

Correct at 6th October 2020

Covid Urgent Eyecare Services that were previously MECS areas

These areas will continue to use the NHS Community Pharmacy Dispensing Service for the Community Optometry Minor Eye Conditions at participating pharmacies. Items are free of charge to patients where they are NHS exempt.

- Bury
- Heywood, Middleton & Rochdale
- Stockport
- Tameside & Glossop

You should only receive **NHS CUES** written orders from patients registered with a GP from one of the areas above (previously MECS areas). The new CUES written order template will look like this:

CUES Written Order Tuesday, June 9, 2020

Private and confidential

TO THE PHARMACIST **Patient First Name** SCRDONOTUSE

Please supply to: **Patient Surname** XXTESTPATIENTDZAWB

GP Practice Name HADWEN MEDICAL PRACT. **Patient Date of Birth** 16-04-1928

GP Practice Address THE HADWEN MEDICAL PRACT, GLENUM WAY SURGERY, GLENUM WAY, ABBEYDALE, GL4 4BL. **Patient Address** Flat 30 Dukes Palace Wharf, Duke Street, NORWICH, Waiting for population, NR3 3AT

Patient NHS Number 9990243662

Please supply the following:

Drug name	Dose	Frequency	Duration	Eye(s) to treat
Sodium Cromoglycate 2.0% Eye Drops 10ml	Two Drops	Four Times a day	For duration of allergy symptoms	Both

Treating Clinician Name WENDY CRAVEN **Clinician GOC Number** 01-18821

Practice Name (ODS) CRAVEN

Electronically signed **Wet ink signature**

This document has been produced electronically from within an NHS approved electronic patient management system. If you require further details regarding this order, please contact the named clinician.

Written Order in accordance with Section 5 of Schedule 5, article 11(2)(a) of Statutory Instrument 1997 No. 1839 as amended by Section 8 of Statutory Instrument 2005 No. 76

CUES Written Order Tuesday, June 9, 2020

Private and confidential

Patient First Name SCRDONOTUSE **Patient Second Name** XXTESTPATIENTDZAWB

The medication prescribed on this form may be supplied under the NHS from pharmacies participating in the NHS Community Pharmacy Dispensing Service for Community Optometry Minor Eye Conditions Service. This is free of charge except where a patient pays a prescription charge.

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

The medication prescribed on this form may be supplied under the NHS from pharmacies participating in the NHS Community Pharmacy Dispensing Service for Community Optometry Minor Eye Conditions Service. This is free of charge except where a patient pays a prescription charge.

Pharmacy use only Evidence not seen

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 if I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the NHS Business Services Authority, the Department of Work and Pensions and relevant Local Authorities.

Part 2: I have paid £

I am: The Patient The Patients Guardian

Signature: **Date:** Tuesday, June 9, 2020

Address if different from that overleaf

NEW Covid Urgent Eyecare Service (CUES) areas

CUES Written Order Sunday, June 14, 2020

Private and confidential

TO THE PHARMACIST **Patient First Name** SCRDONOTUSE

Please supply to: **Patient Surname** XXTESTPATIENTDZAWB

GP Practice Name HADWEN MEDICAL PRACT. **Patient Date of Birth** 16-04-1928

GP Practice Address THE HADWEN MEDICAL PRACT, GLENUM WAY SURGERY, GLENUM WAY, ABBEYDALE, GL4 4BL. **Patient Address** Flat 30 Dukes Palace Wharf, Duke Street, NORWICH, Waiting for population, NR3 3AT

Patient NHS Number 9990243662

Please supply the following:

Drug name	Dose	Frequency	Duration	Eye(s) to treat
Sodium Cromoglycate 2.0% Eye Drops 10ml	One Drop	Four Times a day	For duration of allergy symptoms	Both

Treating Clinician Name WENDY CRAVEN **Clinician GOC Number** 01-18821

Practice Name (ODS) CRAVEN

Electronically signed **Wet ink signature**

This document has been produced electronically from within an NHS approved electronic patient management system. If you require further details regarding this order, please contact the named clinician.

Written Order in accordance with Section 5 of Schedule 5, article 11(2)(a) of Statutory Instrument 1997 No. 1839 as amended by Section 8 of Statutory Instrument 2005 No. 76

In these new CUES areas patients will be provided with a private written order for purchase items over the counter or access the Minor Ailment Service (MAS) in areas where the MAS is commissioned.

- Manchester
- Trafford
- Bolton
- Oldham
- Wigan

For any further information please email info@primaryeyecare.co.uk

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