

Service Specification for Commissioning a NHS Community Pharmacy Dispensing Service for the Community Optometry Minor Eye Conditions Service

1. This agreement is between

NHS England- Greater Manchester Area Team

(the Commissioner). NHS England is commissioning this service on behalf of NHS **xxxx** Clinical Commissioning Group.

Address: 3 Piccadilly Place, London Road, Manchester, M1 3BN

And the Provider: (“the pharmacy”)
Trading as:
Address:

Contractor ODS code: F

2. Purpose

Community led minor eye condition schemes allow high street optometrists to advise and treat patients with minor eye conditions. This reduces the need for them to be referred to the GP or urgent eye clinics for treatment.

Optometrists are able to supply any OTC (GSL or P) eye preparation during the course of their professional practice. The optometrist may also produce a signed order for a prescription only medicine for a limited number of eye preparations. A pharmacist may supply any such medicines directly to a patient under the care of a registered optometrist.

Signed orders are private transactions and patients would normally be liable for private charges. This has limited their use for patients exempt from NHS prescription charges. This scheme allows pharmacies to provide medication ordered on a signed order to exempt patients free of charge. Those patients that pay for their NHS prescription will be subject to the standard NHS prescription charge.

3. Period

This agreement is for the period **[start date]** to **[end date]**.

4. Termination

One months' notice of termination must be given if the pharmacy or the commissioner wishes to terminate the agreement before the given end date.

NHS England may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence or fraud on the part of the pharmacy.

Any evidence gathered and available pertaining to malpractice, negligence or fraud will be passed on to the GPhC and NHS Counter Fraud and precipitate appropriate actions being taken by the commissioner.

5. Obligations

The pharmacy will provide the service in accordance with the specification (Schedule 1).

NHS England will manage the service in accordance with the specification (Schedule 1).

6. Payments

NHS xxx Clinical Commissioning Group will pay participating pharmacy contractors as follows:

A professional service fee of £2 (including VAT) will be paid for each item to an individual patient, under the terms of this service. The agreed reimbursement price (including VAT), as set out in DM&D, for the product or products supplied will also be paid.

The pharmacy will enter the service delivery information onto the approved web-based reporting system and invoices will be generated automatically. Claims should be entered onto the system within 24 hours of them taking place. Late claims more than three months in arrears will not be considered for payment.

Payments will be entered on to the NHS BSA Local Payments Application and will appear on pharmacy contractors' monthly statement from the NHS BSA. [amend to reflect local approach to payment and include timescale for payment]

7. Standards

The service will be provided in accordance with the standards detailed in the specification (Schedule 1).

8. Confidentiality

Both parties shall adhere to the requirements of the Data Protection Act 1988 and the Freedom of Information Act 2000.

Any approaches by the media for comments or interviews must be referred to NHS England via the agm.optometry-pharmacy@nhs.net generic email address.

9. Indemnity

The pharmacy shall maintain adequate insurance for public liability and

professional indemnity against any claims which may arise out of the terms and conditions of this agreement. Proof of adequate insurance should be provided to the commissioner if requested.

Any litigation resulting from an accident or negligence on behalf of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to NHS England or NHS **xxx** Clinical Commissioning Group.

10. Signature Agreement

Signature on behalf of the Area Team:

Signature	Name and Designation	Date

Signature on behalf of the Contractor:

Signature	Name and Designation	Date

Schedule 1

Service Specification – NHS Community Pharmacy Dispensing Service for the Community Optometry Minor Eye Conditions Service

1. Service description

The pharmacy will dispense medication directly to a patient who presents with a signed order on the agreed form written by a registered optometrist.

2. Aims and intended service outcomes

- 2.1 To improve access and choice for people with minor eye conditions who are seeking advice and treatment via the community optometry minor eye conditions service by:
 - Supplying appropriate medicines at NHS expense.
- 2.2 To improve health-inequalities for low income families equal access to medicines for self-care of minor eye conditions.

3. Service outline

This section refers to the pharmacist. Support staff trained to relevant the GPhC standards may participate in the dispensing process.

- 3.1 The pharmacist will dispense the medication(s) requested by the registered optometrist, undertaking the standard clinical and accuracy checks.
- 3.2 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.
- 3.3 The signed order should be kept for two years after supply.
- 3.4 For any POM products dispensed the pharmacist must make a record of the supply in the prescription-only register.
- 3.5 Patients exempted from prescription charges should be asked to complete the declaration on the consultation record form.
- 3.6 Patients who pay for their prescriptions should be charge the standard prescription charge.
- 3.7 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 licence this should be provided via the signed order and the relevant prescription charges paid.
- 3.8 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.
- 3.9 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.
- 3.10 The pharmacy contractor must have a standard operating procedure in place for this service.
- 3.11 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.

- 3.12** Only medication listed in annex 1 and presented on a template signed order (annex 4) can be provided on this scheme. Annex 1 may be subject to variation by the commissioner from time to time to allow for changes in the formulary.
- 3.13** The ophthalmic practitioner will comply with all current legislation and relevant professional guidance in directing the supply of medication from the community pharmacy following the consultation with the patient.

4. Training and Premises Requirements

- 4.1** The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- 4.2** The pharmacy contractor 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** Though not mandatory it is recommended that any pharmacist providing this service completes the CPPE Pharmaceutical Care of the Eye package.
- 4.4** A pharmacy must be fully compliant with their Essential Services before being commissioned to provide the service. If the pharmacy becomes non-compliant with their Essential Services the scheme may be withdrawn.
- 4.5** A pharmacy must be fully compliant with any local services/schemes which are supported by their Local Pharmaceutical Committee to provide the service.

5. Service availability

- 5.1** The service will be available to all patients presenting with a valid signed order throughout the pharmacy's opening hours.

6. Quality Standards

- 6.1** The pharmacy is making full use of the promotional material for the service, made available by the commissioner.
- 6.2** The pharmacy participates in any commissioner organised audit or post payment verification of service provision.
- 6.3** The pharmacy should co-operate with any commissioner-led assessment of patient experience.
- 6.4** The pharmacist ensures that clinical advice given is in line with national/local guidelines.
- 6.5** The pharmacist ensures that any patient incidents that occur are reported to the NPSA via the NRLS on-line reporting system.
- 6.6** The pharmacist ensures that the pharmacy has a complaints procedure in place that meets the NHS pharmaceutical contractual standards.

7. Claiming payment

- 7.1** The commissioner will provide access to a web-based system for the recording of relevant service information for the purposes of audit and the claiming of payment.
- 7.2** Product costs are automatically priced using the electronic Dictionary of Medicines and Devices (DM&D) at the time of dispensing.

Minor eye conditions service formulary (Annex 1)

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

Medication	Form	Strength	Quantity
Chloramphenicol	Eye drops*	0.5%	10ml
Chloramphenicol	Eye ointment*	1%	4g
Fucithalamic	Eye drops	1%	5g
Hypromellose	Eye drops	0.5%	10ml
Carbomer 980	Eye gel	0.2%	10g
Lacrilube			3.5 or 5g
Antazoline and Xylometazoline (Otrivine-antistin)	Eye drops	0.5%/0.05%	10ml
Sodium Cromoglycate	Eye drops	2%	10ml/13.5ml
Sodium Hyaluronate	Preservative Free	0.15%	10ml

* if provided by a signed order the POM product should be supplied.

Legalities (Annex 2)

The Human Medicines Regulations 2012, schedule 17 exemptions allow registered optometrists to certain POMs by a signed order. Pharmacists working in registered pharmacies can then provide this medication directly to a patient. Pharmacists supplying medication from a signed order should ensure the medication is labelled accordingly as a dispensed medicinal product, a patient information leaflet is supplied and an appropriate record is made in the POM register.

POMs which can legally be prescribed by registered optometrists:

- Eye drops or eye ointments that are POMs by reason only that they contain:
 - Mafenide propionate;
 - Not more than 30% sulphacetamide sodium;
 - Sulphafurazole diethanolamine equivalent to not more than 4% sulphafurazole;
- Eye drops that are POMs by reason only that they contain no more than 0.5% chloramphenicol;
- Eye ointments that are POMs by reason only that they contain no more than 1% chloramphenicol;
- POMs because they contain any of the following:
 - Cyclopentolate hydrochloride
 - Fusidic acid
 - Tropicamide

Legally a signed order is not required to provide a GSL or P medicine for a patient under the care of a registered optometrist. This model is being used in this scheme in order to provide the patients exempt from NHS prescription charges the medication free of charge.

The pharmacy team can confirm an optometrist's registration by checking the General Optical Council www.optical.org.

Key counselling points for eye preparations (Annex 3)

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

Copy of the signed order template (Annex 4)



[Practice Name]

[Practice Address 1]
[Practice Address 2]
[Practice Address 3]
[Practice Postcode]

[Practice Phone Number]

To the Pharmacist.
Please supply to:

[Patient Name]
[Patient Address 1]
[Patient Address 2]
[Patient Address 3]
[Patient Postcode]

DoB: [Patient DoB]

Preparation

[Preparation 1]
[Dose 1]
[Use instructions 1]

[Preparation 2]
[Dose 2]
[Use Instruction 2]

[Preparation 3]
[Dose 3]
[Use Instruction 3]

Signed: [Date]

[Practitioner]
[GOC No]

Written Order in accordance with Section 5 of Schedule 5, article 11(1)(a) of Statutory Instrument 1997 No. 1830 as amended by Section 8 of Statutory Instrument 2005 No. 76
GM Primary Eyecare Ltd

This form can be used to claim the normal dispensing fee for supplying these items

NOTE Patients who don't have to pay must fill in parts 1 and 3. Those who pay must fill in parts 2 and 3. Penalty charges may be applied if you make a wrongful claim for free prescriptions.

PART 1 The patient doesn't have to pay because he/she:

- A** is under 16 years of age
- B** is 16, 17 or 18 and in full-time education
- C** is 60 years of age or over
- D** has a valid maternity exemption certificate
- E** has a valid medical exemption certificate
- F** has a valid prescription pre-payment certificate
- G** has a valid War Pension exemption certificate
- L** is named on a current HC2 charges certificate
- H** [1] gets Income Support or income related Employment and Support allowance
- K** [1] gets income-based Jobseeker's Allowance
- M** [1] is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate
- S** [1] has a partner who gets Pension Credit Guarantee Credit (PCG)



[1] I am included in an award of income-based Job Seeker's Allowance, income related Employment and Support allowance, Income Support, Pension Credit Guarantee Credit or Tax Credit. Print the name of the person who gets the benefit:

Name:	DoB:	NI No:
-------	------	--------

Declaration for patients who do not have to pay:

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable the NHS to check I have a valid exemption and to prevent fraud and incorrectness, I consent to the disclosure of relevant information from the form to and by the NHS Business Services Authority, the Department for Work and Pension and Local Authorities.

Part 2	I have paid	£	Now sign and fill in part 3	
Part 3	Cross one box	I am the patient:	I am the patient's representative:	
Sign here			Date:	
Print name and address:			Postcode:	

Minor Eye Conditions Service