# Schedule 2 Part A Service Specification

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| **Service Specification No.** |  |
| **Service** | Community Pharmacy Dispensing Service for the Community Optometry Minor Eye Conditions (MEC) Service  |
| **Commissioner Lead** | Lucy Reid, Head of Medicines Management |
| **Provider Lead** | Community pharmacies within Halton |
| **Period** | 01/08/2020 |
| **Date of Review** | 31/03/2021 |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**

NHS Halton CCG commission an optometrist-led Minor Eye Conditions (MEC) service. The MEC Service reduces health-inequalities for low income families and provides equal access to medicines for self-care of minor eye conditions in line with the NHS Halton CCG Self Care Policy. A Community Pharmacy Dispensing Service for the MEC Service is being commissioned from Halton community pharmacies to improve access and choice for people with minor eye conditions who seek advice and treatment via the MEC Service, by providing the appropriate medicines at NHS expense. |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**

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| **Domain 1** | **Preventing people from dying prematurely** |  |
| **Domain 2** | **Enhancing quality of life for people with long-term conditions** |  |
| **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** |  |
| **Domain 4** | **Ensuring people have a positive experience of care** | **Y** |
| **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | **Y** |

**2.2 Local defined outcomes**2.2.1 The Minor Eye Conditions Service aims to improve access to GP services by reducing the number of patients accessing GP services for minor eye conditions. This is an improvement area of ‘Ensuring that people have a positive experience of care’ of the NHS Outcomes Framework Domain 4. This is by the release and building of capacity in general practice allowing for increased consultation times & access to the GP when more complex consultations are required.  The Minor Eye Conditions Pharmacy Dispensing Service supports this aim by removing the need for patients to attend their GP practice purely for the purpose of obtaining a prescription for a product recommended by their optometrist.  2.2.2 This service also supports the NHS Outcomes Framework Domain 5 ‘Treating and caring for people in safe environment and protecting them from avoidable harm.’ |
| **3. Scope** |
| **3.1 Aims and objectives of service*** + 1. To provide timely access to necessary medications recommended by the registered optometrists working within the MEC Service.

**3.2 Service description/care pathway**3.2.1 The optometrist will refer the patient to a community pharmacy providing the service by providing the patient with a signed order for one or more of the medicines listed in Appendix 2. This section refers to the pharmacist. Support staff trained to the relevant GPhC standards may participate in the dispensing process.3.2.2 The pharmacist will dispense the medication(s) requested by the registered optometrist, undertaking the standard clinical and accuracy checks.3.2.3 The pharmacist must maintain a record of the supply in the pharmacies patients’ medical record and label any medication supplied in line with legal requirements.3.2.4 The signed order should be kept for two years after supply.3.2.5 For any POM products dispensed, the pharmacist must make a record of the supply in the prescription-only register.3.2.6 Patients exempted from prescription charges should be asked to complete the declaration on the signed order form.3.2.7 Patients who pay for their prescriptions should be charged the standard prescription charge. 3.2.8 When a patient pays for their prescriptions the pharmacy must provide any requested GSL or P product to the patient as a retail sale if this would be cheaper for the patient. The pharmacist should be satisfied that the product is being used for a licensed over the counter condition. Where the pharmacist cannot confirm the condition being treated or if the condition is outside of the over counter license this should be provided via the signed order and the relevant prescription charges paid. 3.2.9 The pharmacy must have a system to check the person’s eligibility for NHS prescription charge exemption and will collect NHS charges where appropriate. Where a patient does not have proof of exemption on them the pharmacist must use their professional discretion in deciding whether to provide the medication free of charge.3.2.10 The pharmacist must counsel the patient on how to use their medication in the same way they would do for patient presenting with a prescription. See Key counselling points for eye preparations (Appendix 3).3.2.11 Make the appropriate entry on the PharmOutcomes platform.3.2.12 The pharmacy contractor must have a standard operating procedure (SOP) in place for this service. 3.2.13 For pharmacies participating in an NHS funded minor ailments scheme patients presenting with a signed order **must not be** converted to the minor ailments scheme and this will be monitored.3.2.14 Only medication listed in Appendix 1 and presented on a template signed order (Appendix 4) can be provided on this scheme. Appendix 1 may be subject to variation by the commissioner from time to time to allow for changes in the formulary and contractors will be notified of this.**3.3 Population covered**3.3.1 Patients registered with NHS Halton CCG GP Practices **3.4 Any acceptance and exclusion criteria and thresholds**3.4.1 Acceptance Criteria:* The patient is registered with a NHS Halton CCG GP Practice
* The patient has been issued with a signed order (Appendix 4) issued by the Halton MEC Service
* The recommended product is in Appendix 1.

**3.5 Payment**3.5.1 Claims for payment for this service should be made using PharmOutcomes. 3.5.2 Product costs are automatically priced using the current price at time of dispensing.3.5.3 NHS Halton Clinical Commissioning Group will pay participating pharmacy contractors a professional service fee of £4 for each item dispensed to an individual patient, under the terms of this service in addition to the agreed reimbursement price plus VAT, as set out in DM&D, for the product or products supplied.3.5.4 Claims should be entered onto PharmOutcomes within 24 hours of them taking place. 3.5.5 A monthly claim is generated via the PharmOutcomes platform and an invoice is sent automatically to the Medicines Management Team for payment.  |
| **4. Applicable Service Standards**  |
| **4.1 Applicable national standards (eg NICE)**4.1.1 Human Medicines Regulations 2012 (See Legalities annex 2)**4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)** 4.2.1 General Pharmaceutical Council Standards of conduct, ethics and performance4.2.2. General Pharmaceutical Council Standards for registered Pharmacies**4.3 Applicable local standards**4.3.1 The Provider will review their Standard Operating Procedure for the service when there are any major changes in the law affecting the service or in the event of any dispensing or delivery incidents. In the absence of any of these events they will be reviewed every 2 years.4.3.2. The Provider has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols. 4.3.3. The Provider contributes to any locally agreed CCG led assessment of the service or service user experience details of which would need to be agreed with the Provider in advance.4.3.4 The Provider ensures that clinical advice given is in line with national/local guidelines and the code of ethics.4.3.5 The Provider ensures that any patient incidents that occur are reported to the NPSA via the NRLS on-line reporting system and to the commissioner.4.3.6 The Provider ensures that the pharmacy has a complaints procedure in place that meets the NHS pharmaceutical contractual standards. 4.3.7 A Provider must be fully compliant with their Essential Services before being commissioned to provide the Service. If the Provider becomes non-compliant with their Essential Services, the scheme may be withdrawn. |
| **5. Location of Provider Premises**  |
| **The Provider’s premises are located at:**Commissioned Community Pharmacies in Halton |

**Schedule 2 Part B Indicative Activity Plan**

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| Community Pharmacy Dispensing Service for the Community Optometry Minor Eye Conditions (MEC) ServiceActivity will be determined by demand for the service from the Halton MEC Service |

**Schedule 2 Part C Activity Planning Assumptions**

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| N/A |

**Schedule 2 Part F Clinical Networks and National Programmes**

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| N/A |

**Schedule 2 Part G Other Locally Agreed Policies and Procedures**

N/A

**Schedule 2 Part I Exit Arrangements**

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| The CCG reserves the right to close the scheme as laid out in the NHS contract.  |

**Schedule 2 Part K Transfer of and Discharge from Care Protocols**

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| N/A |

**Schedule 3 Payment**

**Part A Local Prices**

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| **Service Description** | **Currency** | **Price** | **Basis for payment** | **Regime for future years** |
| Dispensing against signed order issued by MEC service |  | £4 for each item dispensed in addition to the agreed reimbursement price plus VAT, as set out in DM&D, for the product or products supplied. | Payment is dependent on the Provider uploading the required information on PharmOutcomes, | N/A |

**Part B Local Variations**

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| **N/A** |

**Part F Expected Annual Contract Value**

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| **Service**  | **Expected annual contract value** |
| **N/A** | N/A |

**Schedule 4 Part C Local Quality Requirements**

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| **Quality Requirement** | **Threshold** | **Method of Measurement** | **Consequence of breach** |
| N/A | N/A | N/A | N/A |

**Schedule 4 Part F Local Incentive Scheme**

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| **N/A** |

**Schedule 5 Part B2 Provider’s Permitted Material Sub-Contractors**

**SCHEDULE 6 Part C Reporting Requirements**

**Activity Information required**

| **Information required** | **Reporting Period** | **Format of Report** | **Timing and Method for delivery of Report** |
| --- | --- | --- | --- |
| N/A | N/A | N/A | N/A |

**Quality Requirements Information required**

| **Information required** | **Reporting Period** | **Format of Report** | **Timing and Method for delivery of Report** |
| --- | --- | --- | --- |
| As per Schedule 4 Part C | N/A | N/A | N/A |

**SCHEDULE 6 Part G Surveys**

N/A

**Appendix 1 - Minor eye conditions service formulary**

*Only products listed below maybe supplied under this scheme. The item may be written on the signed order by its generic or a branded name.*

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| --- | --- | --- | --- | --- |
| Medication | Brand  | Form | Strength | Quantity |
| Chloramphenicol |  | Eye drops | 0.5% | 10ml |
| Chloramphenicol |  | Eye ointment | 1% | 4g |
| Fusidic acid \*only for consideration when chloramphenicol is contraindicated or in other extenuating circumstances |  | Eye drops | 1% | 5g |
| Hypromellose |  | Eye drops | 0.3% | 10ml |
| Carbomer 980 |  | Eye gel | 0.2% | 10g |
| Antazoline and Xylometazoline | Otrivine-antistin® | Eye drops | 0.5%/0.05% | 10ml |
| Sodium Cromoglycate |  | Eye drops | 2% | 10ml/13.5ml |
| Sodium Hylauronate | Artelac Rebalance | Preservative Free | 0.15% | 10ml |
| Carmellose sodium | Celluvisc® | Preservative free, single use | 1.0% | 30 x 0.4ml |
| Soft paraffin ointment | Hylo-Night® | Eye ointment |  | 5g |
| Soft paraffin ointment | Lacrilube ® | Eye ointment |  | 3.5g |
| Soft paraffin ointment | Xailin night® | Eye ointment |  | 5g |

**Appendix 2 - Legalities**

Under the Human Medicines Regulations 2012, medicines which are classified as pharmacy (P) medicines may be sold or supplied only through registered pharmacies by or under the supervision of a pharmacist (regulation 220).    Prescription Only Medicines (POM) are subject to an additional requirement: they may only be sold or supplied through pharmacies in accordance with a prescription given by an appropriate practitioner (regulation 214).   General Sale List (GSL) medicines may be sold more widely through other retail outlets (regulation 221).

Exemptions from the general rules are permitted for optometrists:

1. **Registered optometrists**

**Provided it is in the course of their professional practice**, registered optometrists may sell or supply the following medicinal products to a patient:

* all medicinal products on a General Sale List (GSL) (Note: Under medicines legislation products which are for use as eye drops or eye ointments are excluded from the GSL category)
* all P medicines.

Provided it is in the course of their professional practice and in an emergency, registered optometrists may sell or supply POMs which are not for parenteral administration and which:

1. are eye drops and contain not more than 0.5 per cent chloramphenicol or
2. are eye ointments and contain not more than 1 per cent chloramphenicol
3. contain the following substances
	* Cyclopentolate hydrochloride
	* Fusidic Acid
	* Tropicamide

The POMs to which this exemption applies may also be sold or supplied by a person lawfully conducting a retail pharmacy business on the presentation of an order signed by a registered ophthalmic optician.

Additional supply optometrists
In addition to being able to access the medicines listed in paragraphs 3 and 4 above, those optometrists who have undergone additional training and are accredited by the General Optical Council ('additional supply optometrists') will be able to sell, supply or write an order for an extended range of medicines.

**Provided it is in the course of their professional practice and in an emergency,** additional supply optometrists can sell or supply prescription only medicines containing the following substances:

Acetylcysteine
Atropine sulphate
Azelastine hydrochloride
Dicofenac sodium
Emedastine
Homotropine hydrobromide
Ketotifen
Levocabastine
Lodoxamide
Nedocromil sodium
Olopatadine
Pilocarpine hydrochloride
Pilocarpine nitrate
Polymyxin B/bacitracin
Polymyxin B/trimethoprim
Sodium cromoglycate

The POMs to which this exemption applies may also be sold or supplied by a person lawfully conducting a retail pharmacy business on the presentation of an order signed by an additional supply optometrist.

An order made under the Opticians Act 1989 provides that where it appears to a registered optometrist that a person consulting him/her is suffering from an injury or disease of the eye, the optometrist shall refer that person to a registered medical practitioner, except in specified circumstances including an emergency or where otherwise it is impractical or inexpedient to do so or there is no justification for such a referral.

There is no legal definition of what is 'an emergency' for the purposes of the Medicines Act exemptions or the specific criteria governing referral under the Opticians Act. It is therefore for the optometrist to make a professional judgement as to whether there is in fact an emergency and what measures need to be taken in the best interests of the patient, bearing in mind the Opticians Act, the GOC rules and medicines legislation.

**Wholesale supplies to registered optometrists**

All POMs and P medicines to which Medicines Act exemptions apply may be sold to a registered optometrist by way of wholesale dealing.
Also, a registered optometrist may obtain the following medicinal products by way of wholesale dealing:

* P medicines for administration in the course of his business
* POM medicines for administration (as opposed to sale or supply) containing the following substances:
* Amethocaine hydrochloride
* Lignocaine hydrochloride
* Oxybuprocaine hydrochloride
* Proxymetacaine hydrochloride

An additional supply optometrist will also be able to obtain thymoxamine hydrochloride via wholesale dealing should a commercial preparation become available.

For the purposes of paragraphs three and seven above, eye drops and eye ointments containing the following substances are classed as P medicines: Antazoline (up to 1%)
Azelastine hydrochloride (up to 0.1% for the treatment of the signs and symptoms of allergic conjunctivitis
Dibromopropamidine isethionate
Fluorescein sodium
Levocabastine (up to 0.05% for the symptomatic treatment of seasonal allergic conjunctivitis
Lodoxamide (up to 0.1% for ocular signs and symptoms of allergic conjunctivitis
Phenylephrine hydrochloride
Propamidine isethionate
Rose Bengal
Sodium cromoglicate (Only for the treatment of acute seasonal allergic conjunctivitis or perennial allergic conjunctivitis and subject to a maximum strength of 2% for eye drops or 4% for eye ointment. Products containing this substance are also subject to restrictions on maximum quantity which may be sold or supplied as a P medicine. These are not more than 10ml for eye drops and 5g for eye ointment.)
Various tear supplements and ocular lubricants
Xylometazoline hydrochloride

It should be noted that this list only contains substances most commonly used by optometrists

The pharmacy team can confirm an optometrist’s registration by checking the General Optical Council [www.optical.org](http://www.optical.org).

**Appendix 3 Key counselling points for eye preparations**

All patients receiving medication through this scheme should be counselled on how to use their eye preparation. Below are the key counselling points:

**Eye drops**

* Wash hands thoroughly
* Tilt head backward
* Gently grasp lower outer eyelid just below the lashes and pull the eyelid away from the eye
* Place the dropper directly over the eye (without touching the eye) by looking directly at it
* Just before squeezing the bottle gently to apply a drop, look upwards
* After applying a single drop, look downwards for several seconds
* Release the eyelid slowly
* Keep eye closed for one to two minutes
* With a finger, gently press over the opening of the tear duct in the inner corner of the eye
* Blot excess liquid from around the eye
* Repeat in the other eye if necessary

**Eye Ointment**

* Wash hands thoroughly
* Tilt head backward
* Gently grasp lower outer eyelid just below the lashes and pull the eyelid away from the eye
* Place the ointment directly over the eye (without touching the eye) by looking directly at it
* Gently squeeze the ointment and with a sweeping motion, insert 1 to 2 cm of ointment inside the lower lid
* Release the eyelid slowly
* Keep eye closed for one to two minutes
* Blot excess ointment from around the eye
* Repeat in the other eye if necessary

**Appendix 4 Copy of the signed order template**

Embedded below:

