



DEPARTMENT OF HEALTH
PORTLAND COURT
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Our Ref: FPCL 82/89
EL(89) P/69

Warrington Health Authority	
27 APR 1989	
24 April 1989	

To: Administrators of Family Practitioner Committees
General Managers
Regional Health Authorities
District Health Authorities
Special Health Authorities for London Postgraduate Teaching
Hospitals

NHS CHARGES AND VOUCHERS FOR GLASSES - HELP FOR PEOPLE ON A LOW INCOME

This letter expires on 24 April 1990

1. Circular HC(88)22/HC(FP)(88)11 gave details of new arrangements for giving people on a low income exemption from or remission of NHS charges and access to vouchers for glasses. It explained how claims for help from people on a low income would be dealt with by a central unit (the Agency Benefits Unit) located in Newcastle-upon-Tyne.

2. Several thousand claims have had to be stockpiled at the Agency Benefits Unit because of a problem over the interpretation of the regulations. Now that the stockpile has been cleared, a number of claims for refunds beyond the one-month time limit laid down in the regulations can be expected. The Agency Benefits Unit will authorise such refunds, where the delay in claiming a refund has been caused by the claim for help being held up at the Unit. Committees and Authorities should process such claims in the usual way, without querying them with the Unit unless there is special reason to do so.

3. Normally, refunds are only available if glasses or contact lenses were prescribed by the hospital eye service. Exceptionally refunds for the purchase of other glasses or contact lenses will be available. Along with the Unit's authorisation to pay (Annex A) Committees will receive copies of the patient's prescription and receipt for glasses. Committees will be able to work out the correct voucher value from the prescription and should make a refund of either:-

- a) the full value of the voucher that the patient would have obtained if that is authorised by the Unit
- or b) the difference between the full value of the voucher and the patient's contribution as shown on the letter from the Unit
- or c) the price paid for the spectacles if this is less than a) or b) as appropriate.

4. Refunds made in respect of claims submitted more than one month after the cost was incurred, and refunds made under paragraph 3, count as ex-gratia payments and should be accounted for in the following manner:-

a) FPCs

Ex-gratia payments made by FPCs in respect of dental charges and optical voucher costs overpaid and refunded should be accounted for in their FIS(FPC) 4 returns and Annual Accounts as follows:-

FIS(FPC)4 -

Part 3 Dental Payments - at line 464
Part 4 Optical Payments - at line 495

Annual Accounts-

Note 5 Dental Payments - at subcode 462
Note 6 Optical Payments - at subcode 495
Note 8 Losses and Special Payments - at subcode 025
(both dental and optical payments)

b) Health Authorities

Payments made by health authorities to re-imburse patients for dental and optical charges already met should be debited to the relevant income/income receipts subcodes (mainly sub-code 120) of Note to the Accounts 10 and RP2 respectively. Thus, figures net of any refunded charges should be reported in annual accounts, receipts and payments returns and also for the FIS(HA) system. In addition, refunds relating to claims made after the one month time limit should be included (as memorandum entries only) at subcode 020 of Note to the Accounts 16 (Losses and Special payments).

5. If Committees and authorities are approached direct by patients whose claims have been delayed they should offer the following advice:-

- **prescription charges.** the patient should fill in and send to the Agency Benefits Unit the receipt form FP57 which the patient got from the chemist when the medicines were dispensed.

- **glasses and contact lenses (except those prescribed through the hospital eye service).** The patient should write to the Agency Benefits Unit enclosing a copy of the prescription for the glasses and the receipt the patient got when they bought the glasses.

- **any other NHS costs (including glasses and contact lenses prescribed through the hospital eye service and the cost of travelling to hospital for treatment).** The patient should get form AG5 from a social security office, fill it in and send it to the Agency Benefits Unit with receipts. (Receipts are not needed for refunds of the cost of travelling to hospital for treatment). A separate form AG5 will be needed for each cost the patient has paid.

The address of the Agency Benefits Unit is:-

Agency Benefits Unit
Department of Social Security
Longbenton
Newcastle upon-Tyne
NE98 1YX

6. Any enquiries arising from this letter should be addressed
to:-

Financial matters - Health Authorities
i) MR K JACKSON
FMDIA, FRIARS HOUSE
Tel: 01 703 6380 Extn 4477

Financial matters - Family Practitioner Committees
ii) MR D SMITH (Pharmaceutical and Ophthalmic)
FB2B FRIARS HOUSE
Tel: 01 703 6380 Extn 4375

MRS S PATEL (Dental)
FB2B, FRIARS HOUSE
Tel: 01 703 6380 Extn 4385

Any other enquiries
iii) MR S FLOOD/MRS I H AUSTIN
FPS2C2, PORTLAND COURT
Tel: 01 872 9302 Extn 48348/48346

K J Guinness

K J GUINNESS
Family Practitioner
Services 2C

DRAFT STOCK LETTER AUTHORISING OPTICAL REFUNDS

To the Family Practitioner Committee

PATIENT'S NAME

a) is entitled to a refund of the full value of the NHS voucher for glasses shown on the prescription attached to this form or the price of the spectacles shown on the receipt attached to this form, whichever is the less. Please pay this money to them.

b) is entitled to a refund of either the difference between the full value of the NHS voucher for glasses shown on the prescription attached to this form and £_____ or the price of the spectacles shown on the receipt attached to this form, whichever is the less. Please pay this money to them

The patient's address is shown on the prescription form.

From

AUTHORISATION

STAMP

