

**The Health Service (Pharmaceutical Benefit)
(Amendment) Regulations, 2019**

<i>Made</i>	11 th April, 2019
<i>Coming into operation</i>	25 th May, 2019
<i>Laid before the States</i>	, 2019

THE COMMITTEE FOR EMPLOYMENT & SOCIAL SECURITY, in exercise of the powers conferred on it by sections 11 and 35 of the Health Service (Benefit) (Guernsey) Law, 1990^a and all other powers enabling it in that behalf, hereby makes the following Regulations:-

Amendment of the 1990 Regulations.

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

^a Ordres en Conseil Vol. XXXII, p. 192 to which there are amendments not relevant to these regulations. The Law is applied, with modifications to the Island of Alderney by Recueil d'Ordonnances Tome XXV, p. 204. See also the Health Service (Benefit) (Approved Prescribers) Ordinance, 2017 (Ordinance No. XXV of 2017).

G.S.I No. 36 of 1990; as amended by No. 13 of 1991; No. 25 of 1994; Nos. 4 and 17 of 1995; No. 6 of 1996; No. 39 of 1999; No. 30 of 2000; No. 28 of 2005; No. 92 of 2009; No. 79 of 2013; Nos. 32 and 76 of 2016; and No. 79 of 2017.

Citation and commencement.

2. These Regulations may be cited as the Health Service Benefit (Pharmaceutical Benefit) (Amendment) Regulations, 2019 and shall come into force on the 25th May, 2019.

Dated this 11th day of April, 2019



M. K. LE CLERC

President of the States Committee for Employment & Social Security

For and on behalf of the Committee

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

STATES OF GUERNSEY, SOCIAL SECURITY

Pharmacy Stamp	Age	Title, Forename, Surname & Address
	D.o.B.	

Date of dispensing:

Endorsements	APPROVED PRESCRIBERS ONLY	
Signature of Approved Prescriber		
For dispenser: No. of Prescns. on form		
<input type="text"/>		

IMPORTANT: Complete appropriate declaration overleaf, if applicable.

PS2016

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PART II

Form of medical prescription for use by an approved dentist

STATES OF GUERNSEY, SOCIAL SECURITY

Pharmacy Stamp	Age	Title, Forename, Surname & Address
	D.o.B.	
Date of dispensing:		
Endorsements	DENTAL ONLY	
Signature of Dentist		
For dispenser: No. of Prescns. on form	IMPORTANT: Complete appropriate declaration overleaf, if applicable.	
<input type="text"/>		

PS2016

12

PART III

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

PS2016

This form is the property of the States of Guernsey, Social Security

Section 1. Important Notes for the Patient

- If the patient does not require one or more medications on this form the patient or patient's representative must put a line through the medication in ink or ask the pharmacist to do so but any changes cannot be reversed by the pharmacist.
- This prescription may be dispensed by any pharmacy in Guernsey or Alderney, unless specified by the States of Guernsey.
- All patients must pay the prescription charge for each item dispensed unless the patient is entitled to exemption from the charge.
- If the patient is not required to pay the Prescription charge, please complete Section 2.

Section 2. Claim for Exemption from Prescription Charge

The patient named overleaf does not have to pay the Prescription Charge because he/she:

- A has attained Guernsey pension age on the date of dispensing
- B is covered under Income Support or the Medical Expenses Assistance Scheme
- C has a valid exemption certificate



For options B and C please clearly complete the declaration below:

I (your full name) _____ Date of Birth: _____

confirm that the patient named overleaf does not have to pay the prescription charge.

And that I am

- the patient
- the patient's parent or guardian
- the patient's representative

I declare that to the best of my knowledge and belief the information I have given on the form is true and complete. I understand that checks are made and to give false information may lead to prosecution.

Sign: _____ Date: _____

Address if different from overleaf: _____

Section 3. If collecting Schedule 2 and/or 3 Controlled Drugs please complete:

Full Name: _____ Date of Birth: _____

Sign: _____ Date: _____

Section 4. How we collect and use information

 The Committee for Employment and Social Security will process any personal data which you provide, via this form, in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed can be found at www.gov.gg/dp or alternatively you may call 01481 732500 and request a paper copy.

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"PART VI

Form of medical prescription for use by an approved prescriber

STATES OF GUERNSEY, SOCIAL SECURITY

Pharmacy Stamp	Age	Title, Forename, Surname & Address
	D.o.B.	

Date of dispensing:

Endorsements	APPROVED PRESCRIBERS ONLY	

Signature of Approved Prescriber	Date
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For dispenser: No. of Prescns. on form	
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PS2016 **IMPORTANT:** Complete appropriate declaration overleaf, if applicable.

14

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations amend the Health Service (Pharmaceutical Benefit) (Amendment) Regulations, 1990 so as to provide new forms of medical prescription for use by approved prescribers and approved dental practitioners and a new form of declaration for use on the reverse side of medical and dental prescriptions to include the fair processing notice to make the forms compliant to the Data Protection (Bailiwick of Guernsey) Law, 2017.

These Regulations come into force on the 25th day of May, 2019.