Dear Colleague

NHS PHARMACY FIRST SCOTLAND – GUIDANCE AND REFERRAL FORM FOR TREATMENT OF MINOR EYE CONDITIONS

Summary

1. This Circular provides information for community optometry teams about the NHS Pharmacy First Scotland (NHS PFS) service. It also provides guidance aimed at both community optometry and community pharmacy teams and a referral form for the assessment and treatment of minor eye conditions.

Background

2. The NHS PFS service came into force in community pharmacies on 29 July 2020 and replaced the Minor Ailment Service (MAS).

Details

3. The NHS PFS service seeks to encourage people to go to their local pharmacy for support with minor and acute health conditions. It extends access to a wider group of people than those who were able to use the MAS. Individuals who are registered with a GP practice in Scotland, or who live in Scotland, are eligible to use NHS PFS subject to certain exceptions for visitors to Scotland.

4. Pharmacies undertake a NHS PFS consultation and provide advice, treatment or referral to another healthcare professional if appropriate.

6 November 2020

Addresses

For action
Chief Executives, NHS Boards

For information
Health and Social Care Partnerships
NHS Directors of Pharmacy
NHS Board Optometric Advisers
NHS Education for Scotland

Enquiries to:
Pharmacy & Medicines Division
1st Floor East Rear
St Andrew’s House
EDINBURGH
EH1 3DG
Email: PharmacyTeam@gov.scot
www.gov.scot
5. As well as minor conditions, it continues to provide advice and treatment for two specific common clinical conditions, uncomplicated Urinary Tract Infections in women and impetigo. Further common clinical conditions will be identified and added in due course.

**Guidance and Optometry-Pharmacy Referral Form**

6. Guidance for community optometry and community pharmacy teams relating to the assessment and treatment of eye conditions under NHS PFS is attached to this circular as Annex A.

7. A two-way Optometry-Pharmacy Referral Form is attached as Annex B. This is designed for community optometrists to refer patients to their local pharmacy for NHS PFS, and for community pharmacy teams to refer patients to community optometry practices where a patient has initially presented at a pharmacy but specialist advice is required.

8. Both documents will be published online on the Scotland’s Health On the Web (SHOW website) at [https://www.publications.scot.nhs.uk/](https://www.publications.scot.nhs.uk/) and will be reviewed and updated.

9. Ongoing discussions between community optometry teams and their local pharmacies is strongly encouraged to develop ways of working which take local needs into account, whilst ensuring a safe and efficient patient journey.

**Patient information**

10. A leaflet on the new NHS PFS service has been developed for members of the public and is available online at [https://www.gov.scot/publications/nhs-pharmacy-first-scotland-information-patients/](https://www.gov.scot/publications/nhs-pharmacy-first-scotland-information-patients/) Hard copies of the patient leaflet can be ordered by sending an email to: stockorders.DPPAS@apsgroup.co.uk.


12. As the MAS has been discontinued, any stocks of MAS leaflets or posters should be recycled.

13. Community Pharmacy Scotland and Optometry Scotland have been consulted on the terms of this circular.
Actions

14. NHS Boards are asked to:
   - note the contents of this Circular;
   - copy to all community pharmacy contractors and the Area Pharmaceutical Committee for information;
   - copy to all optometrists, ophthalmic medical practitioners, body corporates and practices on their ophthalmic lists.

15. When sharing the Circular locally it may also be helpful if NHS Boards are able to provide a list of community optometry and community pharmacy contact details including NHS email addresses (where available).

Yours sincerely

Alison Strath
Interim Chief Pharmaceutical Officer
Pharmacy & Medicines Division

Dr Janet Pooley PhD MCOptom
Optometric Advisor
Dentistry and Optometry Division
ANNEX A

NHS Pharmacy First Scotland

Guidance for optometry teams

*NHS Pharmacy First Scotland* (NHS PFS) is a consultation service designed to encourage the public to visit their community pharmacy as the first port of call for minor illnesses and common clinical conditions. The Minor Ailment Service (MAS) has been discontinued and replaced by this new service, which is available now in every pharmacy delivering NHS services in Scotland.

As a broad overview of how the service operates:

A person consults with a member of the pharmacy team, who will assess their symptoms resulting in one or more of the following outcomes:

- **ADVICE ON YOUR SYMPTOMS**
  - Help the person manage the condition by themselves by discussing appropriate self-care advice

- **TREATMENT IF RECOMMENDED**
  - Supply an appropriate treatment for the symptoms (either on NHS or over the counter sale within OTC product licensing)
  - Discuss relevant self-care advice including what to do if symptoms do not improve

- **REFERRAL TO OTHER SERVICES**
  - Refer to another healthcare professional, if appropriate

How do the public access NHS Pharmacy First Scotland?

People can access this service by attending at a community pharmacy of their choice, usually without an appointment. There is no registration required.

During the current pandemic, physical distancing restrictions will be in place. It may be more appropriate for people to telephone the pharmacy before attending.
Who is eligible?

- Everyone registered with a GP practice in Scotland or the Defence Medical Services on a permanent or temporary basis (including care home residents).
- People who live in Scotland (including gypsy or travellers / asylum seeker or dependant of an asylum seeker).

Visitors to Scotland are excluded from accessing the service, however pharmacists will still be able to provide general help and advice to these patients as well as providing medication by OTC sale (if appropriate).

Visitors presenting initially at the pharmacy with an emergency eye problem should be informed that they are entitled to free NHS eye care until they are stabilised: https://www.nhsinform.scot/care-support-and-rights/health-rights/access/healthcare-for-overseas-visitors#tourists-and-holidaymakers.

Alternatively, if the problem is not deemed an emergency, the patient can be signposted to an optometry practice for advice about their eye condition. The patient will be appropriately triaged and managed. If an eye examination is deemed appropriate by the optometrist and the patient resides outside of the UK, and is therefore not eligible for a free NHS funded General Ophthalmic Services examination, a private fee may be payable.

How can optometry and pharmacy work together?

As part of the planned developments to NHS PFS and the remobilisation of NHS primary care services, we are delighted to launch a nationally agreed two-way pathway between community pharmacies and optometrists, which helps support the Scottish Government’s “Integration of Eyecare Services” programme.

Optometrists are the experts in eye care. Therefore patients with any eye condition (including contact lens problems) should seek advice from optometry for assessment and treatment/onward referral (if required).

Where the outcome of an eye examination by an optometrist is that a patient requires treatment for a minor eye condition, it would be appropriate for optometry practices without an independent prescriber optometrist to refer these patients to a pharmacy rather than their GP practice, to obtain a supply of medication.

In these cases, the optometrist can use the attached form (Annex B) to request that a supply (within product license) is made through NHS PFS. This ensures patients can access the most appropriate service to meet their individual needs in as timely a manner as possible. This type of pathway has been in place in several Health Boards for many years, with all involved giving positive feedback on how it operates. The Scottish Government is fully supportive of this development as it encourages the fostering of local partnerships between primary care providers which will benefit the people of Scotland.
As before with MAS, the optometrist’s clinical assessment would be utilised (in a similar way to a GP accepting a consultant’s assessment of a patient’s clinical condition) prior to a supply being made and the responsibility for the choice of product based on examination remains with the referring optometrist.

Patients who present in the first instance to a pharmacy and do not, in the pharmacist’s opinion, need to go directly to hospital should be directed to a local optometry practice for an eye examination using the same form. It is good practice that the referring pharmacy contacts the optometry practice by telephone, whilst the patient is still in the pharmacy to confirm availability of an appointment, thus providing a better patient experience. However, this may not always be possible.

**Referral best practice**

<table>
<thead>
<tr>
<th>Optometrists should:</th>
<th>Pharmacies should:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Triage the referral, offer an appropriate appointment and then examine the patient.</td>
<td>✓ When responding to a referral from an optometrist:</td>
</tr>
<tr>
<td>✓ Confirm patient’s eligibility for NHS PFS</td>
<td>• Confirm the patient’s eligibility for NHS PFS</td>
</tr>
<tr>
<td>✓ Complete the editable request form and email it to the patient’s pharmacy of choice (where the practice has secure NHS email) or print the form so the patient can take it directly to their choice of pharmacy</td>
<td>• Contact the optometrist if necessary re the request</td>
</tr>
<tr>
<td>✓ Ensure any treatment recommendations made are within the national Approved List and comply with licensed indication(s) for the eye product.</td>
<td>• Supply the requested product under NHS PFS if appropriate, recording details of the optometrist involved on the patient’s PMR</td>
</tr>
<tr>
<td>✓ Record the request on the patient’s GOS clinical record card</td>
<td>✓ When making a referral to an optometrist:</td>
</tr>
<tr>
<td>✓ Review patient’s requirement for ongoing treatment</td>
<td>• Triage and refer to optometrist as first line option where required, helping to signpost to the patient’s choice of local optometry practice.</td>
</tr>
<tr>
<td>✓ Inform the patient’s GP where applicable: request any item(s) to go onto the patient’s repeat prescription (further supplies only, not after the first supply)</td>
<td>• Make the patient aware that the optometrist will first triage the referral before offering an appropriate appointment and examining them, so they may not be seen immediately</td>
</tr>
</tbody>
</table>

Managing patient expectations correctly will be key to the success of this initiative. At all times it is essential that patient has a clear understanding of their journey between optometry and pharmacy to ensure this is efficient and safe, whilst allowing the respective healthcare professionals to manage their workloads.
Which conditions are covered by NHS Pharmacy First Scotland?

Following a consultation with the patient, pharmacies can provide advice and/or treatment for a range of ailments. NHS PFS is not simply an order system for non-prescribers, so it is important that optometry and pharmacy practices work together to understand each other’s practice and that there are open communication channels for discussion around referrals.

The following products are available on the Approved List to be supplied for free under NHS PFS (within their stated product license which can be found [here](https://nhsnss.org/services/practitioner/pharmacy/pharmacy-services/nhs-pharmacy-first-scotland/)). The approved list will be updated when necessary, with the most up to date version found at:

https://nhsnss.org/services/practitioner/pharmacy/pharmacy-services/nhs-pharmacy-first-scotland/

<table>
<thead>
<tr>
<th>7.1 Infected Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chloramphenicol 0.5% eye drops (10ml) (patients ≥2 years only)</td>
</tr>
<tr>
<td>Chloramphenicol 1% eye ointment (4g) (patients ≥2 years only)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7.2 Inflammation of Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbomer 980 0.2% eye gel (10g)</td>
</tr>
<tr>
<td>Clinitas Carbomer gel (10g)</td>
</tr>
<tr>
<td>Lumecare Carbomer 0.2% Eye Gel (10g)</td>
</tr>
<tr>
<td>Ocufresh 0.2% Lubricating Gel (10g)</td>
</tr>
<tr>
<td>Artelac Night time Gel (10g)</td>
</tr>
<tr>
<td>Xailin Gel (10g)</td>
</tr>
<tr>
<td>Evolve Carbomer 980 (10g – preservative free bottle)</td>
</tr>
<tr>
<td>Hylo Night eye ointment preservative free (5g)</td>
</tr>
<tr>
<td>Hyromellose 0.3% eye drops (10ml)</td>
</tr>
<tr>
<td>Xailin Night eye ointment preservative free (5g)</td>
</tr>
<tr>
<td>Sodium cromoglicate 2% eye drops (5ml, 10ml) (patients ≥2 years only)</td>
</tr>
</tbody>
</table>

**Evidence based approach** – the Approved List will ensure that treatments offered via NHS are clinically effective and represent value for money for NHS Scotland. Developed by the Area Drug and Therapeutics Committee Collaborative, the list is supported by all Health Boards to help deliver a consistent approach between pharmacists and GPs. The content of the Approved List will be reviewed fully twice yearly.

If the patient is not eligible for NHS PFS, or would benefit from a specific product not included on the Approved List, treatment can be supplied by an over the counter sale if appropriate (using the same form for referral). Alternatively, a referral/prescription request could be made to their GP. As the network of IP pharmacists grows, this can be incorporated into the “NHS Pharmacy First Plus” service – which allows the treatment of common clinical conditions within the pharmacy – speak to your local pharmacist to find out if this can currently be offered in your area.

**Subsequent supplies**

After the first supply, the patient should be reviewed by an optometrist to assess the need for ongoing treatment. At this point, a further supply could be made by the pharmacy (to ensure continuity of treatment) and a request submitted by the optometrist to the GP to add the item to the patient’s repeat prescription. The route of obtaining further supplies should be made clear to the patient at this point.
Developing relationships

It is recommended that optometry practices and pharmacies work together to develop a deeper understanding of how the service will operate and to strengthen referral pathways for patients. By discussing the content of this document with your local optometry and pharmacy teams, you can agree what works for everyone e.g. telephoning optometrist practices prior to sending a patient, using email/printed forms for referrals.

Please ensure that local Health Board guidance is followed at all times.
# ANNEX B

## NHS Pharmacy First Scotland Consultation Form

Optometry ↔ Pharmacy Referral

### PATIENT DETAILS

<table>
<thead>
<tr>
<th>Name</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Date of Birth/CHI</td>
</tr>
<tr>
<td></td>
<td>GP Practice</td>
</tr>
<tr>
<td></td>
<td>Known allergies</td>
</tr>
</tbody>
</table>

Eligible for NHS Pharmacy First Scotland?  
Yes [ ]  No [ ]

Referral type  
Optometry to Pharmacy [ ]  Pharmacy to Optometry [ ]

### CONSULTATION DETAILS

*e.g. presenting complaint(s) – symptoms, duration, actions already taken, other current medication?*

### OPTOMETRY REPORT FOLLOWING CLINICAL ASSESSMENT

Click or tap here to enter text.

### TREATMENT REQUIRED (ensure the most up to date version of Approved List is consulted)

- Carbomer gel 10g
- Clinitas Carbomer gel
- Lumecca Carbomer 0.2%
- Ocufresh 0.2% lubricating gel 10g
- Artelac Night time gel 10g
- Xalxin Gel 10g
- Sodium cromoglicate 2% drops (patients ≥ 2 years only) 5ml
- Chloramphenicol 1% eye ointment (patients ≥ 2 years only) 4g
- Chloramphenicol 0.5% eye drops (patients ≥ 2 years only) 10ml

Duration of treatment

<table>
<thead>
<tr>
<th>Referrer’s name (Optometrist/Pharmacist)</th>
<th>GOC/GPhC Number</th>
<th>Referring Practice stamp (not required when being sent by secure email)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact number</td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

Please discard in confidential waste once entered on PMR  
Version 1 November 2020