

GUERNSEY STATUTORY INSTRUMENT  
2024 No. 108

**The Health Service (Pharmaceutical Benefit)  
(Amendment) Regulations, 2024**

<i>Made</i>	10 <sup>th</sup> January, 2024
<i>Coming into operation</i>	1 <sup>st</sup> January, 2025
<i>Laid before the States</i>	, 2024

THE COMMITTEE FOR HEALTH & SOCIAL CARE, in exercise of the powers conferred on it by sections 11, 13 and 35 of the Health Service (Benefit) (Guernsey) Law, 1990<sup>a</sup>, and all other powers enabling it in that behalf, hereby makes the following Regulations:-

**Amendment of the 1990 Regulations.**

1. (1) The Health Service (Pharmaceutical Benefit) Regulations, 1990<sup>b</sup> ("the principal Regulations") are amended as follows.

(2) In regulation 2 of the principal Regulations –

---

<sup>a</sup> Ordres en Conseil Vol. XXXII, p. 192; this enactment has been amended.

<sup>b</sup> G.S.I. No. 36 of 1990; this enactment has been amended.

(a) in paragraph (1)(a), (b) and (e), immediately after "these regulations" in each place where the expression occurs, insert "(including the declaration on the reverse side of that form)", and

(b) revoke paragraph (2).

(3) For Parts I, II and III of the First Schedule to the principal Regulations, substitute the Parts in Schedule 1 to these Regulations.

(4) For Part VI of the First Schedule to the principal Regulations, substitute the Part in Schedule 2 to these Regulations.

**Transitional.**

2. (1) Despite the amendments to the principal Regulations made by regulation 1, a medical prescription which would have conformed to the parts of the First Schedule to the principal Regulations in column 1 of the table below before the commencement of these Regulations, is deemed to conform to the part of that Schedule (as amended by regulation 1) specified in the corresponding row of column 2 of this table -

<b>Column 1</b> <i>(parts of the First Schedule before commencement of these Regulations)</i>	<b>Column 2</b> <i>(parts of the First Schedule on the commencement of these Regulations)</i>
Parts I and III	Part I
Parts II and III	Part II
Parts VI and III	Part VI

(2) Paragraph (1) ceases to have effect on the 30<sup>th</sup> June, 2025.

**Citation.**

3. These Regulations may be cited as the Health Service (Pharmaceutical Benefit) (Amendment) Regulations, 2024.

**Commencement.**

4. These Regulations shall come into force on the 1<sup>st</sup> January, 2025.

Dated this tenth day of December 2024.

A handwritten signature in black ink, appearing to be 'Al Brouard', written in a cursive style. The signature is positioned above the printed name and title.

Deputy Al Brouard

President of the States Committee for Health & Social Care

For and on behalf of the Committee

SCHEDULE 1

Regulation 1(3)

PARTS TO SUBSTITUTE FOR PARTS I, II AND III OF THE FIRST SCHEDULE TO  
THE PRINCIPAL REGULATIONS

"PART I

Form of medical prescription for use by an approved medical practitioner

<b>STATES OF GUERNSEY</b>					
Pharmacy Stamp	<table border="1" style="width: 100%;"><tr><td style="width: 30%; vertical-align: top;">Age</td><td style="width: 70%; vertical-align: top;">Title, Forename, Surname &amp; Address</td></tr><tr><td style="vertical-align: top;">D.o.B.</td><td></td></tr></table>	Age	Title, Forename, Surname & Address	D.o.B.	
Age	Title, Forename, Surname & Address				
D.o.B.					
<i>Date of dispensing:</i>					
Endorsements					
Signature of Doctor	Date				
For dispenser: No. of Prescns. on form					
<input type="text"/>					
<small><b>IMPORTANT:</b> Complete appropriate declaration overleaf, if applicable.</small>					

This form is the property of the States of Guernsey, Health & Social Care

### Section 1. Important Notes for the Patient

- If the patient does not require one or more medications on this form the patient or the patient's representative **must** put a line through the medication in ink or ask the pharmacist to do so.
- These changes cannot be reversed by the pharmacist.
- This prescription may be dispensed by any pharmacy in Guernsey or Alderney, unless otherwise 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, sign and date 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 the Income Support Scheme or in receipt of severe disability benefit
- 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 Health & Social Care processes personal information for various purposes to carry out functions relating to its services and the associated legislation it administers. The personal data collected through this form will be processed in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. For more information on how your personal data will be processed for this purpose, please see our fair processing notice on [www.gov.gg/dp](http://www.gov.gg/dp), or a hard copy can be requested from [data.protection@gov.gg](mailto:data.protection@gov.gg) or 01481 220012.

PART II

Form of medical prescription for use by an approved dentist

<b>STATES OF GUERNSEY</b>					
Pharmacy Stamp	<table border="1" style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;">Age</td><td style="width: 50%; vertical-align: top;">Title, Forename, Surname &amp; Address</td></tr><tr><td style="vertical-align: top;">D.o.B.</td><td></td></tr></table>	Age	Title, Forename, Surname & Address	D.o.B.	
Age	Title, Forename, Surname & Address				
D.o.B.					
<i>Date of dispensing:</i>					
Endorsements	<b>DENTAL ONLY</b>				
Signature of Dentist	Date				
For dispenser: No. of Prescns. on form	<b>555555</b>				
<input type="checkbox"/>					
<b>IMPORTANT:</b> Complete appropriate declaration overleaf, if applicable.					

This form is the property of the States of Guernsey, Health & Social Care

**Section 1. Important Notes for the Patient**

- If the patient does not require one or more medications on this form the patient or the patient's representative **must** put a line through the medication in ink or ask the pharmacist to do so.
- These changes cannot be reversed by the pharmacist.
- This prescription may be dispensed by any pharmacy in Guernsey or Alderney, unless otherwise 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, sign and date 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 the Income Support Scheme or in receipt of severe disability benefit
- 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 Health & Social Care processes personal information for various purposes to carry out functions relating to its services and the associated legislation it administers. The personal data collected through this form will be processed in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. For more information on how your personal data will be processed for this purpose, please see our fair processing notice on [www.gov.gg/dp](http://www.gov.gg/dp), or a hard copy can be requested from [data.protection@gov.gg](mailto:data.protection@gov.gg) or 01481 220012.

SCHEDULE 2

Regulation 1(4)

PART TO SUBSTITUTE FOR PART VI OF THE FIRST SCHEDULE TO  
THE PRINCIPAL REGULATIONS

"PART VI

Form of medical prescription for use by an approved prescriber

<b>STATES OF GUERNSEY</b>					
Pharmacy Stamp	<table border="1" style="width: 100%;"><tr><td style="width: 30%; vertical-align: top;">Age</td><td style="vertical-align: top;">Title, Forename, Surname &amp; Address</td></tr><tr><td style="vertical-align: top;">D.o.B.</td><td></td></tr></table>	Age	Title, Forename, Surname & Address	D.o.B.	
Age	Title, Forename, Surname & Address				
D.o.B.					
Date of dispensing:					
Endorsements	<b>APPROVED PRESCRIBERS ONLY</b>				
Signature of Approved Prescriber	Date				
For dispenser: No. of Prescns. on form					
<input type="checkbox"/>					
<b>IMPORTANT:</b> Complete appropriate declaration overleaf, if applicable.					

This form is the property of the States of Guernsey, Health & Social Care

### Section 1. Important Notes for the Patient

- If the patient does not require one or more medications on this form the patient or the patient's representative **must** put a line through the medication in ink or ask the pharmacist to do so.
- These changes cannot be reversed by the pharmacist.
- This prescription may be dispensed by any pharmacy in Guernsey or Alderney, unless otherwise 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, sign and date 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 the Income Support Scheme or in receipt of severe disability benefit
- 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 Health & Social Care processes personal information for various purposes to carry out functions relating to its services and the associated legislation it administers. The personal data collected through this form will be processed in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. For more information on how your personal data will be processed for this purpose, please see our fair processing notice on [www.gov.gg/dp](http://www.gov.gg/dp), or a hard copy can be requested from [data.protection@gov.gg](mailto:data.protection@gov.gg) or 01481 220012.

---

## EXPLANATORY NOTE

*(This note is not part of the Regulations)*

These Regulations replace forms set out in Parts I, II, III and VI of the First Schedule to the Health Service (Pharmaceutical Benefit) Regulations, 1990 with three new forms which incorporate, on their reverse side, the declaration formerly in Part III.

Despite these substitutions, these Regulations allow forms which currently conform with the relevant parts of the First Schedule to continue to be used until the 30<sup>th</sup> June, 2025.

These Regulations come into force on the 1<sup>st</sup> January, 2025.