| **SCH2A- CUES Pharmacy Service Specification****Community Pharmacy Dispensing Service for the Community Urgent Eyecare Service (CUES)**

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| **Service Specification No.** | **CUES2025/26** |
| **Service** | Community Pharmacy Dispensing Service for the Community Urgent Eyecare Service (CUES)  |
| **Commissioner Lead** | Becky Birchall - Head of Medicines Management, Halton Place |
| **Provider Lead** | Community pharmacies within Halton |
| **Period** | 01/04/2025 – 31/03/2026 |
| **Date of Review** | September 2025 |

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

NHS Cheshire and Merseyside Halton Place (01F) commission an optometrist-led Community Urgent Eyecare Service (CUES). CUES 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 Cheshire and Merseyside Self Care Policy. A Community Pharmacy Dispensing Service for CUES is commissioned from Halton community pharmacies to improve access and choice for people with minor eye conditions who seek advice and treatment via CUES, 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** | **Y** |
| **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 Community Urgent Eyecare Service (CUES) 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 Community Urgent Eyecare Service (CUES) 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 CUES.

**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 1. 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 should **not** be converted to the minor ailments scheme.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 GP Practices3.3.2 The provider must comply with the requirements of the Equality Act 2010 and will not treat one group of people less favorably than others because of age, disability, gender reassignment, marriage or civil partnership, race, religion or belief, sex or sexual orientation. **3.4 Any acceptance and exclusion criteria and thresholds**3.4.1 Acceptance Criteria:* The patient is registered with a Halton GP Practice
* The patient has been issued with a signed order (Appendix 4) issued by CUES in Halton
* The recommended product list is in Appendix 1

**3.5 Payment**3.5.1 Claims for payment for this service should be made using PharmOutcomes. 3.5.2 NHS Cheshire and Merseyside Halton Place 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.3.5.3 Claims should be entered onto PharmOutcomes within 24 hours of them taking place. 3.5.4 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**  |
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| **4.1 Applicable national standards (eg NICE)**4.1.1 Supply of ALL medicines must be in accordance with the Human Medicines Regulations 2012 and within the medication’s product license.4.1.2 All Medicines supplied under the service must be labelled to comply with the Human Medicines Regulations 2012. 4.1.3 Medicines supplied under the CUES Dispensing Service must be supplied with a patient information leaflet. 4.1.4 Records created during the delivery of the CUES Dispensing Service should be managed according to the NHS Code of Practice. 4.1.5 The Provider must adhere to the Community Pharmacy Contractual Framework.**4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)** 4.2.1 The CUES Dispensing Service may only be provided by Pharmacists with a current registration with the General Pharmaceutical Council from premises that hold a current contract to supply NHS Pharmaceutical Services. **4.3 Applicable local standards**4.3.1 It is expected that the service will be offered consistently throughout the opening hours of the branch including evenings, weekends and Bank Holidays.4.3.2 The part of the pharmacy used for provision of the service should provide a sufficient level of privacy and safety.4.3.3 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.4.3.4 The Provider contributes to any locally agreed ICB Place led assessment of the service or service user experience details of which would need to be agreed with the Provider in advance.4.3.5 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.* 1. **Pharmacist Training and Development**

4.4.1 The Provider has a duty to ensure that pharmacists and staff, including locum pharmacists, involved in the provision of the service have relevant knowledge to provide this service.4.4.2 The Provider has a duty to ensure that pharmacists and staff involved in the provision of the Service are aware of and operate within this specification.4.4.3 Participating pharmacists will be expected to have completed the appropriate training and update this training when changes to the service are made.4.4.4 Participating pharmacists will be required to take part in regular CPD and act on updates and information provided by NHS Cheshire and Merseyside ICBHalton Place.* 1. **Standard Operating Procedure**
		1. The Provider will have a Standard Operating Procedure (SOP) that specifically detail the operational delivery of the CUES Dispensing Service in accordance with this specification.
		2. The Provider will ensure that all staff working in the pharmacy have relevant knowledge, are appropriately trained and operate within SOPs; this includes understanding when to recommend the service to clients and using sensitive client-centered communication skills.
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| **5. Clinical Governance** |
| 5.1 The Pharmacy Contractor has a duty to ensure that all pharmacists, including locum pharmacists, and staff involved in the provision of this service operate within the current service specification, clinical guidelines and the product license for any treatment provided. They also have a duty to ensure that pharmacists, including locum pharmacists, and staff involved in the provision of the service have the relevant knowledge to provide this service. All treatments provided under this service must only be supplied in line with their product license taking into consideration current clinical guidance and recommendations e.g. NICE or CKS, contraindications, red flags and alarm symptoms that may indicate that a condition needs onward referral.5.2 Pharmacists involved in the scheme will participate in a multidisciplinary audit of the scheme as specified by NHS Cheshire and Merseyside ICB Halton Place.5.3 Pharmacists will carry out satisfaction surveys involving patients and GP practices in conjunction with NHS Cheshire and Merseyside ICB Halton Place.5.4 Data will be recorded in full on the PharmOutcomes system and all required fields will be completed to enable NHS Cheshire and Merseyside ICB Halton Place to conduct on-going audit and review of the service.Medicines Management TeamNHS Cheshire and Merseyside ICBHalton Place.Runcorn Town HallHeath Road, Runcorn WA7 5TDTel: 01925 944443Email: halton.talk2us@cheshireandmerseyside.nhs.uk |

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**Appendix 1 - Minor eye conditions (CUES) 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 | Medicinal Category |
| Chloramphenicol |   | Eye drops | 0.5% | 10ml | **P**bacterial conjunctivitis treatment only**Self-Care** for adults and children over 2 years old.**POM****Signed Order** for children <2 years of age**Signed Order** if used for prophylaxis |
| Chloramphenicol |   | Eye ointment | 1% | 4g | **P**bacterial conjunctivitis treatment only**Self-Care** for adults and children over 2 years old.**POM****Signed Order** for children <2 years of age**Signed Order** if used for prophylaxis |
| Fusidic acid \*only for consideration when chloramphenicol is contraindicated or in other extenuated circumstances |   | Eye drops | 1% | 5g | **POM****Signed Order** |
| Hypromellose |   | Eye drops | 0.3% | 10ml | **GSL****For Self Care** if used for tear deficiency/dry eye conditions**For Signed Order** if used for other ocular conditions/injuries requiring ocular lubrication |
| Carbomer 980 |  Xailin® | Eye gel | 0.2% | 10g | **GSL****For Self Care** if used for tear deficiency/dry eye conditions**For Signed Order** if used for other ocular conditions/injuries requiring ocular lubrication |
| Antazoline and Xylometazoline | Otrivine-antistin® | Eye drops | 0.5%0.05% | 10ml | **P****For Self Care** |
| Sodium Cromoglycate |   | Eye drops | 2% | 10ml | **P****For Self Care** |
| Sodium Hyaluronate | Hycosan® Hylo-forte® | Preservative Free | 0.15%0.2% | 10ml | **GSL****For Self Care** if used for tear deficiency/dry eye conditions**For Signed Order** if used for other ocular conditions/injuries requiring ocular lubrication |
| Carmellose sodium  | Celluvisc® | Preservative free, single use | 1.0% | 30 x 0.4ml | **GSL****For Self Care** if used for tear deficiency/dry eye conditions**For Signed Order** if used for other ocular conditions/injuries requiring ocular lubrication |
| Soft paraffin ointment | VitA-POS ® | Eye ointment |   | 5g | **GSL****For Self Care** if used for tear deficiency/dry eye conditions**For Signed Order** if used for other ocular conditions/injuries requiring ocular lubrication |
| Soft paraffin ointment | Xailin night® | Eye ointment |   | 5g | **GSL****For Self Care** if used for tear deficiency/dry eye conditions**For Signed Order** if used for other ocular conditions/injuries requiring ocular lubrication |

The medications within the formulary can be supplied via* A written recommendation for OTC medications. The patient will purchase the medication within the optical practice/local pharmacy/supermarket etc.
* An NHS signed order when the patient is exempt due to reasons outlined in this document.

**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:AcetylcysteineAtropine sulphateAzelastine hydrochlorideDicofenac sodiumEmedastineHomotropine hydrobromideKetotifenLevocabastineLodoxamideNedocromil sodiumOlopatadinePilocarpine hydrochloridePilocarpine nitratePolymyxin B/bacitracinPolymyxin B/trimethoprimSodium cromoglycateThe 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 conjunctivitisDibromopropamidine isethionateFluorescein sodiumLevocabastine (up to 0.05% for the symptomatic treatment of seasonal allergic conjunctivitisLodoxamide (up to 0.1% for ocular signs and symptoms of allergic conjunctivitisPhenylephrine hydrochloridePropamidine isethionateRose BengalSodium 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 lubricantsXylometazoline hydrochlorideIt should be noted that this list only contains substances most commonly used by optometristsThe 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: |