

GUERNSEY STATUTORY INSTRUMENT

2009 No. 92

The Health Service (Pharmaceutical Benefit) (Amendment) Regulations, 2009

Made 22nd December 2009
Laid before the States
Coming into operation 1st January 2010

THE SOCIAL SECURITY DEPARTMENT, in exercise of the powers conferred upon it by sections 11, 13 and 35 of the Health Service (Benefit) (Guernsey) Law, 1990¹, and of all other powers enabling it in that behalf, hereby orders:-

Amendment.

1. Parts I, II and III of the First Schedule to the Health Service (Pharmaceutical Benefit) Regulations, 1990, as amended² are revoked and replaced by Parts I, II, and III, as set out in the Schedule to these Regulations.

Extent.

2. These Regulations shall have effect in the Islands of Guernsey, Alderney, Herm and Jethou.

Interpretation.

3. (1) Except where the context otherwise requires, any reference in these Regulations to any enactment or regulations shall be construed as including a reference to that enactment or those regulations, as the case may be, as amended, repealed, replaced, revoked, extended or applied, by or under any other enactment or by any other regulations.

(2) The Interpretation (Guernsey) Law, 1948³ applies to the interpretation of these Regulations as it applies to the interpretation of an enactment.

¹ Ordres en Conseil Vol. XXXII, p. 192 amended by Ordinance No. XIV of 1993 (Tome XXVI, p. 177); Nos. XXXIV and XXXV of 1995 (Tome XXVI, p. 483); No. XXIX of 1997; No. XXX of 1998; No. XXV of 1999; No. XIV of 2000; No. LIII of 2001; Nos. XXII, XXVI, XXVII, XXVIII, XXIX, XXXIII and XXXIV of 2002; No. IX of 2003 and No. XLI of 2004 and modified by Ordinances XXXV and XXXVI of 1995 (Tome XXVI, pp. 483 and 484); No. XI of 1997; No. I of 1998 and No. XXXIII of 2002.

² S.I. 1990 No. 36; S.I. 1991 No. 13; S.I. 1994 No. 25; S.I. 1995 Nos. 4 and 17; S.I. 1996 No. 6; S.I. 1999 No. 39; S.I. 2000 No. 30; S.I. 2005 No. 28.

³ Ordres en Conseil Vol. XIII, p. 355.

Citation.

4. These Regulations may be cited as the Health Service (Pharmaceutical Benefit) (Amendment) Regulations, 2009.

Commencement.

5. These Regulations shall come into operation on the 1st day of January, 2010.

Dated this 22nd day of December, 2009.

M. H. Dorey

Mark Dorey
Minister of the Social Security Department
for and on behalf of the Department

EXPLANATORY NOTE

(This Note is not part of the Regulations, but is intended to indicate their general purport.)

These Regulations amend the Health Service (Pharmaceutical Benefit) (Amendment) Regulations, 1990 so as to provide new forms of medical prescription for use by approved medical practitioners and approved dental practitioners and to provide a new form of declaration for use on the reverse side of medical and dental prescriptions.

SCHEDULE

Regulation 1

‘FIRST SCHEDULE

Regulation 2

FORMS OF MEDICAL PRESCRIPTION AND DECLARATION

PART I

Form of medical prescription for use by an approved medical practitioner

GUERNSEY SOCIAL SECURITY DEPARTMENT

Pharmacy Stamp	Age	Title, Forename, Surname & Address
	D.o.B.	
<i>Please don't stamp over age box</i>		
Endorsements		
Signature of Doctor	Date	
For dispenser: No. of Prescs. on form		
<input type="checkbox"/>		

IMPORTANT: Complete appropriate declaration
overleaf, if applicable.

PART II

Form of medical prescription for use by an approved dentist

GUERNSEY SOCIAL SECURITY DEPARTMENT

Pharmacy Stamp

Age

Title, Forename, Surname & Address

D.o.B.

Please don't stamp over age box

Endorsements

DENTAL ONLY

Signature of Dentist

Date

For dispenser:
No. of
Prescns.
on form

IMPORTANT: Complete appropriate declaration
overleaf, if applicable.

PS6DEN1008

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PART III

Form of declaration for use on the reverse side of a medical and dental prescription

PS61008

IMPORTANT NOTES FOR PATIENT

1. This prescription may be dispensed by a pharmacist/chemist in Guernsey or Alderney.
2. A prescription charge must be paid for each item unless the patient is entitled to exemption from charge.
3. If the patient is entitled to exemption from charge the DECLARATION OF EXEMPTION must be completed.
4. If the patient is a visitor to Guernsey, Alderney, Herm or Jethou from Jersey, Isle of Man or Gibraltar who does not intend to remain for longer than three months, the Visitor declaration below must be completed by or on behalf of the Patient.

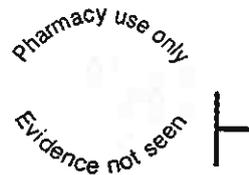
COLLECTORS OF SCHEDULE 2 & 3 CDs MUST SIGN BELOW

Signed: _____ Date: _____

DECLARATION OF EXEMPTION

The patient does not have to pay because he/she:

- A is 65 years of age or over
- B is covered under Supplementary Benefit or the Medical Expenses Assistance Scheme
- C has a valid exemption certificate



I _____ declare that the patient named overleaf is entitled to exemption from prescription charge. I understand that enquiries may be made to check this declaration and that a false statement may lead to prosecution.

Signed: _____ Date: _____

Print address if different from overleaf: _____

VISITOR DECLARATION

I DECLARE that the patient named overleaf is a visitor to Guernsey/Alderney/Herm/Jethou from Jersey, Isle of Man or Gibraltar and does not intend to remain longer than **three months** following his/her arrival on _____ 20_____
AND THAT I AM

- please the patient
- tick the patient's parent or guardian
- one the patient's representative

Signed: _____ Date: _____

NAME AND HOME ADDRESS (Block letters): _____
