**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 service, which is available 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:

   

Help the person manage the condition by themselves by discussing appropriate self-care advice

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

Refer to another healthcare professional, if appropriate

**How do the public access NHS Pharmacy First Scotland?**

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

**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), and
* People who live in Scotland (including people who are not currently registered with a GP practice, gypsy or travellers / asylum seekers 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 is not eligible for a free NHS funded examination under General Ophthalmic Services, a private fee may be payable.

**How can optometry and pharmacy work together?**

We are delighted to have a nationally agreed two-way pathway between community pharmacies and optometrists.

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.

The optometrist’s clinical assessment will 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**

|  |  |
| --- | --- |
| Optometrists should: | Pharmacies should: |
| * Triage the referral, offer an appropriate appointment and then examine the patient.
 | * When responding to a referral from an optometrist:
	+ Confirm the patient’s eligibility for NHS PFS
 |
| * Confirm patient’s eligibility for NHS PFS
 | * + Contact the optometrist if necessary re the request
 |
| * 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
 | * + Supply the requested product under NHS PFS if appropriate, recording details of the optometrist involved on the patient’s PMR
 |
| * Ensure any treatment recommendations made are within the national Approved List and comply with licensed indication(s) for the eye product.
* Record the request on the patient’s GOS clinical record card
* Review patient’s requirement for ongoing treatment
* 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)
 | * When making a referral to an optometrist:
	+ Triage and refer to optometrist as first line option where required, helping to signpost to the patient’s choice of local optometry practice.
	+ 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
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**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://www.medicines.org.uk/emc#gref)). The approved list will be updated when necessary, with the most up to date version found at:

<https://www.publications.scot.nhs.uk/details.asp?PublicationID=7020>

|  |
| --- |
| **7.1 Infected Eye** |
|  | Chloramphenicol 0.5% eye drops (10ml) (patients ≥ 2 years only) |
|  | Chloramphenicol 1% eye ointment (4g) (patients ≥ 2 years only) |
| **7.2 Inflammation of Eye** |
|  | Carbomer 980 0.2% eye gel (10g) |
|  | Clinitas Carbomer gel (10g) |
|  | Lumecare Carbomer 0.2% Eye Gel (10g) |
|  | Ocufresh 0.2% Lubricating Gel (10g) |
|  | Artelac Night time Gel (10g) |
|  | Xailin Gel (10g) |
|  | Evolve Carbomer 980 (10g – preservative free bottle) |
|  | Hylo Night eye ointment preservative free (5g) |
|  | Hypromellose 0.3% eye drops (10ml) |
|  | Xailin Night eye ointment preservative free (5g) |
|  | Sodium cromoglicate 2% eye drops (5ml, 10ml) (patients ≥ 2 years only) |
| **7.3 Allergic Eye Conditions** |
|  | Olopatadine 1mg/1ml eye drops (5ml) (available via PGD for patients ≥ 3 years only)  |
|  |  |
| Version 27 – November 2023 correct at time of writing |

***Evidence based approach*** – the Approved List ensures that treatments offered via the 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 every 3 years.

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 optometry practices prior to sending a patient, using email/printed forms for referrals.

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

Last updated December 2023

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| PATIENT DETAILS |
| Name  | Click or tap here to enter text. | Telephone | Click or tap here to enter text. |
| Address & Postcode | Click or tap here to enter text. | Date of Birth/CHI | Click or tap here to enter text. |
|  | Click or tap here to enter text. | GP Practice | Click or tap here to enter text. |
|  | Click or tap here to enter text. | Known allergies  | Click or tap here to enter text. |
| 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? |
| Click or tap here to enter text. |
| OPTOMETRY REPORT FOLLOWING CLINICAL ASSESSMENT |
| Click or tap here to enter text. |
| TREATMENT REQUIRED |
| To be supplied free of charge via NHS Pharmacy First Scotland Approved List |
| Carbomer 0.2% eye gel 10g\* |[ ]  Xailin Night eye ointment PF 5g |[ ]
| Carbomer 0.2% eye gel preservative free 10g\* |[ ]  Hylo Night eye ointment PF 5g |[ ]
| \* please refer to Part 3 Eye Products of the Scottish Drug Tariff for eligible items and to the local Health Board Formulary for preferred brands | Sodium cromoglicate 2% eye drops (patients ≥ 2 years only) | 5ml |[ ]
| Hypromellose 0.3% eye drop 10ml |[ ]   | 10ml |[ ]
| Chloramphenicol 1% eye ointment(patients ≥ 2 years for the treatment of acute bacterial conjunctivitis only) 4g |[ ]  Chloramphenicol 0.5% eye drops (patients ≥ 2 years for the treatment of acute bacterial conjunctivitis only) 10ml |[ ]
| Olopatadine 1mg/1ml eye drops (patients ≥ 3 years via PGD only) 5ml |[ ]   |
| To be purchased via OTC sale (Pharmacy teams - no record on PMR is required in this instance) |
| Click or tap here to enter text. |
| Duration of treatment Click or tap here to enter text. |
|  |
| Referrer’s name (Optometrist/Pharmacist)Click or tap here to enter text. | GOC/GPhC NumberClick or tap here to enter text. | Referring Practice stamp (not required when being sent by secure email) |
|  |  |  |
| Contact numberClick or tap here to enter text. | DateClick or tap to enter a date. |  |
| Referrer’s signature(not required when being sent by secure mail) |  |