

## CONSULTATION DRAFT

<b>Enclosure No:</b>	XX/XXXXXX/XXXX
<b>Agenda item No:</b>	XX – Wales General Ophthalmic Services – Signed Orders Formulary
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### 1.0 Action for consultees

Consultees are asked to consider and comment on the *Wales General Ophthalmic Services – Signed Orders Formulary* document. Consultees are also asked to consider the accompanying equality and health impact assessment (EqHIA) form.

The document contains a list of preparations (medicines and devices) for inclusion on the signed orders formulary. Consultees are asked to consider the formulary, particularly whether the preparations included are appropriate.

### 2.0 Purpose

#### Background

Wales General Ophthalmic Services (WGOS) provide a standardised approach across Wales and enables all optometrists included in the NHS Wales Combined List (Supplementary Ophthalmic List) to offer NHS-funded sight tests and examinations for urgent eye problems. Typically, these include patients with dry eye, acute infection and allergic eye conditions.

Whilst WGOS provides prompt and consistent access for patients to NHS-funded examinations for eye conditions, there is no provision for optometrists to supply the medicines or devices required for the treatment of those conditions under the NHS. This means patients are required to purchase them themselves or in most cases seek a second appointment and prescription from their GP. The effect is to increase avoidable demand on general practice because patients who could be transferred from general practice to optometry for their care are not transferred, and of those who do see an optometrist many unnecessarily see their GP as well for the same condition.

Optometrists are permitted to sell or supply all medicines on a General Sales List (GSL) and Pharmacy (P) medicines, and to sell, supply or write a signed order for a limited list of Prescription Only Medicines (POMs) (Schedule 16 of the Human Medicines Regulations). WGOS enables NHS Wales Optometrists to sell, supply or write an order for an extended range of POMs in an emergency and as part of their professional practice. The exemptions in the Human Medicines Regulations also permit pharmacists to supply these medicines to patients against a signed order written by an optometrist.

#### Welsh Government Policy

The National Health Service (Pharmaceutical Services) (Wales) (Amendment) Regulations 2024 came into force on 1 April 2025 and will enable community

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pharmacies to supply NHS-funded medicines ordered by optometrists in Wales on a standardised NHS signed order form from later this year.

Alongside this change, it has been agreed to introduce an approved list of eye preparations (medicines and devices) which may be ordered by NHS Wales' optometrists providing WGOS on the NHS signed orders. This is the remit of this document.

### NHS Wales Implementation of Welsh Government Policy

The National Health Service (Wales Eye Care) (Wales) (No. 2) Directions 2024 came into force on 01 April 2024, providing for the establishment of the Eye Care Wales Committee, to oversee the delivery of WGOS. The committee ensures that Health Boards utilise appropriate nationally agreed frameworks and are equipped with a standardised methodology to systematically deliver WGOS services in their area. This includes the preparation and publishing of a clinical manual for WGOS. The clinical manual contains service information, clinical standards and quality of care requirements for the provision of WGOS. The clinical manual and supporting material, e.g. Eye Care Wales website and patient information leaflets, will be updated to include the writing of signed orders by optometrists and the list of products approved by the All Wales Medicines Strategy Group.

### **2.1 Process**

- June 2025: Draft document considered by AWPAG
- July 2025: Draft document out for consultation
- *August/September 2025: Consultation comments and responses considered by AWPAG for sign-off*
- *October 2025: Document presented to AWMSG for endorsement*

### **2.2 Consultees**

Consultees include, but are not limited to:

- Directors of Pharmacy
- Medical Directors
- Assistant Medical Directors
- Health Board Chief Executives
- Directors of Nursing
- Local Medical Committees
- Optometry Wales
- Directors of Public Health
- General Practitioners Committee Wales
- Royal College of General Practitioners
- BMA Cymru
- Llais Cymru
- Community Pharmacy Wales
- Public Health Wales
- Welsh Government
- NHS Wales JCC
- NICE - The National Institute for Health and Care Excellence
- AWMSG members and deputies
- AWPAG members and deputies

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**Please note:** The monographs within this document are intended to provide a clinical framework to support the safe and efficient delivery of Optometry Signed Orders by Optometrists in Wales General Ophthalmic Services (WGOS).

The monographs **do not** include contraindications, cautions, interactions, adverse effects or dose. They should be read in conjunction with current [National Institute for Health and Care Excellence \(NICE\)](#) publications, not limited to [British National Formulary \(BNF\)](#), [British National Formulary of Children \(BNFC\)](#) and [Clinical Knowledge Summaries \(CKS\)](#).

The monographs **do not** include the operational details of WGOS. They should be read in conjunction with the [service manual\(s\)](#), and optometrists must ensure that they are aware of, and adhere to, all relevant legal and regulatory requirements that are applicable to this service.

Preparations are given by generic name unless otherwise stated.

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## 1.0 Introduction

Wales General Ophthalmic Services (WGOS) provide a standardised approach across Wales and enable all optometrists included in the NHS Wales Combined List (Supplementary Ophthalmic List) to offer NHS-funded sight tests and examinations for urgent eye problems. Typically, these include patients with dry eye, acute infection and allergic eye conditions.

This formulary contains details of good eyelid hygiene and an approved list of eye preparations (medicines and devices) which may be ordered by NHS Wales optometrists providing WGOS on the NHS signed orders.

## 2.0 Good eyelid hygiene

Good eyelid hygiene describes what patients may do for themselves; be assisted to do; or have done for them by a parent or carer, before resorting to a preparation on this formulary.

There is no specific minimum age for the following first-line treatments since a child may be assisted in good eyelid hygiene or have it done for them by a parent or carer.

Optometrists use their clinical judgement in recommending good eyelid hygiene to patients.

### 2.1 Acute bacterial conjunctivitis

Following national guidance for conjunctivitis, patients should be advised to:

- remove contact lenses - take them out until all the signs and symptoms of the infection have gone
- gently clean away sticky substances from the eye(s) using a clean cotton wool pad (1 piece for each eye) soaked in cooled boiled water
- gently apply a cool compress e.g. a clean wet flannel around the eye area for a few minutes
- wash their hands regularly with soap and water, particularly after touching infected secretions
- avoid sharing towels, pillows and flannels, and close contact with others to prevent the infection from spreading (individuals may be infectious for up to 14 days).
- wash pillow cases and flannels in detergent and hot water

Patients should be reassured of the following:

- Most cases of acute bacterial conjunctivitis do not require treatment and will get better within five to seven days.
- Antibiotics are not usually indicated as most cases clear up without treatment.
- There is no need to exclude a child with acute bacterial conjunctivitis (whether on treatment or not) from school, unless the child is unwell.

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### 2.2 Tear deficiency, dry eyes and blepharitis

Patients should be advised to keep their eye(s) clean and help the glands around them to produce oily tears by taking the following three steps twice daily at first, then once a day when the eye(s) begin(s) to feel better.

#### Step 1: Warm compresses:

- Boil some water and leave it to cool to a warm temperature.
- Soak a clean cloth or cotton wool pad in the warm water.
- Close the eyes and place the cloth or pad on them for 5-10 minutes.
- Reheat the cloth or pad by soaking it in the warm water; don't let it become cold.

#### Step 2: Eyelid massage:

- Close your eyes and gently massage your eyelids using your little finger to draw circles across each lid.
- Take a cotton wool bud and, with your eyes shut, gently roll it downwards on the upper eyelid towards the lashes and edges of your eyelids – this helps to push oil out of your glands, although you won't see anything come out.
- Repeat this process along the whole width of your upper and lower eyelids.
- Note: this process may irritate your eyes slightly at first, a bit like getting soap in them, but this is normal and should get better with time.

#### Step 3: Eyelid margin hygiene:

- Use an eyelid cleaning solution.
- Soak some clean cotton wool in the cleaning solution and use it to remove any crustiness from around your eyelids. Pay special attention to your eyelashes.
- Repeat this process if necessary, using a clean piece of cotton wool.
- Dip a clean cotton bud into the cleaning solution and gently wipe it along the bases and lengths of your eyelashes to clean the edges of your eyelids.

### 3.0 Signed orders

The following are a list of medicines and devices to be made available on the signed orders formulary, including details of legal classification, type of medicine/device, indications and formulary preparations.

Generic formulations of medicines and devices are listed in this formulary:

- to reduce the risk of delays in treatment of acute eye conditions due to out-of-stock branded items;
- to ensure access, by allowing pharmacists to dispense any equivalent licensed version, so reducing the risk of supply shortages; and
- to maximise clarity and safety in any discharge summaries or transfers of care, for example from optometrists to general practitioners where ongoing prescribing for chronic eye conditions is indicated.

### 3.1 Chloramphenicol

#### Type

Antibacterial

#### Indications

For adults and children aged one month and over:

- First-line treatment for bacterial superficial ocular infections.
- Prophylaxis following ocular trauma.

**Table 1: Chloramphenicol formulary preparations**

Form	Product	Legal Classification	Pack size
0.5% eye drops	Generic chloramphenicol 0.5% eye drops	Prescription Only Medicine (POM)	10 mL
1% eye ointment	Generic chloramphenicol 1% eye ointment	Prescription Only Medicine (POM)	4 g

**3.2 Fusidic acid****Type**

Antibacterial

**Indications**

First-line or second-line treatment of bacterial superficial ocular infections, particularly staphylococcal.

**Table 2: Fusidic acid formulary preparations**

Form	Product	Legal classification	Pack size
1% modified-release eye drops	Generic fusidic acid 1% modified-release eye drops	Prescription Only Medicine (POM)	5 g

**3.3 Sodium cromoglicate****Type**

Anti-inflammatory

**Indications**

Allergic conjunctivitis

**Table 3: Sodium cromoglicate formulary preparations**

Form	Product	Legal classification	Pack size
2% eye drops	Generic sodium cromoglicate 2% eye drops 0.3 mL unit dose (preservative-free)	Pharmacy Medicine (P)	30 units



**3.4 Carbomer****Type**

Tear deficiency, ocular lubricants and astringents

**Indications**

Second-line treatment for:

- Dry eyes
- Poor tear film stability

**Table 4: Carbomer formulary preparations**

Form	Product	Legal classification	Pack size
0.2% eye gel	Generic carbomer 980 0.2% eye gel	Pharmacy Medicine (P)	10 g
	<u>If preservative-free is clinically necessary,</u> generic carbomer 980 0.2% eye gel preservative-free	Medical device	10 g

### 3.5 Hypromellose

#### Type

Tear deficiency, ocular lubricants and astringents

#### Indications

First-line treatment for

- Dry eyes
- Poor tear film stability

**Table 5: Hypromellose formulary preparations**

Form	Product	Legal classification	Pack size
0.3% eye drops	Generic hypromellose 0.3% eye drops	Pharmacy Medicine (P)	10 mL
	<u>If preservative-free is clinically necessary</u> , consider second-line drops*	Medical device	

\* Hypromellose is the first-line choice of treatment for most patients with mild dry eyes or poor tear film stability, after good eyelid hygiene. If a preservative-free preparation is indicated, optometrists should consider preservative-free second-line preparations when there is no significant difference in cost. See the [NHS Electronic Drug Tariff](#) for pricing information<sup>1</sup>.

**3.6 Polyvinyl alcohol****Type**

Tear deficiency, ocular lubricants and astringents

**Indications**

Second-line treatment for

- Dry eyes
- Poor tear film stability

**Table 6: Polyvinyl alcohol formulary preparations**

Form	Product	Legal classification	Pack size
1.4% eye drops	Generic polyvinyl alcohol 1.4% eye drops	Pharmacy Medicine (P)	10 mL
	<u>If preservative-free is clinically necessary</u> , generic polyvinyl alcohol 1.4% eye drops 0.4 mL unit dose (preservative-free)	Medical device	30 units

### 3.7 Liquid paraffin

#### Type

Tear deficiency, ocular lubricants and astringents

#### Indications

- Dry eyes
- Poor tear film stability
- Exposure keratitis
- Corneal erosion
- Corneal trauma

**Table 7: Liquid paraffin formulary preparations (Retinol palmitate with white soft paraffin, light liquid paraffin, liquid paraffin and wool fat)**

Form	Product	Legal classification	Pack size
Eye ointment	Generic retinol palmitate with white soft paraffin, light liquid paraffin, liquid paraffin and wool fat eye ointment preservative-free*	Medical device	5 g

\* The only available preparation for this combination is Hylo Night®; therefore a signed order may be made by this brand name

### 3.8 Sodium hyaluronate

#### Type

Tear deficiency, ocular lubricants and astringents

#### Indications

- Exposure keratitis
- Corneal erosion
- Corneal trauma

Third-line treatment for

- Dry eyes
- Poor tear film stability

**Table 8: Sodium hyaluronate formulary preparations**

Form	Product	Legal classification	Pack size
0.2% eye drops	Generic sodium hyaluronate eye drops 0.2% eye drops preservative-free*	Medical device	10 mL

\* Preservative-free sodium hyaluronate preparations only as there is no significant difference in cost and potential for increased risk of adverse effects with preservative containing preparations<sup>2</sup>.

Sodium hyaluronate 0.2% eye drops: Choice of form matches current health board prescribing.

## 4.0 Additional resources

- [British National Formulary \(BNF\)](#): Key information on the selection, prescribing, dispensing and administration of medicine<sup>3</sup>.
- [NHS Wales Online Formulary \(InForm\)](#)<sup>4</sup>
- [College of Optometrists Clinical Management Guidelines \(CMGs\)](#): The CMGs offer information on the diagnosis and management of a range of conditions that present with varying frequency in primary and first contact care<sup>5</sup>.

## 5.0 References

1. NHS Electronic Drug Tariff. Part IXA - Appliances. 2025. Available at: <https://www.drugtariff.nhsbsa.nhs.uk/#/00893951-DC/DC00893337/Part%20IXA-Appliances>. Accessed June 2025.
2. All Wales Medicines Strategy Group. Dry Eye Syndrome Guidance (retired). 2016. Available at: <https://awttc.nhs.wales/medicines-optimisation-and-safety/medicines-optimisation-guidance-resources-and-data/prescribing-guidance/dry-eye-syndrome-guidance/>. Accessed June 2025.
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