

Research Briefing

By Elizabeth Parkin

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# NHS charges



## Summary

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## Summary

This paper sets out the basis for various NHS charges. It covers exemption criteria and explains variations in the devolved nations. The paper examines recent changes to NHS charges, including the introduction of a hormone replacement therapy (HRT) prescription prepayment certificate in 2023. It also discusses proposed changes to the charging regime, such as increasing the qualifying age for free prescriptions to align with State Pension age and calls to extend the list of medical exemptions from prescription charges.

## 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. There have also been calls to extend free prescriptions, for example to include a wider list of long term conditions for which people are eligible for free prescriptions.

## 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. In 1951, under the Labour Government, charges for dentistry and optical care were introduced. The following year the Conservative Government brought in prescription charges.<sup>1</sup> Aside from a period between 1965 and 1968, a prescription charge has continued to apply in England ever since.<sup>2</sup>

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.

<sup>1</sup> Gov.uk, [History of Government: The founding of the NHS: 75 years on](#), 13 July 2023

<sup>2</sup> House of Commons Health Committee, [NHS Charges \(PDF, 2006\)](#) Volume 1: pp10-11; Charles Webster, [The National Health Service: A Political History](#) (Oxford, 1998), pp35-6.

## 2

## 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.<sup>3</sup> In the UK, there have been suggestions from some stakeholders that additional charges could be introduced to relieve pressure on the NHS budget.

For example, in October 2014, the then-Chief Executive of the NHS Confederation 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.<sup>4</sup>

The 2014 Barker Commission report, [A new settlement for health and social care \(PDF\)](#), 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 charge to perhaps £2.50 while significantly reducing the exemptions, with a view to raising at least £1 billion.<sup>5</sup>

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.”<sup>6</sup> In June

<sup>3</sup> The King’s Fund, ‘[How health care is funded](#)’, 23 March 2017; Elias Mossialos and Martin Wenzl, “[2015 International Profile of Health Care Systems](#)” (PDF, 2016).

<sup>4</sup> ‘[NHS funding crisis: Boss warns of £75-a-night charge for a hospital bed](#)’, The Independent, 7 October 2014.

<sup>5</sup> Baker Commission, [A new settlement for health and social care](#) (PDF, 2014), pp30-31, 34.

<sup>6</sup> ‘[GPs vote against charging patients for appointments](#)’, The Guardian, 22 May 2014.

2018, the BMA conference again voted against a motion to consider charging for GP appointments.<sup>7</sup>

In July 2015, then-Secretary of State for Health Jeremy Hunt confirmed there were no plans to charge people who miss GP appointments.<sup>8</sup> 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.<sup>9</sup>

In January 2023, former Health Secretary, Sajid Javid, wrote an article in the Times which argued for extending the contributory principle in the NHS, such as introducing charges for GP appointments and A & E visits.<sup>10</sup> The British Medical Association (BMA) has opposed any such extension of patient charges, stating:

The idea of co-payments or charging for care has been repeatedly dismissed by both BMA and LMC conferences.

Rather than discussing patients paying for appointments or for other care, politicians should be pressing the Government to fund services adequately so that they can meet the needs of the population, while recruiting and retaining enough staff to protect the future of the NHS for our patients.<sup>11</sup>

An article published by the British Journal of General Practice on [Rethinking primary care user fees: is charging a fee for appointments a solution to NHS underfunding?](#) (2019) discusses potential benefits and drawbacks of further NHS charges.

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

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<sup>7</sup> [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.

<sup>8</sup> [HC Deb 7 July 2015 c163](#)

<sup>9</sup> [HC Deb 7 February 2017, c227](#)

<sup>10</sup> See the Times; [We need to agree a new NHS future or 1948 dream dies](#), 20 January 2023.

<sup>11</sup> Pulse, [Former health secretary calls for GP appointment fees](#), 12 January 2023

## 3 Prescription charges in England

From 1 April 2023, the prescription charge for England is £9.65. A list of [current and historic prescription charges](#) is available from the NHS Business Services Authority.

Revenue from prescription charges and pre-payment certificates in England was £651.9million in 2021/22.<sup>12</sup>

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 are dispensed in the community free of charge.<sup>13</sup>

### 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 inpatient<sup>14</sup>

Individuals are also entitled to free prescriptions if they get at least one of the following benefits (or if they are included in the award of one of these benefits, such as the recipient's partner, or a dependent under the age of 20):

- Income Support
- Income-based Jobseeker's Allowance

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<sup>12</sup> [PQ198694 \[on Prescription Fees and Charges\]](#), 11 September 2023

<sup>13</sup> [PQ6576 \[on Prescriptions: Fees and Charges\]](#), 12 December 2023

<sup>14</sup> NHS, [Get help with prescription costs](#)

- 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 or net earnings of £935 or less in the last Universal Credit assessment period.<sup>15</sup>

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).<sup>16</sup>

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 2023](#) sets out the costs of a PPC:

- A 3-month PPC costs £31.25 (saving an individual money if they need more than 3 prescribed items in the 3 months)
- A 12-month PPC costs £111.60 (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 website – [Get help with health costs](#).

## Consultation to change the qualifying age for free prescriptions to align with State Pension age

Historically, the exemption age for prescriptions was linked to State Pension age. The rise in the State Pension Age (SPA) to 66 has now created a disconnect between the aged-based prescription exemption (currently free for people aged 60 and over) and SPA. This disconnect is set to increase as legislation is in place to increase SPA to 67 then 68 in future years.

The Government said in 2021 that “blanket exemptions for people aged 60 and over are no longer appropriate...In 2019/20, around 60% of people in the

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<sup>15</sup> [See above.](#)

<sup>16</sup> [See above.](#)

60-65 age group were still economically active and potentially able to meet the cost of their prescriptions”.<sup>17</sup>

In 2021 the Department of Health and Social Care ran a consultation on [Aligning the upper age for NHS prescription charge exemptions with the State Pension age](#). The consultation put forward two possible options for change:

Option A - to raise the qualifying age for free prescriptions to the SPA (currently 66) for everyone. This would mean that following changes to the Charges Regulations people aged 65 and under would have to pay for their prescriptions until they reach the age of 66, unless they qualified for another exemption.

Option B - to raise the qualifying age for free prescriptions to the SPA (currently 66) but with a period of protection, which would mean that people in the age range 60 to 65 would continue to receive free prescriptions. This would mean that anyone aged 60 and over when the changes to the Charges Regulations are implemented would continue to be exempt from prescription charges, whereas those aged 59 and under when the changes to the Charges Regulations are implemented would have to pay for their prescriptions until they reach the SPA (currently 66), unless they qualified for another exemption.<sup>18</sup>

The Department published an impact assessment on increasing the upper age exemption for prescription charges. The impact assessment estimated that the NHS would raise on average £226million per year from extra prescription charges over ten years.<sup>19</sup>

Age UK launched a campaign against the extension of prescription charges to 60-65 year olds, warning it will put older people’s health at risk and create additional costs on the NHS. Caroline Abrahams, Age UK’s Charity Director, said:

This proposed policy is a kick in the teeth, both for poorly older people and the NHS. It is also extremely ill-judged, because the money the Government will save by scrapping free prescriptions for 60-65 years olds will almost certainly be outweighed by the additional costs to the NHS, if people fail to take their medication because they can’t afford it and become ill.<sup>20</sup>

In June 2023, the Government announced that the change would not go ahead; everyone aged 60 and over will continue to receive free prescriptions. Minister for Health Neil O’Brien said, recognising cost of living pressure:

...we have decided to maintain the prescription exemption age where it is. Nine out of 10 prescriptions are already free at the point of use and on top of

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<sup>17</sup> Department of Health and Social Care, [Impact Assessment: Increasing the upper age exemption for prescription charges in line with the state pension age](#), 14 June 2021

<sup>18</sup> Department of Health and Social Care, [Aligning the upper age for NHS prescription charge exemptions with the State Pension age](#), Updated 2 September 2021

<sup>19</sup> Department of Health and Social Care, [Impact Assessment: Increasing the upper age exemption for prescription charges in line with the state pension age](#), 14 June 2021

<sup>20</sup> Age UK, [Scrapping free prescriptions for over 60s a “kick in the teeth both for poorly older people and the NHS”](#), 17 August 2021

that we also provide financial help to others on low incomes who don't automatically get prescriptions for free.<sup>21</sup>

## 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) which needs continuous surgical dressing or an appliance
- a form of hypoadrenalism (for example, Addison's Disease) for which specific substitution therapy is essential
- diabetes insipidus and other forms of hypopituitarism
- diabetes mellitus, except where treatment is by diet alone
- hypoparathyroidism
- myasthenia gravis
- myxoedema (that is, hypothyroidism which needs thyroid hormone replacement)
- epilepsy which needs continuous anticonvulsive therapy
- a continuing physical disability which means you cannot go out without the help of another person
- cancer and are undergoing treatment for either:
  - cancer
  - the effects of cancer
  - the effects of cancer treatment.<sup>22</sup>

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 webpage [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.<sup>23</sup> The review estimated that exempting

<sup>21</sup> Department of Health and Social Care, [Free prescription age frozen at 60](#), 15 June 2023

<sup>22</sup> NHS Business Services Authority, [Medical Exemption Criteria](#), last accessed 12 January 2024

<sup>23</sup> [Prescription Charges Review: The Gilmore report](#), November 2009

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 diagnostics.<sup>24</sup>

This position has been subsequently confirmed by Ministers. Most recently, Health Minister Andrea Leadsom stated that the Government has “no plans to review the list of medical conditions that entitle someone to apply for a medical exemption certificate.”<sup>25</sup>

Organisations such as the [Prescription Charges Coalition](#) have called for an end to prescription charges for people with long-term conditions. Its March 2023 report, [Continuing to pay the price: The impact of prescription charges on people living with long term conditions](#), found that for many people the cost of prescriptions is a barrier to taking medication. The Coalition includes charities such as Disability Rights UK, the Terrence Higgins Trust and the MS Society.<sup>26</sup>

## Hormone replacement therapy (HRT) prescriptions

In April 2023, the Government launched the [HRT prescription prepayment certificate](#) which is part of a range of measures dedicated to improving access to appropriate care for menopause.

The Government’s [Women’s Health Strategy for England](#) (August 2022) included menopause as one its priority areas for improving women’s health and women’s experiences of healthcare. The strategy included a commitment that the Government would introduce a Hormone replacement therapy (HRT) prescription pre-payment certificate (PPC) so that “all menopausal women for whom HRT is suitable are able to access HRT and at a reduced cost.”<sup>27</sup>

The [HRT prescription prepayment certificate](#) allows patients to access unlimited HRT treatments on prescription for a fixed annual cost of £19.30. The items that are covered by the HRT PPC will be identified as those with a licensed indication which includes “for treatment of the menopause” (published in Part XVI of the Drug Tariff).

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<sup>24</sup> HM Treasury, [Spending Review 2010 \(PDF\)](#), October 2010, p43.

<sup>25</sup> [PQ 3923 \[on Prescriptions: Fees and Charges\]](#), 18 December 2023

<sup>26</sup> [Members of the Prescription Charges Coalition](#), accessed 11 September 2019.

<sup>27</sup> Department of Health and Social Care, [Women’s Health Strategy for England](#) (August 2022), Section 13: Menopause

Further detail is available from the Department of Health and Social Care's [Introducing the HRT PPC: equality impact assessment](#) (March 2023).

## 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.<sup>28</sup>

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%.<sup>29</sup>

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
- 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 care<sup>30</sup>
- the NHSBSA will not “usually” accept a challenge if:

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<sup>28</sup> NHSBSA, [How we check claims](#)

<sup>29</sup> Regulation 3, the [National Health Service \(Penalty Charge\) Regulations 1999](#), SI 1999/2794

<sup>30</sup> NHSBSA, [Challenge a Penalty Charge Notice](#)

- a patient feels that they were misadvised by staff by their doctor or pharmacy staff;
- a patient's exemption certificate had expired.<sup>31</sup>

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.<sup>32</sup>

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

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<sup>31</sup> See above.

<sup>32</sup> [PQ 39489 \[on prescriptions fee and charges\] 9 June 2016](#)

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## 4 Prescription charges in Wales, Scotland and Northern Ireland

### 4.1 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 pharmacy.<sup>33</sup>

In May 2018, a Statistics for Wales [report \(PDF\)](#) suggested that the number of prescription items dispensed per head of population had increased by 25.1% since 2007.<sup>34</sup> 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.<sup>35</sup>

### 4.2 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](#).<sup>36</sup>

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:

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<sup>33</sup> Welsh Government, [Guidance: Free Prescriptions](#)

<sup>34</sup> Statistics for Wales, [Prescriptions dispensed in the community in Wales, 2017 \(PDF\)](#) (May 2017), p4.

<sup>35</sup> See above, p1.

<sup>36</sup> Health and Social Care Integration Directorate, [‘Help with Help Costs’](#), 1 November 2018.

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

## 4.3 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 \(PDF\) \(2014\)](#).

In December 2017, the Department of Finance's [Briefing on Northern Ireland Budgetary Outlook 2018-20 \(PDF\)](#) 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.<sup>38</sup>

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.<sup>39</sup>

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".<sup>40</sup>

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

<sup>38</sup> Northern Ireland Department of Finance, [Briefing on Northern Ireland Budgetary Outlook 2018-20 \(PDF\)](#), December 2017, p34.

<sup>39</sup> '[Northern Ireland considers reintroducing prescription charges](#)', Chemist and Druggist, 21 December 2017.

<sup>40</sup> Northern Ireland Affairs Committee, [Oral Evidence: Funding Priorities for the 2018-19 Budget: Health HC1147 \(PDF\)](#) (January 2019), Q354.

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## 5 Dental charges

### 5.1 Dental charges in England: policy development

NHS dental charges were introduced for most adult patients in 1951, with exemptions for those in receipt of income support, or who were pregnant or nursing mothers.<sup>41</sup>

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.<sup>42</sup>

The Department announced that from 24 April 2023, dental patient charges in England would increase by 8.5%. Prior to this, the most recent uplift was in December 2020, delayed from April 2020 due to the impacts of the pandemic. The Government said that whilst there has been no uplift for two years, the cost of delivering NHS dental care has increased.<sup>43</sup> Further detail is provided in the Government's [Impact Assessment in respect of the uplift of National Health Service dental charges](#) for patients in England from April 2023.

47.3% of courses of treatment were delivered to non-paying adults and children in 2021/22.<sup>44</sup>

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

The Government have said that “It is important that current and future work to improve NHS dentistry is not undermined by the risk of reduced funding as a result of lower NHS dental patient charge revenue.”<sup>45</sup>

### Dental charges in England: rates and exemptions

Dental charges are determined by type of treatment and are divided into bands.

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<sup>41</sup> House of Commons Health Committee, [Dental Services \(PDF\)](#), HC 289-I (2008), p11.

<sup>42</sup> DHSC, [Dental Charge Uplift 2019/20](#)

<sup>43</sup> [Written Statement HCWS676, Health Update](#), 27 March 2023

<sup>44</sup> [PQ 1860 \[on Dental Services: Fees and Charges\]](#), 24 November 2023

<sup>45</sup> [Written Statement HCWS676](#), 27 March 2023

From April 2023, the costs are:

- Band 1 (including diagnosis and examinations) and urgent treatment - £25.80
- Band 2 (including fillings and root canal work) - £70.70
- Band 3 (including crowns and dentures) - £306.80

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.<sup>46</sup>

More information on which treatments fall into each band is available on the NHS 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.<sup>47</sup>

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 someone who is part of their award – receives at least one of the following benefits:

- 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:<sup>48</sup>
  - 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.<sup>49</sup>

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<sup>46</sup> NHS, '[How much will I pay for NHS dental treatment?](#)'

<sup>47</sup> NHS, '[Who is entitled to free NHS dental treatment in England?](#)'

<sup>48</sup> [Ibid](#)

<sup>49</sup> NHS, '[Help with health costs for people getting Universal Credit](#)'

## 5.2 Dental charges in Wales

The 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 additional treatment at the same or lower band for free if it is carried out within two months of the initial treatment.<sup>50</sup>

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

## 5.3 Dental charges in Scotland

NHS dental examinations in Scotland are free of charge. Chargeable patients are required to meet 80% of the costs of any additional treatments, up to a maximum of £384.<sup>51</sup>

NHS treatment is free for:

- everyone aged under 26
- people who are pregnant or have given birth in the last 12 months
- those with certificated exemption from patient charge because of income or receipt of certain benefits

The full list of charges and exemption criteria is available from NHS Inform Scotland: [Dental treatment](#)

A dentist can charge a patient if they fail to attend for an appointment without giving due notice.<sup>52</sup>

## 5.4 Dental charges in Northern Ireland

Chargeable patients in Northern Ireland are required to pay 80% of the dentist's fee for treatment up to a maximum of £384.<sup>53</sup>

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<sup>50</sup> [NHS Dental Charges \(Wales\); The National Health Service \(Dental Charges\) \(Wales\) \(Amendment\) Regulations 2020](#)

<sup>51</sup> Scottish Dental, '[Treatment Charges](#)'

<sup>52</sup> NHS Inform, '[Receiving dental treatment in Scotland](#)'

<sup>53</sup> NI Direct, '[Health Service Dental Charges and Treatments](#)'

## NHS charges

Providers of Health Service dentistry can also 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](#).

## 6 Charges for wigs and fabric supports

NHS wigs and fabric supports supplied through a hospital are free for patients who live in Scotland or Wales. The current charges in England are:

- stock modacrylic wig: £78.15
- partial wig - human hair: £207
- full made-to-order wig - human hair: £302.70
- abdominal support: £47.80
- spinal support: £47.80
- surgical brassiere: £31.70

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)<sup>54</sup>

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<sup>54</sup> NHS, [Wigs and Fabric Supports on the NHS](#)

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## 7 Eye tests and optical vouchers

### 7.1 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.<sup>55</sup>

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, their partner, or dependent under the age of 20 receive:

- 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).<sup>56</sup>

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<sup>55</sup> NHS, '[Free NHS Eye Tests and Optical Vouchers](#)'.

<sup>56</sup> See above.

The same groups of patients are entitled to free eye tests and optical vouchers in Wales<sup>57</sup> and Northern Ireland as in England, although Northern Ireland does not have the additional criteria for Universal Credit claimants.<sup>58</sup>

## 7.2

## Scotland

In 2006, the Scottish Government introduced free eye tests for all UK residents in Scotland.<sup>59</sup>

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.<sup>60</sup>

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.<sup>61</sup> A 2017 study also found a shortfall in uptake between socio-economic groups in Scotland.<sup>62</sup>

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;

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<sup>57</sup> NHS Wales, '[Eye Care Costs](#)'

<sup>58</sup> NI Direct Government Services, '[Health Costs and Free Sight Tests](#)'

<sup>59</sup> [National Health Service \(General Ophthalmic Services\) \(Scotland\) Regulations 2006](#)

<sup>60</sup> NHS inform, '[Your entitlements to NHS ophthalmic services](#)', (last accessed 23 August 2021)

<sup>61</sup> University of Aberdeen, '[Study finds eye care in Scotland has improved but that the gap between rich and poor is growing](#)', March 2012.

<sup>62</sup> Niall Strang and Gunter Löffler, '[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.<sup>63</sup>

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<sup>63</sup> Scottish Government, [Help with health costs \(HCS1\): information booklet - November 2018](#), November 2018.

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