

SCHEDULE 2 – THE SERVICES**A. Service Specifications**

Service Specification No.	NECSD0219 COVID-19
Service	Emergency COVID-19 Community Pharmacy Dispensing Service to support the Minor Eye Conditions Assessment and Treatment Service (MECATS)
Commissioner Lead	NHS North East North Cumbria Integrated Care Board - County Durham Place
Community Pharmacy Lead	
Period	To cover COVID-19: 1st April 2023 to 31st March 2024 (with option to extend)
Date of Review	To be confirmed by the Commissioner

1. Population Needs
1.1 Local context
<p>1.1.1 In order to support our acute hospital eye services during COVID-19, any patient registered with a County Durham or Darlington GP Practice with a new onset eye condition will be directed to the community Minor Eye Conditions and Treatment Service (MECATS) in the first instance.</p> <p>1.1.2 The community MECATS service will continue to provide a service across County Durham, Darlington and border areas, utilising the core knowledge and skills of accredited optometrists to assess and manage all patients that present, with an array of eye conditions to prevent attendance at hospital eye services.</p> <p>1.1.3 Patients will be advised to contact the service by their GP Practice, NHS111 and the ophthalmology team at County Durham and Darlington NHS Foundation Trust (CDDFT).</p> <p>The need for change</p> <p>1.1.4 In order to reduce the footfall of patients exempt from NHS prescription charges travelling across the county, North East & North Cumbria ICB have agreed to relax some elements of the current Community Pharmacy Dispensing Service Specification during the current COVID-19 situation.</p> <p>1.1.5 We refer in particular to section 4.1 National standards, 4.1.5 and 4.1.6 relating to DBS requirements and section 4.2 Local Standards, 4.2.1 CPD requirements of the service specification, a copy of the full current service specification can be found as Appendix A. There will be no requirement for pharmacies to fully comply with these requirements during COVID-19.</p> <p>However, we must make pharmacies aware; this is a temporary arrangement to cover COVID-19, after such time the full requirements of the service specification Appendix A should be adhered to.</p> <p>1.1.6 The Community Pharmacy Dispensing Service will supply and dispense medication directly to a patient who has been seen by a registered optometrist as part of the MECATS service, and where the optometrist has decided to recommend treatment for the eye condition.</p> <p>1.1.7 The patient will present at a Community Pharmacy within the boundary of NHS NENC ICB - County Durham and Tees Valley Place (Darlington only) with a signed order/voucher on the agreed form written by a registered optometrist.</p>

1.1.8 Legally a signed order is not required to provide a General Sale List (GSL) or Prescription (P) medicine for a patient under the care of a registered optometrist. The signed order/voucher has been introduced in order to provide patients direct access to medication.

2. Outcomes

2. NHS Outcomes Framework Domains & Indicators

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	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

2.1 Local defined outcomes

2.1.1 A Community Pharmacy Dispensing Service to support the MECATS service will impact on NHS Outcome Framework Domains 2, 3, 4 and 5.

2.1.2 To improve access and choice for people exempt from NHS prescription charges with minor eye conditions who require treatment following attendance at the MECATS service by:

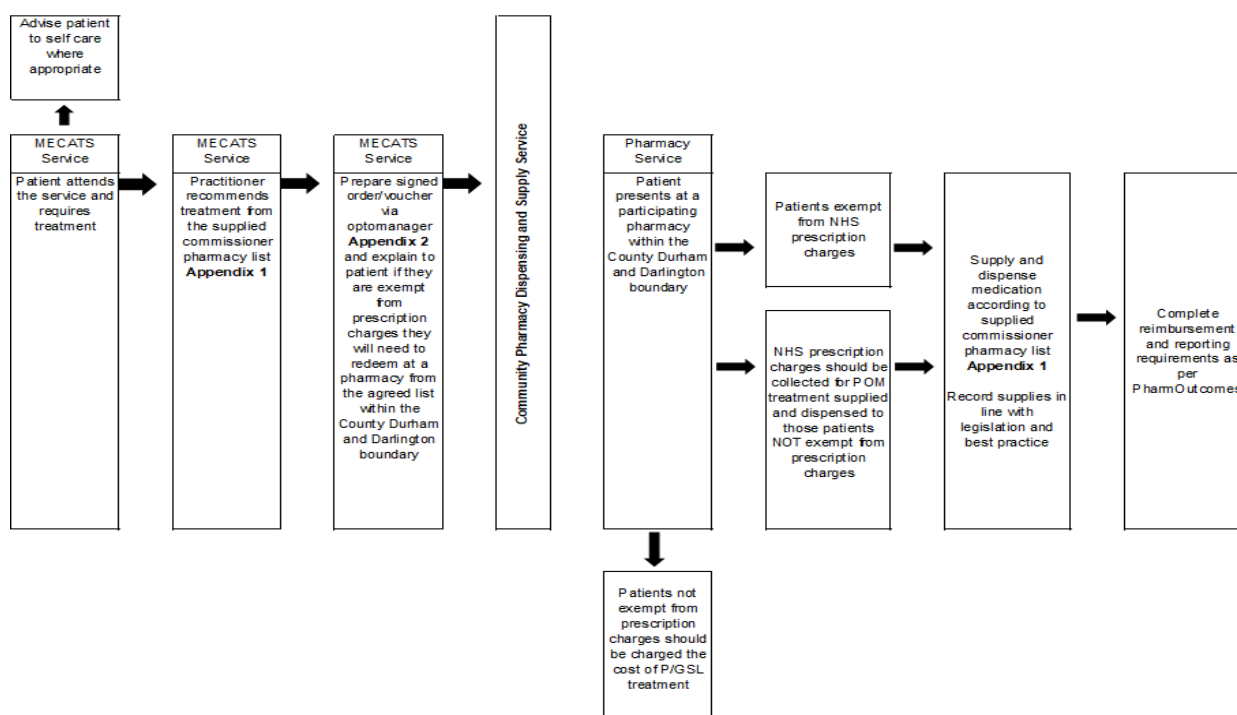
- Supporting patients to self-care
- Dispensing and supplying requested eye medications from the approved formulary choice described in **Appendix 1**

3. Scope

3.1 Aims and objectives of service

3.1.1 To provide a Community Pharmacy Dispensing Service to support the MECATS service within the conurbations of County Durham and Darlington, as described as **figure 1** below.

Figure 1



- 3.1.2 The Community Pharmacy will dispense and supply medication directly to a patient who has been seen by the registered optometrist as part of the MECATS service, and where the optometrist has decided to recommend treatment for the minor eye condition.
- 3.1.3 The patient will present the Community Pharmacy with a signed order/voucher on the agreed form (**Appendix 2**) written by a registered optometrist, or this may be emailed to the patient's nominated community pharmacy generic NHS mail address.
- 3.1.4 The pharmacist will dispense the medication(s) requested by the registered optometrist, undertaking the standard clinical and accuracy checks.
- 3.1.5 The pharmacist must maintain a record of the supply in the pharmacy's patient medical record and label any medication supplied in line with legal requirements.
- 3.1.6 Support staff trained to the relevant General Pharmaceutical Council standards may participate in the dispensing process.
- 3.1.7 The signed order/voucher should be kept for two years after supply.
- 3.1.8 When a patient pays for their prescriptions the Community Pharmacy must provide any requested General Sale List (GSL) or Prescription (P) product to the patient as a retail sale, therefore the £3.40 supply and dispensing fee would not be claimable, as the medication had been purchased by 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/voucher and the relevant prescription charges paid.
- 3.1.9 Only medication listed in **Appendix 1** and presented on a signed order/voucher **Appendix 2** 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. The commissioner will liaise with the Community Pharmacy to advise of any changes.
- 3.1.10 The ophthalmic practitioner will comply with all current legislation and relevant professional guidance in directing the supply of medication from the Community Pharmacy following consultation with the patient.

3.2 Population covered

- 3.2.1 The Community Pharmacy Dispensing Service is available to all patients registered with a GP practice of the aforementioned ICB presenting with a valid signed order/voucher following attendance at the MECATS service.

Acceptance and exclusion criteria and thresholds

Acceptance

- 3.2.2 The service will accept any patient presenting to the service with a valid signed order/voucher.

Exclusion

- 3.2.3 The service will exclude patients not registered with the aforementioned ICB.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

- 4.1.1 The service will be provided from community pharmacies by pharmacists who:
- Are registered with the General Pharmaceutical Council of Great Britain
 - Hold an Essential Services contract with NHS England

4.2 Applicable local standards

Pharmacies participating with the Emergency COVID-19 Scheme should:

- 4.2.1 Be able to produce and maintain a valid up-to-date register of patients managed by the service, showing number of patients attending with signed order/vouchers, which may be audited as part of the service evaluation.
- 4.2.2 The use of medication is expected for some eye conditions, practicing optometrists will advise the patient to attend a Community Pharmacy to purchase an over the counter product detailed via the signed order/voucher. The costs of medication will be remunerated at the price outlined in **Appendix 1** along with a £3.40 fee for each item supplied and dispensed.

Performance management, reporting and data provision

- 4.2.3 This Service will be contract managed and evaluated by the North of England Commissioning Support Unit (NECS) on behalf of the Commissioners of the service. The Community Pharmacy will be given a named Commissioner Contract Lead prior to Service commencement.
- 4.2.4 Product costs are based on the drug tariff and or chemist and druggist price list, agreed between commissioners and Local Pharmaceutical Committee (LPC), which is updated on a six monthly basis or in response to a significant increase or decrease in cost of the products listed. A supply fee of £3.40 per item will be paid in addition to the price detailed in **Appendix 1**.
- 4.2.5 There will be no payment made for products that are supplied which are not on the agreed list as detailed in **Appendix 1**.
- 4.2.6 Remuneration for the service will be via PharmOutcomes linked to the Minor Ailments Scheme. This will capture details of the number of patients exempt from NHS prescription charges who require medication at NHS expense following attendance at the MECATS service. The anonymised data will be analysed over time by NECS as part of evaluation of the service.
- 4.2.7 PharmOutcomes claims should be submitted by the 5th working day of the following month, failure to do so may delay payment. Incomplete claims will be deemed invalid and payment will not be made.

Governance, Quality & Safeguarding

- 4.2.8 Where appropriate the Community Pharmacy must also work in partnership with Safeguarding Children and Adults professional's.
- 4.2.9 The Community Pharmacy should ensure a broader consideration of safeguarding issues such as modern day slavery, human trafficking, Child/Adult Sexual Exploitation, Domestic Abuse, PREVENT and Female Genital Mutilation.

Incident Reporting

- 4.2.10 The Community Pharmacy will maintain records of the service provided, incorporating all known information relating to any significant events or incidents for example e.g. breach of confidentiality/information governance. A process must be in place to investigate incidents appropriately, sharing lessons learned with all staff to prevent reoccurrence. The service will continually monitor incidents to ensure that any emerging themes are acted upon and resolved.
- 4.2.11 The Community Pharmacy must make contact directly with their Commissioner Contract Lead within one working day of identification of significant incidents and complaints, potential or actual Serious Incidents (SI) or problems. The Community Pharmacy must also notify the Commissioner within two working days of identification of SI or potential SI, via necsu.durham-si@nhs.net. If the incidents meets the SI criteria NECS will report it on the Strategic Executive Information System (STEIS) on behalf of the Community Pharmacy. The Community Pharmacy will then undertake a full root cause analysis and the investigation report produced be submitted to necsu.durham-si@nhs.net and the Commissioner Contract Lead within 60 days as per the revised NHS England Serious Incident Framework March 2015: <https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/04/serious-incident-framework-upd2.pdf>

Data Security and Protection (Information Governance) incidents will be handled in accordance with NHS Digital Guide to the Notification of Data Security and Protection Incidents:
<https://www.dsptoolkit.nhs.uk/>

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)
N/A

5.2 Applicable CQUIN goals (See Schedule 4 Part E)
N/A

6. Location of Community Pharmacy Premises

The Community Pharmacy's Premises are located at: TBC

Appendix 1

Only products listed on the County Durham and Tees Valley Area Pharmaceutical Committee (APC) Joint formulary for the treatment of eye conditions may be supplied within this service. <http://formulary.cdd.nhs.uk/11-eye/>

Table 1 below lists the product that can be supplied by its generic or branded name from the signed order/voucher presented by the patient.

Table 1

Product	Pack Size	Price (Drug Tariff January 2023) Note this is not retail price
Chloramphenicol eye drops 0.5%*	10ml	£10.12
Chloramphenicol eye ointment 1%*	4g	£4.30
Hypromellose Eye Drops 0.3%	10ml	£1.71
Carbomer 980 0.2%	10g	£2.80
Xailin Night	5g	£2.63
Hylo Night (formerly VitApos)	5g	£2.75
Lacrilube	5g	£3.98
Systane Lubricating Eye Drops	10ml	£4.66
Antazoline 0.5% / Xylometazoline 0.05% eye drops	10ml	£3.35

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

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

*The cost of chloramphenicol is based on the drug tariff price and based on POM medication. It is up to the pharmacist professional judgement to select the appropriate product (P or POM) to supply to the patient. Pharmacist should highlight to patients where the medication recommended can be bought over the counter, and offer the option for purchasing, if it is appropriate and in line with licensing indications and legislation. NHS prescription charges should be collected for those patients not exempt and this should be included in Dispensing Service Claim Form as the supply and dispensing fee will be claimable.

Appendix 2

Signed order/voucher



CONFIDENTIAL- Minor Eye Conditions Service

PRIVATE & CONFIDENTIAL

To the Pharmacist
Please supply to:

Jed Barlett
CEGEDIM LTD
M088 SIDE INDUSTRIAL ESTATE
MARATHON PLACE
PR28 7QN

Dx#B 0141-1874
GP Practice: Not registered (Excludes pax
regd with non-3lookport GPs)

Preparation.

Chloramphenicol 0.5% 10ml
One drop
2 times a day
for 5 days
Right Eye

Signed: Date: 18-08-2018
Practitioner: Test Test Address: Webster Health Optician - 3
GOC Number: 020220 338 Planner Road
HA1 4LB

Written Order in accordance with Section 2 of Schedule 3, article 11(1)(a) of Statutory Instrument 1997 No. 1839 or
amended by Section 8 of Statutory Instrument 2003 No. 76

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

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.

The patient doesn't have to pay because he/she:		
<input type="checkbox"/>	is under 18 years of age	Pharmacy use only
<input type="checkbox"/>	is 16, 17 or 18 and in full-time education	
<input type="checkbox"/>	is 80 years of age or over	Evidence not seen
<input type="checkbox"/>	has a valid maternity exemption certificate	
<input type="checkbox"/>	has a valid medical exemption certificate	
<input type="checkbox"/>	has a valid prescription pre-payment certificate	
<input type="checkbox"/>	is named on a current HC2 charges certificate	
<input type="checkbox"/>	is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate	
<input type="checkbox"/>	or his/her partner gets Income Support	
<input type="checkbox"/>	gets income-based Jobseeker's Allowance	
<input type="checkbox"/>	gets Universal Credit	
<input type="checkbox"/>	gets income-related Employment and Support Allowance	
<input type="checkbox"/>	or his/her partner gets Pension Credit Guarantee Credit	
<input type="checkbox"/>	gets Employment and Support Allowance	
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 from prescription charges.		
To enable the NHS to check I have a valid exemption and to prevent and detect fraud and inaccuracy, I consent to the disclosure of relevant information from this form to NHS England, the NHS Business Services Authority, the Department of Work and Pensions and Local Authorities.		
Part 2	I have paid <input type="checkbox"/> E	Now sign and fill in Part 3.
Part 3	I am the patient <input type="checkbox"/>	I am the patient's guardian <input type="checkbox"/> (Cross ONE box)
Signature		Date
Name	If different from overleaf, add your name and address below	
Address		Postcode