHS charges

The [National Health Service Act 1946](#), which set up the NHS in England and Wales, contained a provision that NHS services should be provided free of charge unless that Act expressly provided for a charge. This provision was carried over into legislation that replaced the 1946 Act; namely, the [NHS Act 1977](#) and subsequently the [NHS Act 2006](#). It means that amendments to primary legislation are required to introduce new charges.

Prescription charges were enabled by the Labour Government's [NHS \(Amendment\) Act 1949](#). Under this Act charges and associated exemptions were to be introduced by regulations. Although the power to levy a prescription charge was legislated for in 1949, the charge was actually introduced in 1952 under the Conservative Government. Aside from a period between 1965 and 1968, a prescription charge has continued to apply in England ever since.¹

When prescription charges were introduced in 1952, there were limited exemptions (mainly people on National Assistance, together with their dependants). When reintroduced in 1968, exemptions were more extensive, relating to income, medical status and age.

Currently, [The National Health Service \(Charges for Drugs and Appliances\) Regulations 2015](#), made under powers conferred by the [NHS Act 2006](#), make provision for prescription charges and exemptions in England.

Prescriptions are free of charge in Scotland, Wales and Northern Ireland.

¹ House of Commons Health Committee, [NHS Charges \(2006\)](#). Volume 1: pp. 10-11; Charles Webster, [The National Health Service: A Political History](#) (Oxford, 1998), pp35-6.

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The future of NHS charges

In 2010, 29 OECD states reported having some form of co-payment or charge for pharmaceuticals while 20 required some form of payment for a GP visit.² In the UK, there have been suggestions from some stakeholders that additional charges could be introduced to relieve pressure on the NHS budget. However, when pressed the UK Government has reiterated that NHS GP appointments are free of charge.

For example, in October 2014, the then-Chief Executive of the NHS Confederation, Rob Webster, suggested that patients may have to “cover their hotel costs for bed and board.” He argued:

If the NHS cannot afford to fund everything, then it will need to make tough choices about what it does fund.³

The 2014 Barker Commission report, [A new settlement for health and social care](#), explored possibilities for hospital and GP appointment charges. On prescription charges, the 2014 report made the case for a review of charges and exemptions:

...the current charging regime makes little sense. Exemptions apply from the age of 60, when the state pension age will shortly be 65 for both men and women. The existing medical exemptions are widely acknowledged to be ‘inconsistent and arbitrary,’ although to be fair that charge is usually made by those who want to extend medical exemptions ([Gilmore 2009](#)). As our interim report noted, it has long since ceased to be the case that all pensioners are poor ([Johnson 2013](#); [The King’s Fund 2014a](#), pp 28–29, 58–59). There was some limited support among our experts by experience for more affluent older people to pay prescription charges, and for the age exemption to rise to that for state pension age. That is a view the commission shares.

[...]

We recommend that the government undertake a review of prescription charges that would involve dramatically lowering the

² The King’s Fund, ‘[How health care is funded](#)’, 23 March 2017; Elias Mossialos and Martin Wenzl, ‘[2015 International Profile of Health Care Systems](#)’ (2016).

³ ‘[NHS funding crisis: Boss warns of £75-a-night charge for a hospital bed](#)’, The Independent, 7 October 2014.

charge to perhaps £2.50 while significantly reducing the exemptions, with a view to raising at least £1 billion.⁴

At a British Medical Association (BMA) conference in May 2014, doctors voted against a motion to introduce charges for GP appointments. However, they agreed that "general practice is unsustainable in its current format."⁵ In June 2018, the BMA conference again voted against a motion to consider charging for GP appointments.⁶

In July 2015, then-Secretary of State for Health Jeremy Hunt confirmed there were no plans to charge people who miss GP appointments.⁷ In 2017 he said this position had more to do with the practical implications of introducing such a charge rather than any objection in principle. He suggested it was something that GPs could decide at a local level.⁸

Any substantive changes to NHS charges would have to be introduced through amendments to the NHS Act 2006.

⁴ Baker Commission, [A new settlement for health and social care](#) (2014), pp30-31, 34.

⁵ [‘GPs vote against charging patients for appointments’](#), The Guardian, 22 May 2014.

⁶ [British Medical Association Annual Representative Meeting 2018 Agenda](#) (2018), 26; [‘Leading Doctors oppose calls to charge patients for GP appointments’](#), Pulse Today, 25 June 2018; see also [‘GPC to draw up report on potential co-payments to support general practice’](#), Pulse, 19 May 2019.

⁷ [HC Deb 7 July 2015 c163](#)

⁸ [HC Deb 7 February 2017, c227](#)

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Prescription charges in England

Coronavirus and prescription charges

The [Prescription Charges Coalition](#) on 25 March 2020 asked for the prescription charge in England to be suspended for people with long-term health conditions during the Covid-19 pandemic. The Coalition argued that “during this time of economic uncertainty, prescription charges may be an even bigger deterrent to people collecting their medication than usual”.

On 24 March 2020, the Shadow Health Secretary asked the UK Government to consider abolishing prescription charges for the duration of the outbreak:

Jonathan Ashworth: The virus thrives on inequalities. It is the most vulnerable, without financial security, who are especially at risk. I therefore urge him to consider abolishing prescription charges for the duration of the outbreak, especially for those with conditions such as asthma [...]

Matt Hancock: [...] He also asked about prescription charges. Only around a fifth of people pay prescription charges, so those who are the least able to pay already get free prescriptions.⁹

From 1 April 2021, the prescription charge for England is £9.35.¹⁰ The Government has repeatedly said that prescription charges are a valuable income source for the NHS.

For 2017/18, the income from fees charged was just over £575 million.¹¹ In 2018/19, England raised £576 million through the prescription charge, equal to 0.5% of the NHS resource budget.¹²

A broad system of exemptions from prescription charges, including for those on low incomes and people with some long-term medical conditions, means

⁹ [HC Deb, 24 March 2020, cc242, 243](#)

¹⁰ [The National Health Service \(Charges for Drugs and Appliances\) \(Amendment\) Regulations 2021](#), 22 February 2021

¹¹ [PQ 272871 \[on Prescriptions: Fees and Charges\], 3 July 2019](#)

¹² House of Commons Library, [NHS Expenditure](#) (2020), p5.

around 89% of NHS prescription items are dispensed in the community free of charge according to a Government answer in October 2019.¹³

3.1 Who is entitled to free prescriptions?

Individuals are entitled to free prescriptions in England if they meet one or more of the following criteria:

- are 60 or over
- are under 16
- are 16 to 18 and in full-time education
- are pregnant or have had a baby in the previous 12 months and have a valid maternity exemption certificate (MatEx)
- have a specified medical condition and have a valid medical exemption certificate (MedEx)
- have a continuing physical disability that prevents them going out without help from another person and have a valid medical exemption certificate (MedEx)
- hold a valid war pension exemption certificate and the prescription is for an accepted disability
- are an NHS inpatient¹⁴

Individuals are also entitled to free prescriptions if they – or their partner – receive, or they're under the age of 20 and the dependant of someone receiving:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Pension Credit Guarantee Credit
- Universal Credit and meet the following criteria:
 - They either had no earnings or had net earnings of £435 or less in the last Universal Credit assessment period; or,
 - They receive Universal Credit, which includes an element for a child, or they (or their partner) had limited capability for work or limited capability for work and work-related activity, and either had no earnings

¹³ [HC Deb, 29 October 2019, c 188](#)

¹⁴ NHS, [Get help with prescription costs](#)

or net earnings of £935 or less in the last Universal Credit assessment period.¹⁵

Individuals are also entitled to free prescriptions if they are named on an NHS tax credit exemption certificate or a valid HC2 certificate (for full help with health costs).¹⁶

If an individual is on a low income, they may qualify for help with health costs through the [NHS Low Income scheme](#).

Individuals could also save money through a prescription pre-payment certificate (PPC).

The [National Health Service \(Charges for Drugs and Appliances\) \(Amendment\) Regulations 2021](#) sets out the costs of a PPC:

- A 3-month PPC costs £30.25 (saving an individual money if they need 4 or more prescribed items in the 3 months)
- A 12-month PPC costs £108.10 (saving an individual money if they need more than 11 prescribed items in a year)

Full information on help with health costs is detailed on the NHS Choices website – [Get help with health costs](#).

3.2 Medical exemptions

Individuals are exempt from prescription charges if they have one of the medical conditions listed below and hold a valid medical exemption certificate. Medical exemption certificates are given on application to people who have:

- a permanent fistula (for example caecostomy, colostomy, laryngostomy or ileostomy) requiring continuous surgical dressing or requiring an appliance
- a form of hypoadrenalism (for example Addison's disease) for which specific substitution therapy is essential
- diabetes insipidus or other forms of hypopituitarism
- diabetes mellitus, except where treatment is by diet alone
- hypoparathyroidism
- myasthenia gravis
- myxoedema (that is, hypothyroidism requiring thyroid hormone replacement)

¹⁵ [ibid](#)

¹⁶ [ibid](#)

- epilepsy requiring continuous anticonvulsive therapy
- a continuing physical disability which means the person cannot go out without the help of another person. Temporary disabilities do not count even if they last for several months
- Or are undergoing treatment for cancer:
 - including the effects of cancer, or
 - the effects of current or previous cancer treatment¹⁷

Patients with one of the specified medical conditions can apply for a medical exemption certificate from their GP. Further information on the process for obtaining a certificate is available from the NHS: [Get help with prescription costs](#).

Calls to extend the list of medical exemptions

The list of medical exemptions from prescription charges was agreed in 1968. The only addition to the list since then has been the treatment of cancer in 2009.

A [review](#) in 2008 by the then President of the Royal College of Physicians, Professor Ian Gilmore, looked at how prescription exemptions might be extended to include all long-term conditions. The Department of Health published the report in May 2010.¹⁸ The review estimated that exempting people with long-term conditions from prescription charges would cost £430 million annually.

In the 2010 Spending Review, the Coalition Government made clear that no changes would be made to the list of medical exemptions:

To ensure spending is focused on priorities, some programmes announced by the previous government but not yet implemented will not be taken forward. This includes free prescriptions for people with long term conditions, the right to one-to-one nursing for cancer patients, and the target of a one week wait for cancer diagnostics¹⁹

This position was reasserted by Health Minister Steve Brine in March 2018, who remarked that the Government “have no current plans to amend the list of long-term and orphan diseases which qualify for free prescriptions.”²⁰ In May 2019, the Health Minister Seema Kennedy again confirmed this position.²¹

Organisations such as the [Prescription Charges Coalition](#) have called for an end to prescription charges for people with long-term conditions. Its June 2017 report, [Still Paying the Price](#), found that for many people the cost of

¹⁷ NHS, [Get help with prescription costs](#)

¹⁸ [Prescription Charges Review: The Gilmore report](#), November 2009

¹⁹ HM Treasury, [Spending Review 2010](#), October 2010, p43.

²⁰ [PQ 132813 \[Prescriptions: Fees and Charges\], 23 March 2018](#)

²¹ [PQ 251356 \[Phenylketonuria\], 7 May 2019](#)

prescriptions is a barrier to taking medication. The Coalition includes charities such as Disability Rights UK, the Terrence Higgins Trust and the MS Society.²²

3.3 Penalty Charges

Where a patient claims for a free prescription to which they are not entitled, the [NHS Business Services Authority](#) (NHSBSA) can charge for the treatment retrospectively and can issue a penalty charge.

The NHSBSA provides an [online eligibility checker](#).

On the [checking of claims](#), the NHSBSA states:

Pharmacies and dental practices send their NHS prescriptions and NHS dental treatment claim forms to us at the end of each month.

We then calculate how much each pharmacy or dental practice needs to be reimbursed by the NHS.

We carry out monthly randomised checks on prescription forms and dental treatment claim forms to check for fraud and error.

If your entitlement to free NHS prescriptions or dental treatment cannot be confirmed, you will be sent a Penalty Charge Notice.²³

The penalty charge is set at £100 (or five times the cost of the treatment, whichever is smaller), in addition to the original charge. Where a person fails to pay the penalty within 28 days, the penalty charge is increased by 50%.²⁴

A person who wishes to challenge the request for payment of a penalty charge may explain their circumstances to the NHSBSA. If they can demonstrate to the NHSBSA's satisfaction that they did not act wrongfully, or with any lack of care, they will not be subject to a penalty charge. The NHSBSA also has discretion to waive the penalty charge where the person concerned provides compelling reasons for making an incorrect claim.

The NHSBSA states patients can only make a challenge:

- if they were entitled to claim free NHS prescriptions or free or reduced cost NHS dental treatment, or had a valid prescription prepayment certificate at the time

²² [Members of the Prescription Charges Coalition](#), accessed 11 September 2019.

²³ Accessed on 27 August 2021.

²⁴ Regulation 3, the [National Health Service \(Penalty Charge\) Regulations 1999](#), SI 1999/2794

- if they think they have an exceptional reason not to pay, and can show that they did not act wrongfully or with any lack of care²⁵
- the NHSBSA will not “usually” accept a challenge if:
 - a patient feels that they were misadvised by staff by their doctor or pharmacy staff;
 - a patient’s exemption certificate had expired.²⁶

A new process was introduced in 2015 whereby if a patient submits a valid application for a medical or maternity exemption certificate within 60 days from the date of the penalty charge notice, the outstanding penalty charge is cancelled, but the prescription charge will still be recovered.²⁷

The same penalty charge process is in place for patients who incorrectly claim for free dental treatment.

Proposed Changes

A National Audit Office (NAO) report on [Penalty Charge Notices in Healthcare](#) (2019) set out the use and impacts of penalty charge notices (PCNs):

- In 2014/15, 1 in 4 checks resulted in a PCN, compared to 1 in 20 in 2018/19.
- The value of PCNs from 2014/15 to 2018/19 has risen from £12 million to £126 million per year for prescriptions and from £38 million to £72 million per year for dental treatments.
- 30% of Penalty Charge Notices were later cancelled by the NHSBSA as a valid exemption was subsequently confirmed to be in place.
- The NHS Counter Fraud Authority estimated that prescription fraud has been reduced by £49 million from 2012/13 to 2016/17.²⁸

In July 2019, the Public Accounts Committee heard [oral evidence](#) on the challenging of NHSBSA decisions. Brendan Brown, the director of citizen services at the NHSBSA, said:

A proposal to move to a three-stage process has been agreed. The first stage will be pre-PCN [Penalty charge Notice], and that will alert an individual that there is an indicator that they have claimed an exemption that they may not be entitled to. It will give them an opportunity to get in touch with us so that we can advise them

²⁵ NHSBSA, [Challenge a Penalty Charge Notice](#), (last access 23 August 2021).

²⁶ NHSBSA, [Challenge a Penalty Charge Notice](#), (last access 23 August 2021).

²⁷ [PQ 39489 \[on prescriptions fee and charges\] 9 June 2016](#)

²⁸ NAO, [Investigation into Penalty Charge Notices in Healthcare](#) (2019), pp7, 8, 18.

accordingly, signposting them if necessary, if it is a DWP benefit rather than an NHS exemption. That proposal will be implemented in the coming months (Q55).

The September 2019 Public Accounts Committee report concluded that “patients are finding it extremely difficult to understand whether or not they are entitled to free prescriptions or dental treatment”.²⁹ On the NHSBSA, the committee recommended that NHS England and NHSBSA should write to the committee in a year’s time “to explain how they have made the process more humane and cost-effective”.³⁰

The **Real Time Exemption Checking Technology (RTEC)** pilot for prescriptions was launched in 2019 by the Department for Health and Social Care.³¹ The [Pharmaceutical Services Negotiating Committee website](#) provides more information on the pilot, and explains that RTEC system uses data on people’s prescription charge exemption status, held by the NHS Business Services Authority (NHSBSA). The check of the NHSBSA data will usually occur automatically at the time the prescription is being processed.

²⁹ Public Accounts Committee, [Penalty Charge Notices in Healthcare](#), HC 2038 (2019), p5.

³⁰ [Ibid.](#), p7.

³¹ [PQ 202823](#), 21 December 2018

4 Prescription charges in Wales, Scotland and Northern Ireland

Wales

Prescription charges in Wales were abolished on 1 April 2007. Individuals are entitled to free prescriptions if they are:

- A patient registered with a Welsh GP and receive their prescription from a Welsh pharmacy.
- A Welsh patient who has an English GP and an entitlement card and they receive their prescriptions from a Welsh pharmacy³²

In May 2018, a Statistics for Wales [report](#) suggested that the number of prescription items dispensed per head of population had increased by 25.1% since 2007.³³ This was broadly in line with the gradual rise in prescription dispensation in Wales which had been taking place prior to the abolition of prescription charges in 2007. The rate of increase subsequently slowed.³⁴

Scotland

Prescription charges in Scotland were reduced gradually from 2007 and abolished on 1 April 2011. People are entitled to free prescriptions if they:

- Present a Scottish prescription at a pharmacy in Scotland.
- Present an English prescription, with a valid entitlement card, at a pharmacy in Scotland.
- Present an English prescription form at a pharmacy in Scotland and qualify under exemption arrangements detailed in the [NHS \(Free Prescriptions and Charges for Drugs and Appliances\) \(Scotland\) Regulations 2011](#).³⁵

The Scottish Government welcomed the rise in prescriptions for people with long-term conditions as a result of the abolition of charges. In 2013, the Scottish Government said:

Latest figures show that since 2007/08, the number of items dispensed for long term conditions such as asthma, crohn's disease

³² [Guidance: Free Prescriptions](#)

³³ Statistics for Wales, [Prescriptions dispensed in the community in Wales, 2017](#) (May 2017), p4.

³⁴ Statistics for Wales, [Prescriptions dispensed in the community in Wales, 2017](#) (May 2017), p1.

³⁵ Health and Social Care Integration Directorate, ['Help with Help Costs'](#), 1 November 2018.

and diabetes has increased year on year, demonstrating the benefit of removing the barrier of cost.³⁶

Northern Ireland

All prescriptions dispensed in Northern Ireland were made free of charge in April 2010.

Prescriptions from other UK countries are also dispensed free of charge at Northern Ireland pharmacies.

Further information can be found on the Northern Ireland Government pages on [prescription charges](#). The Northern Ireland Assembly's research services has a briefing paper on [Prescriptions: Costs and charges in the UK and Republic of Ireland](#).

In December 2017, the Department of Finance's [Briefing on Northern Ireland Budgetary Outlook 2018-20](#) set out proposals to reintroduce prescription charges, which it estimated could generate up to £20 million annually:

In 2016, in excess of 41 million prescription items were dispensed in community pharmacies in Northern Ireland with an ingredient cost of approximately £440 million before discount. Up to 2016, the annual growth in prescriptions numbers has been quantified as approximately 1 million items. Health Service prescriptions have been available to all patients at no charge since 2010 but with such growth in demand, the sustainability of the current policy will need to be considered.³⁷

The Department of Finance Permanent Secretary, Hugh Widdis, said the proposals were made in the absence of an Executive in Northern Ireland since January 2017 and were “an unusual step”, he noted that any final decision would have to be made by Ministers.³⁸

In January 2019, the Permanent Secretary to the Northern Ireland Department of Health, Richard Pengelly, told the Northern Ireland Affairs Select Committee “on prescription charges...a debate needs to be had...particularly in terms of cost recognition”.³⁹

³⁶ The Scottish Government, [Prescription charges](#), 17 September 2013.

³⁷ [Department of Finance, Briefing on Northern Ireland Budgetary Outlook 2018-20, December 2017, p34.](#)

³⁸ [‘Northern Ireland considers reintroducing prescription charges’](#), Chemist and Druggist, 21 December 2017.

³⁹ Northern Ireland Affairs Committee, [Oral Evidence: Funding Priorities for the 2018-19 Budget: Health HC1147](#) (January 2019), Q354.

5

Prescription delivery charges

Coronavirus and prescription delivery charges

UK

The Chief Executive of the Association of Independent Multiple Pharmacies, which has members across the UK, [said](#) on 17 March 2020 that many of its members were “offering deliveries free of charge to vulnerable people, but they are under a lot of pressure and without appropriate funding this service cannot be sustainable”.

The National Pharmacy Association [said](#) on 20 March 2020 that support for a more formal delivery service is being considered.

England

NHS England [announced](#) on 17 March 2020 that Clinical Commissioning Groups will be reimbursed for “a Medicines Delivery Service to support Covid-19 positive and vulnerable patients self-isolating at home” and for providing an “NHS Urgent Medicines Supply Service for patients whose General Practice is closed”.

The Royal Pharmaceutical Society [welcomed](#) this funding announcement.

NHS England issued [guidance for community pharmacies](#) on 22 March 2020. This said:

NHS England and NHS Improvement are looking at how to support delivery of medicines with the Pharmaceutical Services Negotiating Committee

It is not expected that pharmacies will be required to meet this demand for home deliveries alone. Wherever possible, relatives, neighbours and friends of the patient(s) should be encouraged to collect and deliver medication on their behalf where they are fit and able to do so.

The NHS is also working closely with colleagues in the voluntary and social sector to see how volunteers can be mobilised in localities to provide support to pharmacies with making deliveries to vulnerable patients.

For those self-isolating during the Covid-19 outbreak, the UK Government has also [said](#) “There are already e-prescriptions and medicine delivery services in

place around the country. For controlled medications, someone can pick up the medicine for someone else, they just need to show their ID.”

Wales

The Welsh Health Minister [called](#) upon pharmacies to suspend delivery charges for groups advised to isolate during the outbreak and was in [talks](#) to arrange prescriptions for self-isolating groups.

Scotland

[Age Scotland](#) called on Boots to drop delivery fees during the Covid-19 outbreak.

Across the UK, home deliveries of NHS prescriptions are not a statutory function for community pharmacies. There are no policies requiring the provision of free home delivery to those exempt from prescription charges.

It was widely reported in July 2019 that some pharmacy chains do provide home deliveries, and that some charge for this. An article in *Chemist and Druggist* noted that one provider, Boots, would maintain free deliveries for some vulnerable patients. The article said that exemptions would apply in the following circumstances:

- If they require urgent end-of-life care.
- Where the responsible pharmacist determines that an emergency delivery is required, because of an immediate clinical need; for example, at the urgent request of a GP.
- Where the pharmacy has not met agreed levels of customer service.
- Where specific NHS reimbursement criteria states that pharmacies are contractually obliged to offer delivery at no charge.⁴⁰

[Rowlands](#) and [Lloyds](#) pharmacies had previously announced charges and exemptions.

Some pharmacies support free delivery for repeat NHS prescriptions if ordered online.

England

In answer to a 2018 PQ on the costs of prescription delivery, the then- Health Minister Steve Brine said “the home delivery of prescription medicines are

⁴⁰ [Boots starts charging patients £5 to have medicines delivered to home](#), Community Pharmacy News, 1 July 2019

provided at a contractor’s discretion and can be commissioned locally by the National Health Services”.⁴¹

If commissioned by NHS England as an enhanced service, community pharmacies are required to deliver free of charge to patients.⁴²

It was noted in the [Community Pharmacy Contractual Framework for 2019/20 to 2023/24](#) that the terms of service for NHS pharmacists would be revised, however there was no specific mention of home delivery of prescriptions:

In 2020/21 we will also seek to introduce revised terms of service to reflect the different way in which people use and access online services and the way these services are provided. We will continue to protect patients’ free choice of which community pharmacy they wish to dispense their prescriptions.⁴³

Regulations governing the delivery of appliances are set out in Schedule 4 of the [National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#). These state that in England, if a pharmacy normally provides appliances and is requested to deliver the specified appliance to a patient’s home, they must do so. Specified appliances are:

a) any of the following appliances listed in Part IXA of the Drug Tariff:

- a catheter appliance (including a catheter accessory and maintenance solution);
- a laryngectomy or tracheostomy appliance;
- an anal irrigation system;
- a vacuum pump or constrictor ring for erectile dysfunction; or
- a wound drainage pouch;

(b) an incontinence appliance listed in Part IXB of the Drug Tariff; or

(c) a stoma appliance listed in Part IXC of the Drug Tariff.⁴⁴

The Pharmaceutical Services Negotiating Committee notes that, other than for catheter kits and intermittent self-catheters, fees are payable for the home delivery of appliances.⁴⁵

⁴¹ [PQ 171350 \[Prescriptions: Delivery Services\]](#), 6 September 2018

⁴² [PQ 106703 \[Prescription Drugs: Chronic Illnesses\]](#), 13 October 2017

⁴³ Department for Health and Social Care, NHS England & NHS Improvement, PSNC, [The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan](#), 22 July 2019, p17.

⁴⁴ Pharmaceutical Services Negotiating Committee, [Dispensing Appliances](#)

⁴⁵ Pharmaceutical Services Negotiating Committee, [Dispensing Appliances](#)

Wales

In answer to an Assembly Question on pharmacies imposing delivery charges in Wales, in October 2019 the Welsh Health Minister said he would “consider what steps might be taken to secure continuation of free deliveries for vulnerable patients in Wales as part of ongoing reform of the community pharmacy contractual framework”. He also noted:

Pharmacies are independent businesses and arrangements made between patients and families for the delivery of prescriptions are outside current NHS contracts. It is not for the Government to provide guidance on such matters.⁴⁶

The Minister said he had written to Well Pharmacy, Lloyds Pharmacy and Rowlands to express his “disappointment” at delivery charges.

Both Lloyds and Wells pharmacies confirmed they had not introduced delivery charges and Rowlands said they provide “a free needs-based home-delivery service for those who are housebound and cannot rely on someone ... to pick up medication on their behalf”, having ended universal free deliveries in August 2019.⁴⁷

In March 2020, the BBC reported that the Welsh Minister for Health had urged Boots to “revisit its decision” to charge for deliveries, stating that people who the Government had advised to stay at home for three months from March 2020 “should not be forced to leave their home because they can’t afford a delivery charge”. Boots said that it had waived charges for patients over 70 and those with underlying health conditions who had been asked to self-isolate.⁴⁸

⁴⁶ [WAQ78883 \[Pharmacy charges\], 10 October 2019](#)

⁴⁷ [Welsh Health Minister writes to pharmacy multiples over “deplorable” plans to charge patients for prescription delivery](#), The Pharmaceutical Journal, 23 October 2019

⁴⁸ [Coronavirus: Continuing issues with protective kit for NHS, says Minister](#), BBC News, 25 March 2020

6 Dental charges

6.1 Dental charges in England: Policy development

NHS dental charges were introduced for the majority of adult patients in 1951, with exemptions for those in receipt of income support, or who were pregnant or nursing mothers.⁴⁹

Historically, charges were uplifted annually by the rate of inflation. In 2015 a decision was taken to increase charges by 5% for the duration of the 2015 spending review to strike a balance between the contribution the charges make to the NHS budget, and the cost to paying patients.⁵⁰

The UK Government [reviewed](#) the uplift for NHS dental charges in March 2019 and determined that no changes to the exemptions set out below were required.⁵¹ In July 2019, Health Minister Baroness Blackwood said:

As part of this year's [uplift], the Government and the department have committed to looking further at evidence as to whether patients are being adversely impacted so that this can be taken into account in next year's—and any future—decisions.⁵²

In 2016/17, 47% of dental treatment courses were delivered to patients who were fully or partially exempt from paying NHS dental charges.⁵³

In answer to a February 2020 PQ, dental charges raised £856.3 million in the 2018/19 financial year.⁵⁴

Charges are updated annually by [statutory instrument](#), made under the [National Health Services \(Dental Charges\) Regulations 2005](#) and [National Health Service Act 2006](#), Part 9.

⁴⁹ House of Commons Health Committee, [Dental Services](#), HC 289-1 (2008), p11.

⁵⁰ DHSC, [Dental Charge Uplift 2019/20](#)

⁵¹ PQ, [Dental Services: Fees and Charges](#), 237747, 27 March 2019

⁵² [HL Deb, 11 July 2019, c1881](#)

⁵³ [Dental Charge Uplifts- Equality Analysis](#), March 2018, p1.

⁵⁴ PQ, [Dental Services: Fees and Charges, HL1854](#), 25 February 2020

Dental charges in England: Rates and exemptions

Dental charges are determined by type of treatment and are divided into bands. From 14 December 2020, the costs are:

- Band 1 (including diagnosis and examinations) - £23.80
- Urgent treatment - £23.80
- Band 2 (including fillings and root canal work) - £65.20
- Band 3 (including crowns and dentures) - £282.80

If, within two calendar months of completing a course of treatment a patient requires more treatment from the same or lower charge band, this is provided free of charge.⁵⁵

More information on which treatments fall into each band is available on the NHS choices website, [What is included in each NHS dental band charge?](#)

Individuals are not required to pay for dental treatment if they meet one of the following criteria:

- aged under 18, or under 19 and in full-time education
- pregnant or have had a baby in the previous 12 months
- staying in an NHS hospital and treatment is carried out by the hospital dentist (but may have to pay for dentures or bridges)
- receiving low income benefits, or if the individual is under 20 and a dependent of someone receiving low income benefits.⁵⁶

Individuals are also entitled to free dental treatment if they are named on an NHS tax credit exemption certificate or a valid HC2 certificate (full help with health costs), or if they – or their partner - receive either:

- Income Support
- Income-related Employment and Support Allowance
- Income-based Jobseeker's Allowance
- Pension Credit guarantee credit
- Universal Credit and meet the following criteria on the day a patient claims help with health costs:⁵⁷
 - They either had no earnings or had net earnings of £435 or less in the last Universal Credit assessment period; or,
 - They receive Universal Credit, which includes an element for a child, or they (or their partner) had limited capability for work and work-related activity,

⁵⁵ NHS, [‘How much will I pay for NHS dental treatment?’](#)

⁵⁶ NHS, [‘Who is entitled to free NHS dental treatment in England?’](#)

⁵⁷ [Ibid](#)

and either had no earnings or net earnings of £935 or less in the last Universal Credit assessment period.⁵⁸

6.2 Dental charges in Wales

The dental bands for Wales (as published in September 2020) are:

- Band 1 - £14.70
- Urgent treatment - £14.70
- Band 2 - £47.00
- Band 3 - £203.00

As in England, patients receive additional treatment at the same or lower band for free if it is carried out within two months of the initial treatment.⁵⁹

The full list of exemption criteria for dental charges is available from the Welsh Government: [Dental costs: Proof of entitlement](#).

6.3 Dental charges in Scotland

NHS dental examinations in Scotland are free of charge. Patients are required to meet 80% of the costs of any additional treatments, up to a maximum of £384.⁶⁰ The full list of charges and exemption criteria is available from Scottish Dental: [Treatment charges](#).

A dentist can charge a patient if they fail to attend for an appointment without giving due notice.⁶¹

6.4 Dental charges in Northern Ireland

Patients in Northern Ireland are required to pay 80% of the dentist's fee for treatment up to a maximum of £384.⁶²

Providers of Health Service dentistry can charge patients if they miss an appointment.

⁵⁸ NHS, '[Help with health costs for people getting Universal Credit](#)'

⁵⁹ [NHS Dental Charges \(Wales\); The National Health Service \(Dental Charges\) \(Wales\) \(Amendment\) Regulations 2020](#)

⁶⁰ Scottish Dental, '[Treatment Charges](#)'

⁶¹ NHS Inform, '[Receiving dental treatment in Scotland](#)'

⁶² NI Direct, '[Health Service Dental Charges and Treatments](#)'

NHS charges

The full list of charges and exemption criteria is available on the Northern Ireland Direct page: [Health Service dental charges and treatments](#).

7 Charges for wigs and fabric supports

7.1 England

For 2021/22, charges for wigs and fabric supports supplied through a hospital in England are as follows:

- Surgical brassiere – £30.70
- Abdominal or spinal support – £46.30
- Stock modacrylic wig – £75.70
- Partial human hair wig – £200.50
- Full bespoke human hair wig – £293.20⁶³

Patients with any of the following criteria are entitled to free NHS wigs and fabric supports:

- under 16
- 16-18 and in full-time education
- a hospital inpatient
- a war pensioner and the wig or fabric support is for an accepted disablement and they have a valid war pension exemption certificate

Individuals are also entitled to free wigs and fabric supports if they are named on an NHS tax credit exemption certificate or a valid HC2 certificate (for full help with health costs), or if they – or their partner - receive either:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance, or
- Pension Credit Guarantee Credit
- Universal Credit and meet the criteria (as above, section 5)⁶⁴

⁶³ [The National Health Service \(Charges for Drugs and Appliances\) \(Amendment\) Regulations 2021](#), 22 February 2021

⁶⁴ NHS, [Wigs and Fabric Supports on the NHS](#)

7.2

Scotland, Wales and Northern Ireland

Wales, Scotland and Northern Ireland abolished charges for wigs and fabric supports alongside the abolition of prescription charges.

NHS Wales guidance from 2008 states that patients who are charged for wigs and fabric supports by an English NHS trust can have their costs met by their Local Health Board.⁶⁵

Scottish Government guidance from 2011 states that patients may receive up to four stock wigs as required per year. For human hair wigs, new patients with long term hair loss may be prescribed one human hair wig per year.⁶⁶

⁶⁵ NHS Wales, [Charges and optical voucher values](#) (2008)

⁶⁶ Scottish Government, [Wig Prescribing Guidance Notes](#) (November 2011)

8 Eye tests and optical vouchers

8.1 England, Wales and Northern Ireland

There are no set charges for eye tests in England in the same way as there are for prescriptions, dental treatment and wigs and fabric supports, although patients who do not meet one of the following criteria will have to cover the costs of an eye test themselves:

- Aged 60 or over
- Aged under 16*
- Aged 16-18 and in full-time education*
- Registered as partially sighted or blind
- Diagnosed with diabetes or glaucoma
- Aged 40 or over with a relative (mother, father, sibling or child) diagnosed with glaucoma
- Advised by an ophthalmologist that they are at risk of glaucoma
- A prisoner on leave from prison*
- Eligible for an NHS complex lens voucher*

Patients meeting criteria marked with * are also eligible for NHS optical vouchers towards the cost of glasses or contact lenses.⁶⁷

The full range of NHS voucher values are set out on the NHS choices page: [Sight tests and optical vouchers](#).

Individuals are also entitled to optical vouchers and free eye tests if they are named on an NHS tax credit exemption certificate or a valid HC2 certificate (full help with health costs), or if they – or their partner - receive either:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance, or
- Pension Credit Guarantee Credit
- Universal Credit and meet the following criteria (as above, section 5).⁶⁸

⁶⁷ NHS, '[Free NHS Eye Tests and Optical Vouchers](#)'.

⁶⁸ NHS, '[Free NHS Eye Tests and Optical Vouchers](#)'.

The same groups of patients are entitled to free eye tests and optical vouchers in Wales⁶⁹ and Northern Ireland as in England, although Northern Ireland does not have the additional criteria for Universal Credit claimants.⁷⁰

8.2

Scotland

In 2006, the Scottish Government introduced free eye tests for all UK residents in Scotland.⁷¹

Patients aged 16-59 are entitled to a free eye test every two years. The following patients are entitled to an eye test every year:

- Aged under 16
- Aged 60 or over
- Have diabetes
- Are sight impaired or severely sight impaired.⁷²

A 2012 study by the University of Aberdeen found that the policy had increased the proportion of Scottish patients receiving eye tests, but that the policy had benefitted richer households more than poorer households. It also found an increase in test participation by patients with no prescription required.⁷³ A 2017 study also found a shortfall in uptake between socio-economic groups in Scotland.⁷⁴

Optical vouchers are provided to patients who meet one of the following criteria:

- Under 16;
- In full-time education and aged 16, 17 or 18;
- Need complex lenses;
- Are getting, or their partner gets:
- Income Support, Income-related Employment and Support Allowance or Income-based Jobseeker's Allowance, Pension Credit Guarantee Credit, or Universal Credit and meet the criteria (as above)
- Entitled to, or named on, a valid NHS tax credit exemption certificate;
- Named on a valid HC2 certificate issued under the terms of the NHS Low Income Scheme;

⁶⁹ NHS Wales, '[Eye Care Costs](#)'

⁷⁰ NI Direct Government Services, '[Health Costs and Free Sight Tests](#)'

⁷¹ [National Health Service \(General Ophthalmic Services\) \(Scotland\) Regulations 2006](#)

⁷² NHS inform, '[Your entitlements to NHS ophthalmic services](#)', (last accessed 23 August 2021)

⁷³ University of Aberdeen, '[Study finds eye care in Scotland has improved but that the gap between rich and poor is growing](#)', March 2012.

⁷⁴ Niall Strang and Gunter Loffler, '[Distribution of optometric practices relative to deprivation index in Scotland](#)', Public Health (2017), pp1-8.

- A war pensioner if the optical voucher relates to their pensionable disablement.⁷⁵

⁷⁵ Scottish Government, [Help with health costs \(HCS1\): information booklet - November 2018](#), November 2018.

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