



BRIEFING PAPER

Number 07227, 26 March 2020

NHS charges

By Elizabeth Parkin, Philip Loft

Inside:

1. The history of NHS charges
2. Prescription charges in England
3. Prescription charges in Wales, Scotland and Northern Ireland
4. Prescription delivery charges
5. Prescription wastage
6. Dental charges
7. Charges for wigs and fabric supports
8. Eye tests and optical vouchers
9. NHS Continuing Healthcare
10. Hospital parking charges



Contents

Summary	3
1. The history of NHS charges	4
2. Prescription charges in England	6
2.1 Who is entitled to free prescriptions?	6
2.2 Medical exemptions	7
2.3 Penalty Charges	9
3. Prescription charges in Wales, Scotland and Northern Ireland	12
4. Prescription delivery charges	14
5. Prescription wastage	18
6. Dental charges	21
7. Charges for wigs and fabric supports	24
8. Eye tests and optical vouchers	26
9. NHS Continuing Healthcare	28
10. Hospital parking charges	30

Summary

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 to legislation have been made allowing charges for NHS services including prescription, dental and optical charges.

This briefing paper sets out the provisions for various NHS charges, which groups are exempt, and explains where charges vary in the devolved nations.

It also includes a short note on delivery charges for prescriptions. In all parts of the UK, these are mainly left to the discretion of pharmacy groups.

It also briefly examines 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, although there have been no Government plans to introduce further charges.

The paper also details reaction to the Covid-19 outbreak, specifically on calls to suspend prescription charges in England for its duration and the action taken to enable free parking for NHS and relevant key worker staff at hospitals.

[NHS charges for overseas visitors](#) are detailed in a separate House of Commons Library Briefing.

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. The stipulation meant that the introduction of any charges requires amendments to primary legislation. This provision was reiterated in the legislation that replaced the 1946 Act, the [NHS Act 1977](#) and then the [NHS Act 2006](#).

Legislation providing for a prescription charge was not passed until the Labour Government's [NHS \(Amendment\) Act 1949](#). This enabled such a charge, and exemptions to it, to be introduced by regulations. Although the power was introduced in 1949, the charge itself was not introduced until 1952, under a Conservative Government. Apart from a period between 1965 and 1968, a prescription charge has continued 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 prescription charges were reintroduced in 1968, exemptions were much more extensive, relating to income, medical status and age.

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

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

The future of NHS charges

In 2010, 29 OECD states reported having some form of co-payment or charge for pharmaceuticals and 20 for 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, the UK Government has repeatedly stated 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 that:

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

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), pp. 35-6.

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.

5 The prescription charge and other NHS charges

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."⁴ In June 2018, The BMA conference voted against a motion to consider charging patients for GP appointments,⁵ following the BMA's Local Medical Committees discussion paper drawn up on NHS funding options after the May 2017 conference.⁶

Additionally, 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 argued that:

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 charge to perhaps £2.50 while significantly reducing the exemptions, with a view to raising at least £1 billion.⁷

In July 2015, then Secretary of State for Health Jeremy Hunt confirmed that there were no plans to charge people who have missed GP appointments,⁸ although in 2017 he stated this is more do to with the practical implications of introducing such a charge, rather than any objection in principle. He suggested this is something that GPs could decide at a local level.⁹

Any substantive changes to NHS charges would have to be introduced through primary legislation, to amend the *NHS Act 2006*.

⁴ 'GPs vote against charging patients for appointments', *The Guardian*, 22 May 2014.

⁵ [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

⁶ '[GPC to draw up report on potential co-payments to support general practice](#)', *Pulse*, 19 May 2019.

⁷ Baker Commission, [A new settlement for health and social care](#) (2014), pp. 30-31, 34.

⁸ [HC Deb 7 July 2015 c163](#)

⁹ [HC Deb 7 February 2017, c227](#)

2. 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, arguing 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.¹⁰

From 1 April 2020, the prescription charge for England is £9.10.¹¹ 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.¹² In 2018/19, England raised £576 million through the prescription charge, equal to 0.5% of the NHS resource budget.¹³

A broad system of exemptions from prescription charges, including for those on low incomes and people with some long-term medical conditions, means around 89% of NHS prescription items were dispensed in the community free of charge, according to a Government answer in October 2019.¹⁴

2.1 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 16-18 and in full-time education
- are pregnant or have had a baby in the previous 12 months and have a valid maternity exemption certificate
- have a specified medical condition and have a valid medical exemption certificate (MedEx)

¹⁰ [HC Deb, 24 March 2020, cc242, 243](#)

¹¹ [Charges for NHS prescriptions and wigs and fabric supports: Written statement – HCWS141](#), 3 March 2020.

¹² [PQ 272871 \[on Prescriptions: Fees and Charges\], 3 July 2019](#)

¹³ House of Commons Library, [NHS Expenditure](#) (2020), p. 5.

¹⁴ [HC Deb, 29 October 2019, c 188](#)

7 The prescription charge and other NHS charges

- have a continuing physical disability that prevents them from going out without help from another person and have a valid MedEx
- hold a valid war pension exemption certificate and the prescription is for an accepted disability
- are an NHS inpatient¹⁵

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), 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:
 - 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 or net earnings of £935 or less in the last Universal Credit assessment period.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 [March 2020 Written Statement](#) sets out the costs:

- A 3-month PPC costs £29.65 (saving an individual money if they need 4 or more prescribed items in the 3 months)
- A 12-month PPC costs £105.90 (saving an individual money if they need more than 11 prescribed items in a year)

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

2.2 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

¹⁵ NHS, [Get help with prescription costs](#)

¹⁶ [ibid](#)

- diabetes mellitus, except where treatment is by diet alone
- hypoparathyroidism
- myasthenia gravis
- myxoedema (that is, hypothyroidism requiring thyroid hormone replacement)
- 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 Spending Review in 2010, the Coalition Government made clear that no changes would be made to the current 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 confirmed the position.²¹

Organisations such as the [Prescription Charges Coalition](#) has called for an end to prescription charges for people with long-term conditions. Its

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

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

¹⁹ HM Treasury, [Spending Review 2010](#), October 2010, p. 43.

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

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

9 The prescription charge and other NHS charges

June 2017 report, [Still Paying the Price](#), found that for many people the cost of prescriptions is a barrier to taking medication. The Coalition currently includes charities such as Disability Rights UK, Terrence Higgins Trust and the MS Society.²²

2.3 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](#).

The NHSBSA states on the [checking of claims](#):

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.

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%.²³

A person who wishes to challenge the request for payment of a penalty charge, may explain their circumstances to the NHSBSA and 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
- 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 care²⁴

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.²⁵

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

²³ Regulation 3, the [National Health Service \(Penalty Charge\) Regulations 1999](#), SI 1999/2794

²⁴ NHSBSA, [Challenge a Penalty Charge Notice](#), (last access 22 January 2020).

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.²⁶

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 2016/17.²⁷

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, stated that:

A proposal to move to a threestage 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 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's 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".²⁸ 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".²⁹

²⁵ NHSBSA, [Challenge a Penalty Charge Notice](#), (last access 22 January 2020).

²⁶ [PO 39489 \[on prescriptions fee and charges\] 9 June 2016](#)

²⁷ NAO, [Investigation into Penalty Charge Notices in Healthcare](#) (2019), pp. 7, 8, 18.

²⁸ Public Accounts Committee, [Penalty Charge Notices in Healthcare](#), HC 2038 (2019), p. 5.

²⁹ [Ibid](#), p. 7.

11 The prescription charge and other NHS charges

The report is currently awaiting a Government response on its recommendations.³⁰

The **Real Time Exemption Checking Technology (RTEC)** pilot for prescriptions was launched in 2019 by the Department for Health and Social Care.³¹ It is intended to expand to a pilot of 1,000 pharmacies by the end of 2019, but the Government would not in September 2019 commit to a deadline for real-time exemption checks across all pharmacies.³²

³⁰ Public Accounts Committee, [Penalty Charge Notices in Healthcare Inquiry](#)

³¹ [PQ 202823](#), 21 December 2018

³² Public Accounts Committee, [Penalty Charge Notices in Healthcare](#), HC 2038 (2019), p. 15.

3. 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 pharmacy³³

In May 2018, figures in a [report](#) by Statistics for Wales suggested that the number of prescription items dispensed per head of population as increased 25.1% since 2007.³⁴ This was, however, 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 has slowed since 2015.³⁵

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](#)³⁶

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

Latest figures show that since 2007/08, the number of items dispensed for long term conditions such as asthma, crohns disease and diabetes has increased year on year, demonstrating the benefit of removing the barrier of cost.³⁷

Since charges were scrapped in 2011, there has been an increase of more than 10,000 items for those with Crohn's disease and nearly 237,000 items for those with asthma.³⁸ The volume of prescribed items

³³ [Guidance: Free Prescriptions](#)

³⁴ Statistics for Wales, [Prescriptions dispensed in the community in Wales, 2017](#) (May 2017), p. 4.

³⁵ Statistics for Wales, [Prescriptions dispensed in the community in Wales, 2017](#) (May 2017), p. 1.

³⁶ Health and Social Care Integration Directorate, ['Help with Help Costs'](#), 1 November 2018.

³⁷ The Scottish Government, [Prescription charges](#), 17 September 2013.

³⁸ The Scottish Government, [Prescription charges](#), 17 September 2013.

13 The prescription charge and other NHS charges

dispensed increased 3.3% on average each year from 2006/7 to 2012/13, compared to 1.6% from 2012/13 to 2013/14.³⁹

In March 2014, the leader of the Scottish Conservatives, Ruth Davidson, said that she would remove free prescriptions to fund extra NHS nurses and midwives if they were elected to power in the 2016 Scottish election.⁴⁰ However, the Scottish Conservatives changed its policy prior to the general election 2017, to support free prescriptions in Scotland.⁴¹

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 also produced 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.⁴²

The Department of Finance Permanent Secretary, Hugh Widdis, stated that the proposals were made given the absence of an Executive in Northern Ireland since January 2017, and were "an unusual step", but noted that any final decision would have to be made by Ministers.⁴³

In January 2019, the Permanent Secretary to the Northern Ireland Department of Health, Richard Pengelly, told the Northern Ireland Affairs Select Committee that 'on prescription charges...a debate needs to be had...particularly in terms of cost recognition'.⁴⁴

³⁹ The Scottish Government, [Free Prescriptions](#), 8 August 2014; NHS Scotland, [Prescribing & Medicines](#) (July 2019), p. 8.

⁴⁰ ['Scottish Tory conference: Leader Ruth Davidson would scrap free prescriptions'](#), BBC, 16 March 2014 (last accessed 11 September 2019).

⁴¹ Scottish Conservatives, [Scottish Conservatives back free prescriptions](#), 14 May 2017.

⁴² Department of Finance, [Briefing on Northern Ireland Budgetary Outlook 2018-20](#), December 2017, p. 34.

⁴³ ['Northern Ireland considers reintroducing prescription charges'](#), *Chemist and Druggist*, 21 December 2017.

⁴⁴ Northern Ireland Affairs Committee, [Oral Evidence: Funding Priorities for the 2018-19 Budget: Health HC1147](#) (January 2019), Q354.

4. 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, [stated](#) 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 [stated](#) 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 stated that:

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 [stated](#) that “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 has [called](#) upon pharmacies to suspend delivery charges for groups advised to isolate during the outbreak and was in [talks](#) to arrange prescriptions to groups self-isolating.

Scotland

[Age Scotland](#) have 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, and 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, will maintain free

15 The prescription charge and other NHS charges

deliveries for some vulnerable patients. The article states that exemptions will apply for the following:

- 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.⁴⁵

[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 stated that “the home delivery of prescription medicines are provided at a contractor’s discretion and can be commissioned locally by the National Health Services”.⁴⁶

If commissioned by NHS England as an enhanced service, community pharmacies are required to deliver free of charge to patients.⁴⁷

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.⁴⁸

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:

⁴⁵ [Boots starts charging patients £5 to have medicines delivered to home](#), Community Pharmacy News, 1 July 2019

⁴⁶ [PO 171350 \[Prescriptions: Delivery Services\]](#), 6 September 2018

⁴⁷ [PO 106703 \[Prescription Drugs: Chronic Illnesses\]](#), 13 October 2017

⁴⁸ 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, p.17.

- 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.⁴⁹

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.⁵⁰

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 that:

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.⁵¹

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

Both Lloyds and Wells pharmacies confirmed that they had not introduced delivery charges and Rowlands stated 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 2019.⁵²

During the **Covid-19 outbreak**, the Welsh Minister for Health 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.⁵³

⁴⁹ Pharmaceutical Services Negotiating Committee, [Dispensing Appliances](#)

⁵⁰ Pharmaceutical Services Negotiating Committee, [Dispensing Appliances](#)

⁵¹ [WAO78883 \[Pharmacy charges\]. 10 October 2019](#)

⁵² [Welsh Health Minister writes to pharmacy multiples over “deplorable” plans to charge patients for prescription delivery](#), The Pharmaceutical Journal, 23 October 2019

⁵³ [Coronavirus: Continuing issues with protective kit for NHS, says Minister](#), BBC News, 25 March 2020

17 The prescription charge and other NHS charges

5. Prescription wastage

Concerns are often raised about the cost to the NHS of medicine wastage. This is due to a number of factors, including that medicine cannot be returned and re-used, prescribing practices, and that patients moving in or out of hospital are not bringing their medicine with them.

Unused medicines cannot be returned to the NHS for reuse. In response to a January 2018 PQ, Health Minister Steve Brine stated that:

The Government does not promote the reuse of medicines that have left the pharmacy and returned to a pharmacy by patients, as it is not possible to guarantee the quality of a returned medicine on physical inspection alone.

When medicines are returned from patients' homes, there is no way of knowing how the medicines have been stored in people's homes.

The July 2017 edition of the Royal Pharmaceutical Society's 'Medicines, Ethics and Practice – The professional guide for pharmacists' states that patients should be advised that unused, unwanted medicines should be returned to a pharmacy for safe disposal.⁵⁴

Reducing prescription wastage in England

Each UK country has carried out work to try and reduce medicine wastage.

In response to a PQ in July 2018, Health Minister Steve Brine described initiatives to reduce prescription wastage:

The Department commissioned the York Health Economics Consortium and the School of Pharmacy at the University of London to carry out research to determine the scale, causes and costs of waste medicines in England. The report, 'Evaluation of the Scale, Causes and Costs of Waste Medicines', was published on 23 November 2010. This found that the gross cost of unused prescription medicines in primary and community care in the NHS in England in 2009 was £300 million a year and that up to £150 million of this was avoidable. The report is available at the following link:

<http://discovery.ucl.ac.uk/1350234/>

A number of initiatives have been taken, which NHS England expects will directly impact on medicines wastage. This includes the deployment of clinical pharmacists in general practice and in care homes to undertake medicines reviews. In addition, work to address problematic polypharmacy and ensure appropriate de-prescribing of medicines and addressing variation through the use of RightCare principles is also expected to contribute to a reduction in medicines waste.

NHS England is also leading on the Medicines Value Programme, the aim being to improve value in terms of improving patient outcomes while maintaining an affordable medicines bill.

⁵⁴ [PQ 123688 \[Prescription Drug: Packaging\], 25 January 2018](#)

19 The prescription charge and other NHS charges

While recognising the importance of reducing medicines wastage from a value for money perspective, the key to securing a reduction in medicines wastage is implementation of the principles of medicines optimisation, ensuring that each patient receives the right medicine, at the right dosage, at the right time.⁵⁵

In response to a PQ of February 2019, Health Minister Steve Brine stated that the department had “made no recent estimate of the quantity of drugs disposed by NHS pharmacies”.⁵⁶

In December 2012, the Department of Health commissioned a report to look at the ways in which the NHS was working to improve the use of medicines and tackle avoidable medicines wastage. The action plan outlines how best practice could be shared across the NHS in the future. [Improving the Use of Medicines for Better Outcomes and Reduced Waste: An Action Plan](#) set out recommendations to improve prescribing practices and reduce medicine waste, including:

- identifying patients who are on repeat prescriptions and who no longer need the medicines
- improving systems and processes for medicines to accompany patients when transferred between wards and clinical areas in hospital and on discharge
- encouraging patients to bring their own medicines into hospital, for use during their stay
- implementing a national public information campaign raising awareness of how the public can help make the best use of their medicines and reduce waste.

The action plan did not, however, consider the reuse of medication returned by patients:

We have not considered the “recycling” of medicines supplied in primary care and returned by patients, in the Action Plan. Whilst anecdotally, there is some public support for considering this, we decided that for practical, technical and ethical reasons, including the possible impact of adverse storage conditions on the integrity of medicines, we should exclude this aspect at this time.⁵⁷

A 2015 NHS England publication, [Pharmaceutical waste reduction in the NHS](#), provides guidance for NHS bodies on reducing medicine wastage. Its focus is largely on measures to ensure more appropriate prescriptions are made in the first place, and to help patients better manage their own medicine usage.

Reducing prescription wastage in Northern Ireland, Scotland and Wales

In **Northern Ireland** in 2015, medicines with an estimated value of £6.6 million were returned, costing £420,000 to be safely disposed of. In response, the then Health Minister Michelle O’Neill launched a

⁵⁵ [PO 167318 \[Prescription Drugs\], 23 July 2018](#)

⁵⁶ [PO 216984 \[Pharmacy\], 5 February 2019](#)

⁵⁷ Department of Health, [Improving the use of medicines for better outcomes and reduced waste: An Action Plan](#), October 2012.

campaign to reduced medicine wastage, including a focus on undertaking medicine reviews with patients.⁵⁸

In 2018, the Northern Ireland Health and Social Care Board estimated that £6.5 million tonnes of medicines were returned to community pharmacies in the previous year, costing £400,000 to dispose of.⁵⁹

In **Wales**, a 2010 estimate was that more than 250 tons of unused medication is returned to GPs and pharmacies each year, representing an estimated cost of £50 million per year.⁶⁰ The Welsh Government estimated in 2016 that around £10 million in possible savings is available by reducing wasted medicines per year.⁶¹

The Welsh Assembly launched a major campaign to reduce medicine wastage in 2010. [Reducing medicines waste](#) set out actions to reduce medicine wastage for Health Boards, GPs and other prescribers, community pharmacies, hospitals, care homes and hospices.

In **Scotland**, a 2010 estimate was that the annual cost of medicine waste was £44 million.⁶² Health boards have carried out a number of local campaigns with GPs and pharmacies to help patients make the best use of their medicine.⁶³ The NHS Scotland Speak Up! Campaign, [launched in August 2018](#), states that £20 million is spent on medicines that are unused and cannot be recycled every year.⁶⁴

⁵⁸ Health and Social Care Board, [Wasted Medicines – A Burden to the Health Service](#), September 2016.

⁵⁹ Health and Social Care Board, [Bring Back Your Unused Medicine week](#), September 2018.

⁶⁰ BMA, [Dispensed but unopened medications](#) (accessed on 11 September 2019).

⁶¹ Auditor General For Wales, [Managing Medicines in Primary and Secondary Care](#) (2016), p. 12.

⁶² BMA, [Dispensed but unopened medications](#) (accessed on 11 September 2019)

⁶³ [‘Disposing of unused and wasted medicines costs NHS half a million pounds a year’](#), *The Scotsman*, 27 December 2012.

⁶⁴ NHS Scotland Greater Glasgow, [‘Speak Up!’](#) (accessed 11 September 2019).

6. Dental charges

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.⁶⁵

Historically, charges were uplifted annually by the rate of inflation, but in 2015 a decision was taken to increase charges for the duration of the 2015 spending review by 5% in order to strike a balance between the contribution the charges represent to the NHS budget and the cost to charge paying patients.⁶⁶ This compared to an increase broadly in line with inflation for pharmacy prescription charges in 2019/20.⁶⁷

The UK Government [reviewed](#) the uplift for NHS dental charges in March 2019, and determined that no changes to the exemption entitlements set out below were required.⁶⁸ In July 2019, Health Minister Baroness Blackwood stated that

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.⁶⁹

In 2016/17, 47% of dental treatment courses were delivered to patients who were fully or partially exempt from paying NHS dental charges.⁷⁰

In answer to a February 2020 PQ, dental charges raised £856.3million in the 2018/19 financial year.⁷¹

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.

Dental charges in England: rates and exemptions

Dental charges are determined by type of treatment and are divided into bands. From April 2019 to March 2020, the costs are:

- Band 1 (including diagnosis and examinations) - £22.70
- Urgent treatment - £22.70
- Band 2 (including fillings and root canal work) - £62.10
- Band 3 (including crowns and dentures) - £269.30

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.⁷²

⁶⁵ House of Commons Health Committee, [Dental Services](#), HC 289-I (2008), p.11.

⁶⁶ DHSC, [Dental Charge Uplift 2019/20](#)

⁶⁷ [Explanatory Memorandum to the NHS \(Charges for Drugs and Appliances and Dental Charges\) \(Amendment\) Regulations 2019](#), no 287, p. 2.

⁶⁸ PQ, [Dental Services: Fees and Charges](#), 237747, 27 March 2019

⁶⁹ [HL Deb, 11 July 2019, c1881](#)

⁷⁰ [Dental Charge Uplifts- Equality Analysis](#), March 2018, p.1

⁷¹ PQ, [Dental Services: Fees and Charges, HL1854](#), 25 February 2020

⁷² NHS, ['How much will I pay for NHS dental treatment?'](#)

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.⁷³

Individuals are also entitled to 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:⁷⁴
 - 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, and either had no earnings or net earnings of £935 or less in the last Universal Credit assessment period.⁷⁵

Dental charges in Wales

The 2020/21 dental bands for Wales are:

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

As in England, patients receive any additional treatment at the same or lower band for free, if it is carried out within two months of the initial treatment.⁷⁶

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

Dental charges in Scotland

⁷³ NHS, ['Who is entitled to free NHS dental treatment in England?'](#)

⁷⁴ [Ibid](#)

⁷⁵ NHS, ['Help with health costs for people getting Universal Credit'](#)

⁷⁶ [NHS Dental Charges \(Wales\); The National Health Service \(Dental Charges\) \(Wales\) \(Amendment\) Regulations 2020](#)

23 The prescription charge and other NHS charges

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 £384.⁷⁷ 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.⁷⁸

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 £384.⁷⁹

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

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

⁷⁷ Scottish Dental, '[Treatment Charges](#)'

⁷⁸ NHS Inform, [Receiving dental treatment in Scotland](#)

⁷⁹ NI Direct, '[Health Service Dental Charges and Treatments](#)'

7. Charges for wigs and fabric supports

England

For 2020/21, charges for wigs and fabric supports supplied through a hospital in England are as follows:

- Surgical brassiere – £30.05
- Abdominal or spinal support – £45.35
- Stock modacrylic wig – £74.15
- Partial human hair wig – £196.40
- Full bespoke human hair wig – £287.20⁸⁰

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)⁸¹

Scotland, Wales and Northern Ireland

Wales, Scotland and Northern Ireland abolished charges for wigs and fabric supports alongside their respective 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.⁸²

2011 Scottish Government guidance 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.⁸³

⁸⁰ [Charges for NHS prescriptions and wigs and fabric supports: Written statement – HCWS141](#), 3 March 2020.

⁸¹ NHS, [Wigs and Fabric Supports on the NHS](#)

⁸² NHS Wales, [Charges and optical voucher values](#) (2008)

⁸³ Scottish Government, [Wig Prescribing Guidance Notes](#) (November 2011)

8. Eye tests and optical vouchers

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.⁸⁴

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).⁸⁵

The same groups of patients are entitled to free eye tests and optical vouchers in Wales⁸⁶ and Northern Ireland as in England, although Northern Ireland does not have the additional criteria for Universal Credit claimants.⁸⁷

Scotland

In 2006, the Scottish Government introduced free eye tests for all UK residents in Scotland.⁸⁸

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:

⁸⁴ NHS, ['Free NHS Eye Tests and Optical Vouchers'](#).

⁸⁵ NHS, ['Free NHS Eye Tests and Optical Vouchers'](#).

⁸⁶ NHS Wales, ['Eye Care Costs'](#)

⁸⁷ NI Direct Government Services, ['Health Costs and Free Sight Tests'](#)

⁸⁸ [National Health Service \(General Ophthalmic Services\) \(Scotland\) Regulations 2006](#)

27 The prescription charge and other NHS charges

- Aged under 16
- Aged 60 or over
- Have ocular hypertension or diabetes
- Have glaucoma, or
- Aged 40 or over and a relative (parent, sibling or child) has glaucoma.⁸⁹

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.⁹⁰ A 2017 study also found a shortfall in uptake between socio-economic groups in Scotland.⁹¹

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;
- A war pensioner if the optical voucher relates to their pensionable disablement.⁹²

⁸⁹ Scottish Government, '[Guide to Free NHS Eye Examinations in Scotland](#)'

⁹⁰ University of Aberdeen, '[Study finds eye care in Scotland has improved but that the gap between rich and poor is growing](#)', March 2012.

⁹¹ Niall Strang and Gunter Loffler, '[Distribution of optometric practices relative to deprivation index in Scotland](#)', *Public Health* (2017), pp. 1-8.

⁹² Scottish Government, '[NHS Optical Vouchers \(towards the cost of glass or contact lenses\)](#)', December 2013.

9. NHS Continuing Healthcare

NHS Continuing Healthcare (NHS CHC) is a package of care for adults which is arranged and funded by the NHS. In order to receive NHS CHC funding, individuals have to be assessed by CCGs according to a legally prescribed decision-making process to determine whether the individual has a 'primary health need' that has arisen as a result of disability, accident or illness.

The package of care may provide health and social care services, depending on an individual's assessed needs. The [National Framework for NHS Continuing Healthcare](#) (October 2018) sets out the principles and processes for deciding eligibility.

The individual's NHS CHC package of care must meet their health and associated care needs as identified in their care plan and be fully funded by the NHS for these. This meets the core principle of the NHS that patients should never be charged for their NHS care.⁹³

However, individual's may choose to purchase additional services on top of their package of care, that are not necessary to meet an assessed need. The purchase of additional private services is set out in the *National Framework for NHS Continuing Healthcare*, which states that recipients may voluntarily choose to pay for additional private services:

The decision to purchase additional private care services should always be a voluntary one for the individual. Providers should not require the individual to purchase additional private care services as a condition of providing, or continuing to provide, NHS-funded services to them.⁹⁴

The guidance specifically states that additional private services should not be subsidised by the NHS:

the NHS should never subsidise private care with public money, which would breach core NHS principles.⁹⁵

The National Framework sets out the kind of services that may be considered "private services" and thus subject to additional fees payable by the patient:

[...] examples of additional private services which might be purchased separately include hairdressing, aromatherapy, beauty treatments and entertainment services.⁹⁶

[...]

An example of this might be where an individual would like a larger room which is not related to their needs.⁹⁷

The guidance does state that if an individual has an assessed health need for higher-cost accommodation, these should be provided by the

⁹³ Department of Health & Social Care, [National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care](#), October 2018, pp. 74-5, para 273.

⁹⁴ *ibid*, p. 74, para 271.

⁹⁵ *ibid*, pp. 74-5, para 273.

⁹⁶ *ibid*, p. 75, para 275.

⁹⁷ *ibid*, p. 76, para 282.

29 The prescription charge and other NHS charges

NHS – the guidance gives the examples of an individual with challenging behaviour who may need to have a larger room because it is identified that the behaviour is linked to feeling confined, or an individual that requires a care provider with specialist skills rather than a generic care provider.⁹⁸

Where a patient does not have an assessed need, they would be expected to pay additional charges if they have a preference for higher cost accommodation:

Where an individual's indicated preference is not an assessed need, it is subject to the criteria outlined in the Additional Private Care guidance above. An example of this might be where an individual would like a larger room which is not related to their needs.⁹⁹

⁹⁸ [ibid](#), p. 76, para 281.

⁹⁹ [ibid](#), p. 76, para 282.

10. Hospital parking charges

Coronavirus and hospital parking charges

England

In March 2020, the [UK Government announced](#) financial backing to all NHS England Trusts to provide free car parking to NHS staff for the duration of the Covid-19 outbreak. NHS Trusts are responsible for setting car parking charges, but the Secretary of State for Health and Social care “urg[ed] all Trusts to immediately make use of Government funding” announced on 25 March 2020. Details on [evidence of entitlement](#) to free parking were published for those on duty as an NHS staff member health or social care worker, or NHS volunteer responder.

Additionally, the Local Government Secretary announced that local councils will offer free car parking to all NHS workers, social care staff and Local Government Association key workers during the outbreak. The Secretary of State for Housing, Communities and Local Government [stated](#) that free car parking on council owned on-street spaces and car parks, including pay and display, will apply to health workers, social care workers, and NHS volunteers.

Local councils, the Government said in March 2020, were to establish local arrangements to allow relevant workers to display suitable evidence in windscreens to avoid parking tickets.

NCP have also [confirmed](#) that they are providing free car parking for NHS staff at their 150 car parks.

Northern Ireland

The Northern Ireland Health Minister has [announced](#) that the Department would reimburse car parking charges for staff from April-June 2020.

Scotland

Whilst the majority of parking charges were abolished in Scotland in 2008, some continue to levy charges until contracts with private companies expire. The Scottish Government have announced that parking charges are to be suspended from 30 March for three months at Ninewells Hospital (Dundee), Glasgow Royal Infirmary and the Royal Infirmary of Edinburgh ([Official Report, 24 March 2020, c11](#))

Parking charges were abolished in Wales in 2008

England

The Conservative Party Manifesto in December 2019 included a commitment to end “unfair hospital car parking charges” by

Making parking free for those in greatest need, including disabled people, frequent outpatient attenders, parents of sick children staying overnight and staff working night shifts. This will eliminate costs for those in need, while making sure there are enough spaces for everyone.¹⁰⁰

In December 2019, the Health and Social Care Secretary, Matt Hancock, announced that from April 2020 all 206 hospital trusts in England will be expected to provide free car parking to groups that may be frequent

Hospital parking charges were abolished in Wales in 2008, and in Scotland in 2009.

Some hospitals in Scotland continue to levy charges until contracts with private parking firms expire.

Sources: NHS Wales, ‘[Reform of Hospital Parking Charges Announced](#)’, 3 March 2008; Scottish Government, ‘[Free Parking Saves Patients Over £25m](#)’, 11 October 2015.

¹⁰⁰ [Conservative Party Manifesto](#) (December 2019), p. 11.

31 The prescription charge and other NHS charges

visitors, or those disproportionality impacted by daily or hourly charges for parking. These groups include

- blue badge holders
- frequent outpatients who have to attend regular appointments to manage long-term conditions

Free parking will also be offered at specific times of day to certain groups, including:

- parents of sick children staying in hospital overnight
- staff working night shifts

In addition, the Government will consider hospital car parking capacity, and how new technologies (such as Automatic Number Plate Recognition) may be used to manage car parks.¹⁰¹

Freedom of Information Requests submitted by the Press Association found that a third of hospitals in England increased parking charges in 2018/19, raising £254 million.¹⁰²

It had previously been the case that in England, NHS trusts and foundation trusts were responsible for setting their own car parking policies and schemes for patients, visitors and staff. Results from a 2015 patient survey showed that over 75% of sites that charge for car parking operated a concessions scheme and display it prominently.¹⁰³

The Department of Health had previously introduced non-mandatory guidance on [NHS patient, visitor and staff car parking principles](#) in 2014. These set out rules for managing car parking in the NHS. They include suggestions for concessions, including for:

- disabled people
- people who attend frequent outpatient appointments
- visitors with relatives who are gravely ill
- visitors to (and carers of) people who have an extended stay in hospital
- carers of people in the above groups
- staff working shifts when no public transport is available

Introducing the guidance, Secretary of State for Health, Jeremy Hunt said:

Patients and families shouldn't have to deal with the added stress of unfair parking charges.

These clear ground rules set out our expectations, and will help the public hold the NHS to account for unfair charges or practices.¹⁰⁴

¹⁰¹ DHSC, '[Free hospital car parking for thousands of patients, staff and carers](#)', 27 December 2019.

¹⁰² '[A third of hospitals "increased parking charges"](#)', *BBC News*, 10 December 2019.

¹⁰³ [PO 8440 \[on Hospitals: Parking\]](#), 14 September 2015.

¹⁰⁴ '[Hospital car parking guidance to reduce some charges](#)', BBC, 23 August 2014.

The reference to “carers” in the above list was added on 29 October 2015, prompted by Julie Cooper’s Private Members Bill on [Hospital Parking Charges \(Exemption for Carers\) Bill](#).¹⁰⁵ The Bill would have exempted carers from hospital car parking charges but did not make progress past Second Reading. The then Care Minister, Alistair Burt, said that the Government could not support the Bill because of the discretion that the Government must give to local hospitals. The Minister said:

In a perfect world, everything would be wonderful, and she (Liz McInnes) finished by saying that it would be great if everyone could park for free at hospitals. They cannot do so, however, because the money would have to be found from somewhere.

[...]

It is reasonable to suggest that if the NHS as a whole had to find costs upwards of £180 million, perhaps even towards £250 million, they would have to come from somewhere. It is therefore reasonable to ask who else would pay for them and whether that would be done through higher charges for others or at the expense of other parts of the NHS.¹⁰⁶

In a February 2018 debate on hospital car parking charges, Health Minister Stephen Barclay stated that “67% of NHS sites do not charge at all at present.”¹⁰⁷ However, this varies substantially by type of NHS site. Analysis of the figures used shows that, for example, 94% of acute hospitals do have charges for patient or visitor parking.¹⁰⁸

To help NHS organisations deliver the [NHS patient, visitor and staff car parking principles](#), in 2015 the Government published [NHS Car Parking Management: Environment and Sustainability](#). The guidance provides ground rules that are intended to help manage NHS car-parking provision and help to improve patient experience. It also provides a comparison of how parking charges vary across NHS sites in England in [Appendix A](#).

The NHS [Healthcare Travel Costs Scheme](#) provides reimbursement to qualifying patients for unavoidable car parking charges. The scheme covers recipients of certain benefits and those covered by the NHS Low Income Scheme.

NHS income-generation rules

Charging for car parking on healthcare sites is a common example of an income generation scheme.

NHS bodies in England are allowed to charge for car parking and to raise revenue from it as an income generated activity as long as certain rules are followed. The Department of Health’s guidance on [Income Generation in the NHS](#) provides that income generation activities must be profitable and must not use NHS funding to subsidise their costs:

¹⁰⁵ See the Library briefing on [Background to Hospital Parking Charges \(Exemption for Carers\) Bill](#), 26 October 2015.

¹⁰⁶ [HC Deb 30 October 2015 c682 and c685](#)

¹⁰⁷ [HC Deb 1 February 2018, c1080](#)

¹⁰⁸ House of Commons Library, [Hospital Car Parking: Who Charges?](#), 27 February 2018

33 The prescription charge and other NHS charges

For a scheme to be classed as an Income Generation scheme, the following conditions need to be met:

the scheme must be profitable and provide a level of income that exceeds total costs. If the scheme ran at a loss it would mean that commercial activities were being subsidised from NHS funds, thereby diverting funds away from NHS patient care. However, each case will need to be assessed individually. For example, if a scheme is making a substantial loss then it should be stopped immediately.¹⁰⁹

As income generation schemes must be profitable, any parking concessions that are provided for certain groups - such as disabled patients or frequent visitors - must be taken into consideration when calculating the estimated annual revenue. As the guidance above explains, NHS funds must not be diverted from patient care to subsidise a loss-making scheme.

The NHS Confederation states that:

The income generation rules should not be seen as a requirement to maximise profit, however. NHS principles and Government policy are clear that healthcare is funded through taxation, not through patient charges. Surpluses from parking charges should only be a by-product of covering costs and managing space fairly. In practice, NHS trusts can plan minimal surpluses or break even.¹¹⁰

Where car parking schemes make a surplus, this is often invested in improvements to car parks. Providing car parking services will incur overheads, such as maintenance costs, which must be paid for – if no charges were imposed, maintenance costs would have to be sourced from elsewhere at the risk of diverting funds from patient services. Charging for car parking allows revenue to be raised which can be used to maintain car parking services.¹¹¹

Profits after maintenance costs have been paid for must be used to improve local health services.¹¹²

Foundation trusts (FTs) are not covered by the Department of Health guidance on income generation, as they have a greater degree of operational independence. For FTs, non-NHS income is governed by a board of Governors who are drawn from NHS patients, the public, staff and stakeholders. Non-NHS income streams need to concretely demonstrate how new revenue from sources outside the NHS will support the principal purpose of an FT, which is to provide goods and

¹⁰⁹ Department of Health, [Revised guidance on income generation in the NHS](#), February 2006.

¹¹⁰ NHS Confederation, [Fair for all, not free-for-all: Principles for sustainable hospital car parking](#), 2009

¹¹¹ Department of Health, [Income Generation: Car parking charges – Best practice for implementation](#), December 2006, p. 7.

¹¹² Department of Health, [Income Generation: Car parking charges – Best practice for implementation](#), December 2006, p. 7.

services for the NHS. Governors can, for example, reject increasing parking charges in order to best serve NHS patients.¹¹³

Northern Ireland

In Northern Ireland, decisions on car parking charges are decided individually by Health and Social Care trusts. Patients who meet certain low-income criteria can have parking costs covered under the [Hospital travel costs scheme](#).

In June 2008, new guidance was published, [HSC Hospital Car Parking Provision and Management](#), to promote greater consistency between the five trusts of Northern Ireland. As set out in evidence to a 2011 inquiry by the [Committee for Health, Social Services and Public Safety](#), charging was not widespread prior to the publication of the 2008 guidance, following which a number of additional hospitals began to charge for parking.¹¹⁴

A June 2016 Assembly question confirmed that as of 2014/15, 10 hospitals charged for parking (three of which had not as of 2010/11), raising around £3.6 million that year.¹¹⁵ A Freedom of Information request found that Northern Ireland Health Trusts raised £13 million from hospital car parking charges from 2015/16 to 2017/18.¹¹⁶

An update to the 2008 guidance was published in 2012, [Policy for Car Parking Provision and Management in the Health & Social Care Sector](#). It argued that “the current financial position makes it important that services such as car parking generate sufficient funds to cover costs.”

The Northern Ireland Assembly Research and Information Service published a briefing on [Car parking charges in the health and social care sector](#) in November 2011.

In February 2020, the Northern Ireland Executive confirmed that it had no plans to introduce free or subsidised parking for personnel at health and social care facilities, or for other hospital users.¹¹⁷

¹¹³ Foundation Trust Network, [How NHS providers use non-NHS income to improve patient services](#), August 2014; [Health and Social Care Act 2012](#), Commentary on Section 164.

¹¹⁴ Committee for Health, [Social Services and Public Safety, Car Parking Charges in the Health and Social Care Sector](#), 15 February 2012, p. 2.

¹¹⁵ Northern Ireland Assembly, [AOW 51252/11-16](#), 2 February 2016

¹¹⁶ ‘[Northern Ireland Health Trusts Rake in £13m in car parking fees](#)’, Belfast Telegraph, 27 December 2018.

¹¹⁷ AOW 2023/17-22, [Free or subsidised parking for personnel](#), 13 February 2020; AOW 1590/17-22, [Review of hospital car parking](#), 5 February 2020

The House of Commons Library research service provides MPs and their staff with the impartial briefing and evidence base they need to do their work in scrutinising Government, proposing legislation, and supporting constituents.

As well as providing MPs with a confidential service we publish open briefing papers, which are available on the Parliament website.

Every effort is made to ensure that the information contained in these publically available research briefings is correct at the time of publication. Readers should be aware however that briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

If you have any comments on our briefings please email papers@parliament.uk. Authors are available to discuss the content of this briefing only with Members and their staff.

If you have any general questions about the work of the House of Commons you can email hcinfo@parliament.uk.

Disclaimer - This information is provided to Members of Parliament in support of their parliamentary duties. It is a general briefing only and should not be relied on as a substitute for specific advice. The House of Commons or the author(s) shall not be liable for any errors or omissions, or for any loss or damage of any kind arising from its use, and may remove, vary or amend any information at any time without prior notice.

The House of Commons accepts no responsibility for any references or links to, or the content of, information maintained by third parties. This information is provided subject to the [conditions of the Open Parliament Licence](#).