

**NHS PHARMACY
FIRST SCOTLAND**
ADVICE | TREATMENT | REFERRAL


ADVICE ON YOUR
SYMPTOMS


TREATMENT IF
RECOMMENDED


REFERRAL TO
OTHER SERVICES

Patient Group Direction (PGD)

This PGD authorises community pharmacists to supply olopatadine 1 mg/ml eye drops to individuals aged 3 years and over presenting with symptoms of seasonal allergic conjunctivitis under NHS Pharmacy First Scotland.

Publication date: 4 May 2026



Most Recent Changes

Version	Date	Summary of changes
2.0	May 2026	• General - Update to version number, expiry date, review dates • 1.2 – Inclusion criteria: ○ Amendment to reduce confusion of who should diagnosis allergic conjunctivitis • 1.3 – Exclusion criteria: ○ Removal of required diagnosis of allergic conjunctivitis due to change in wording of inclusion criterion. • 2.3 – Dosage – amended to remove option of unilateral treatment (PGD is solely for seasonal allergic conjunctivitis so treating both eyes is consistent with clinical diagnosis) • 3.3 – Advice: ○ If using more than one eye medication, time interval between administration of each reduced from 10 minutes to 5 minutes as per current clinical guidance. ○ Update to clarify referral options to specify GOS Specialist Service optometrist (independent prescribers) to ensure smooth treatment pathway • 5.1 – Update to guidance on submission of Individual Authorisation Form to Health Boards to include MS Forms links where appropriate • 7.0 - Update to correspondence details for all Health Boards • 1.2 Amendment clarifying valid consent has been received

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Authorisation

This PGD is not legally valid until it has had the relevant organisational authorisation.

PGD olopatadine 1 mg/ml eye drops

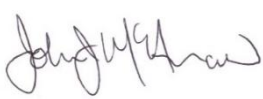
This PGD has been produced in collaboration with the Community Pharmacy Advisory Group (CPAG) to assist NHS Boards in the uniform provision of services under ‘NHS Pharmacy First Scotland’ banner across NHS Scotland. NHS Boards should ensure that the final PGD is considered and approved in line with local clinical governance arrangements for PGDs.

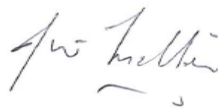
The community pharmacist who may supply olopatadine eye drops under this PGD can do so only as a named individual. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with the General Pharmaceutical Council Standards for Pharmacy Professionals and to ensure familiarity with the manufacturer’s product information/summary of product characteristics (SPC) for all medicines supplied in accordance with this PGD.

NHS Board governance arrangements will indicate how records of staff authorised to operate this PGD will be maintained. Under PGD legislation there can be no delegation. Supply of the medicine has to be by the same practitioner who has assessed the patient under the PGD.

This PGD has been approved on behalf of NHS Scotland by NHS 24 by:

Doctor (Name / Signature): Dr Ron Cook 

Pharmacist (Name /Signature): Dr John McAnaw 

NHS Scotland representative (Name / Signature): Mr Jim Miller 

Approved on behalf of NHS Dumfries and Galloway by:

Medical Director: Ken Donaldson **Signature:** 

Director of Pharmacy: Nikki Holmes **Signature:** 

Nurse Director: Mark Kelly **Signature:** 

Effective from: 10/05/2026

It is the responsibility of the person using the PGD to ensure they are using the most recent issue.

Expiry date: 3 May 2029

1. Clinical situation

1.1. Indication

Relief of signs and symptoms of seasonal allergic conjunctivitis in adults and children aged ≥3 years

1.2. Inclusion criteria

Individuals aged 3 years and older with symptoms of allergic conjunctivitis associated with seasonal allergic rhinitis.

AND

Who have had treatment failure or remain symptomatic despite use of at least one other allergy treatment for ocular symptoms available over the counter.

NB: A combination of oral, nasal spray and eye treatment products may be required to obtain acceptable symptom control. However, olopatadine should not be used together with other topical eye treatments for allergic conjunctivitis.

Valid consent to receiving treatment under this PGD has been obtained. For consent to be valid, it must be given freely, voluntarily and without coercion by an appropriately informed person who has the mental capacity to consent to the administration of the medicine in question. This will be the person themselves, someone with parental responsibility for a child (where that child does not have the capacity to consent for themselves), someone authorised to do so under a Lasting Power of Attorney (LPA) for health and welfare, or someone who has the authority to make treatment decisions as a court appointed deputy.

1.3. Exclusion criteria

- Individuals under 3 years of age.
- Hypersensitivity to olopatadine or to any of the excipients within the eye drops.
- Pregnancy.
- Individual of child-bearing ability not using effective contraception.
- Breast Feeding.
- Current treatment with olopatadine which exceeds 4 months in duration.
- Individuals for whom no valid consent has been received.

1.4. Cautions/need for further advice/circumstances when further advice should be sought from a prescriber /optometrist

- Consult SPC for full list of cautions and special warnings.
- Caution in previous frequent or prolonged use of olopatadine in individuals with dry eyes.
- Compromised cornea.
- Red eye caused by another reason e.g., accompanied by purulent discharge, altered visual acuity, wearing of contact lenses, chemical exposure, anticoagulation.

1.5. Action if excluded

Seek advice from local optometrist. Document the reason for exclusion and any action taken in Patient Medication Record (PMR).

1.6. Action if individual declines

If appropriate, refer to optometrist and document the reason for declining treatment and advice given in PMR.

2. Description of treatment

2.1. Name of medicine/form/strength

Olopatadine 1mg/ml eye drops.

2.2. Route of administration

Topical ocular administration.

2.3. Dosage

One drop into each eye.

2.4. Frequency

Twice daily (at least 8 hours apart)

2.5. Duration of treatment

Until resolution of symptoms (e.g., red, itchy, gritty, watery discharge, swollen eyelids).

2.6. Maximum or minimum treatment period

MAXIMUM treatment period in total – FOUR months (28 days per individual bottle).

2.7. Quantity to supply

One 5ml bottle per supply.

2.8. ▼ black triangle medicines

No.

2.9. Legal category

Prescription Only Medicine (POM).

In accordance with the MHRA all medicines **supplied** under a PGD **must** either be from over-labelled stock or be labelled appropriately in accordance with the regulatory body guidelines for the labelling of medicines for the professional providing the supply.

2.10. Is the use out with the SPC?

No.

2.11. Storage requirements

As per manufacturer’s instructions

Store below 25°C in a cool, dry place

2.12. Additional information

None.

3. Adverse reactions

3.1. Warnings including possible adverse reactions and management of these.

Please refer to current BNF, BNF for Children or SPC for full details

If an individual experiences any side effects that are intolerable or hypersensitivity reactions occur, the medication should be discontinued.

Common side effects include headache, distortion in the sense of taste (dysgeusia), eye pain, eye irritation, dry eye, abnormal sensation in eyes, nasal dryness and fatigue.

Other less common side effects include: rhinitis, dizziness, hypoaesthesia, corneal erosion, corneal epithelium defect, corneal epithelium disorder, punctate keratitis, keratitis, corneal staining, eye discharge, photophobia, blurred vision, visual acuity reduced, blepharospasm, ocular discomfort, eye pruritis, conjunctival follicles, conjunctival disorder, foreign body sensation in eyes, lacrimation increased, eyelids pruritis, erythema of eyelid, eyelid oedema, eyelid disorder, ocular hyperaemia

For a full list of side effects, refer to the marketing authorisation holder's Summary of Product Characteristics (SPC). A copy of the SPC must be available to the health professional supplying the medication under this PGD. This can be accessed on www.medicines.org.uk

In the event of severe adverse reaction e.g., swelling of eyes, face, lips or throat, shortness of breath or wheezing, developing of rash or feeling faint, individuals should be advised to seek medical advice immediately.

3.2. Reporting procedure for adverse reactions

Pharmacists should document and report all adverse incidents through their own internal governance systems.

All adverse reactions (actual and suspected) should be reported to the appropriate medical practitioner and recorded in the patient’s medical record. Pharmacists should record in their PMR and inform the individual’s GP/optometrist as appropriate.

Where appropriate, healthcare professionals and individuals/carers should report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme. Yellow cards and guidance on their use are available at the back of the BNF or online at www.mhra.gov.uk/yellowcard.

3.3. Advice to individual or carer including written information

Written information to be given to individuals:

- Provide manufacturer’s consumer information leaflet/patient information leaflet (PIL).
- Verbal advice to be given to individual/parent/carer :
- Advise individual on mode of action, benefits of the medicine, possible side effects and their management.
- Give general advice for managing high pollen count: stay indoors as much as possible, keeping windows and doors shut; avoid cutting grass, large grassy places and camping; shower and wash your hair after being outdoors, especially in the countryside; wear wrap-around sunglasses when outside; keep car windows closed and consider buying pollen filters for car air vents.

- Wearers of contact lenses should remove lenses prior to application of olopatadine eye drops and wait at least 15 minutes after instillation before re-inserting lenses.
- In case of concomitant therapy with other topical ocular medicines, an interval of 5 minutes should be allowed between successive applications. Eye ointments should be administered last.
- Demonstrate the best way to self-administer eye drops.
- Vision may be blurred for a few minutes after instillation – if affected, the individual should not drive or operate hazardous machinery.
- Advise that there might be mild stinging on instillation of drops.
- Treatment with olopatadine should be for a maximum of four months at a time.
- In individuals of childbearing potential, effective contraception is required whilst using olopatadine.
- Olopatadine contains benzalkonium chloride which may cause eye irritation.
- Advise to seek medical advice in the event of a severe adverse reaction.
- If the condition worsens or symptoms persist, seek further advice from an optometrist who delivers the ‘GOS Specialist Supplementary service’. (list can be found at [NHS inform](#)).
- Inform the individual that they can report suspected adverse reactions to the MHRA using the Yellow Card reporting scheme on: www.mhra.gov.uk/yellowcard.

3.4. Monitoring

Not applicable

3.5. Follow up

None. If individual requires to use for longer than 4 months, then refer to optometrist/GP for review.

3.6. Additional facilities

The following should be available when the medication is supplied:

- An acceptable level of privacy to respect individual's rights to confidentiality and safety
- Access to a working telephone
- Access to medical support (this may be via telephone or email)
- Approved equipment for the disposal of used materials
- Clean and tidy work areas, including access to hand washing facilities or alcohol hand gel
- Access to current BNF (online version preferred)
 - [BNF British National Formulary - NICE](#)
 - [BNF for Children British National Formulary - NICE](#)
- Access to SmPC/PIL/Risk Minimisation Material:
 - [Home - electronic medicines compendium \(emc\)](#)
 - [MHRA Products | Home](#)
 - [RMM Directory - \(emc\)](#)
- Access to copy of current version of this PGD

4. Characteristics of staff authorised under the PGD

4.1. Professional qualifications

Pharmacist with current General Pharmaceutical Council (GPhC) registration.

Under PGD legislation there can be no delegation. Supply of the medication has to be completed by the same practitioner who has assessed the patient under this PGD.

4.2. Specialist competencies or qualifications

Persons must only work under this PGD where they are competent to do so.

All persons operating this PGD must:

- Be familiar with the olopatadine 1mg/ml eye drop medicine and alert to changes in the manufacturer’s product information/summary of product information.
- Have successfully complete the NES Pharmacy e-learning module:

Seasonal Allergic Rhinitis (Hay Fever) for NHS Pharmacy First Scotland | Turas | Learn

<https://learn.nes.nhs.scot/67704/pharmacy/cpd-resources/seasonal-allergic-rhinitis-hay-fever-for-nhs-pharmacy-first-scotland>

- Be able to assess the individual’s/ parent’s/ carer’s capacity to understand the nature of the purpose of the medication in order to give or refuse consent.

4.3. Continuing education and training

All practitioners operating under this PGD are responsible for:

- Maintaining their skills, knowledge and their own professional level of competence in this area according to the General Pharmaceutical Council Standards for Pharmacy Professionals
- Ensuring they remain up to date with the use of medications included and be aware of local treatment recommendations.
- Attend approved training and training updates as appropriate.
- Undertake relevant continuing professional development when PGD or NES Pharmacy modules are updated.

5. Audit trail

5.1. Authorisation of supply

Pharmacists can be authorised to supply the medicine specified in this PGD when they have completed local Board requirements for service registration.

Pharmacists should complete the individual authorisation form contained in the PGD (Appendix 1) and, where required, submit to the relevant NHS Health Board prior to using the PGD.

5.2. Record of supply

An electronic or paper record must be completed to allow audit of practice. All records must be clear, legible, contemporaneous and in an easily retrievable format.

A Universal Claim Framework (UCF) record of the screening and subsequent supply, or not, of the medicine specified in this PGD should be made in accordance with the NHS Pharmacy First Scotland service specification.

Pharmacists must record the following information, included in the assessment form, in the PMR (either paper or computer based):

- name of individual, address, date of birth / CHI number
- name of GP with whom the individual is registered (if known)
- confirmation that valid consent to be treated under this PGD was obtained (include details of parent/guardian/person with parental responsibility where applicable)
- details of presenting complaint and diagnosis
- details of medicine supplied - name of medicine, batch number and expiry date, with date of supply.
- details of exclusion criteria – why the medicine was not supplied (if applicable)
- advice given, including advice given if excluded or declines treatment under this PGD
- details of any adverse drug reactions and actions taken
- referral arrangements (including self-care)
- signature and printed name of the pharmacist who undertook assessment of clinical suitability and, where appropriate, subsequently supplied the medicine

The individual’s GP (where known) should be provided with a copy of the GP notification form for the supply of olopatadine 1mg/ml eye drops, or appropriate referral on the same, or next available working day.

These records should be retained in accordance with national guidance¹ (see page 56 for standard retention periods summary table). Where local arrangements differ,

clarification should be obtained through your Health Board Information Governance Lead.

All records of the drug(s) specified in this PGD will be filed with the normal records of medicines in each service. A designated person within each service will be responsible for auditing completion of drug forms and collation of data.

1. Scottish Government. *Scottish Government Records Management*. Edinburgh 2020. Available at [SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf](#) (Accessed on 31st March 2026)

6. Additional references

Practitioners operating the PGD must be familiar with:

1. National Institute for Clinical Excellence / Public Health England. Available at: [Allergic rhinitis | Health topics A to Z | CKS | NICE](#). (Accessed 31st March 2026)
2. Current edition of British National Formulary (BNF). Available at: [BNF British National Formulary - NICE](#), and BNF for children [BNF for Children British National Formulary - NICE](#) (Accessed 6th March 2026)
3. Marketing authorisation holder’s Summary of Product Characteristics. Electronic Medicines Compendium. *Olopatadine 1mg/ml eye drops, Solution SPC*. Available at [Olopatadine 1 mg/ml Eye drops, Solution - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#) (Accessed 31st March 2026)

7. Individual authorisation (Appendix 1)

PGDs FOR THE SUPPLY OF TREATMENTS FOR SEASONAL ALLERGIC RHINITIS BY COMMUNITY PHARMACISTS UNDER THE “NHS PHARMACY FIRST SCOTLAND” SERVICE

This PGD does not remove professional obligations and accountability.

It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with the General Pharmaceutical Council Standards for Pharmacy Professionals.

Authorised staff should be provided with an individual copy of the clinical content of the PGD and a copy of the document showing their authorisation.

This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under this PGD.

I have read and understood the PGDs authorised by each of the NHS Boards I wish to operate in and agree to provide the following only in accordance with the specific PGD.

Beclometasone 50 micrograms nasal spray ☐ Mometasone 50 micrograms nasal spray ☐

Olopatadine 1 mg/ml eye drops ☐ Fexofenadine 120 mg tablets ☐

Name of Pharmacist _____ GPhC Registration Number _____

Normal Pharmacy Location

(Only one Pharmacy name and contractor code is required for each Health Board area where appropriate. If you work in more than 3 Health Board areas, please use additional forms.)

Name of Pharmacy	Contractor Code	Health Board
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	
Click or tap here to enter text.	Click or tap here to enter text.	

Please indicate your position within the pharmacy by ticking one of the following:

Locum ☐ Employee ☐ Manager ☐ Owner ☐

Signature _____ Date _____

Please complete form, sign and, where required, send to each Health Board you work in. E mail / postal addresses / MS Forms links are given overleaf.

NHS Board	Address	
Ayrshire & Arran	Complete MS Form available at Patient Group Directions – NHS Ayrshire & Arran	Microsoft Form
Borders	Complete MS Form available at nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/community-pharmacy/patient-group-directions-(pgds)-and-unscheduled-care-(cpus)/	Microsoft Form
Dumfries & Galloway	NHS Dumfries & Galloway, Primary Care Services, Third Floor West, Mountainhall Treatment Centre, Bankend Rd, Dumfries, DG1 4TG Dg.pcd@nhs.scot	Please email or post
Fife	Complete MS Form available at: PGDs - NHS Fife - Confirmation of Signature	Microsoft Form
Forth Valley	Complete MS Form – see local Health Board information for relevant link.	Microsoft Form
Grampian	Pharmaceutical Care Services Team Summerfield House, 2 Eday Road, Aberdeen, AB15 6RE gram.pharmaceuticalcareservices@nhs.scot	Please email or post
Greater Glasgow & Clyde	Complete MS Form available at PGDs - Greater Glasgow and Clyde	Microsoft Form
Highland	Complete MS Form available at NHS Highland PGDs	Microsoft Form
Lanarkshire	Complete MS Form available at NHS Lanarkshire - Patient Group Directions V2	Microsoft Form
Lothian	No longer require pharmacists to return signed copies of PGDs. For any queries, please contact loth.communitypharmacycontract.nhs.scot	
Orkney	Pharmacy Department, The Balfour Hospital, Foreland Road, Kirkwall, KW15 1NZ Phone: 01856 888 911 ork.pharmacyadmin@nhs.scot	Please email or post
Shetland	Pharmacy Primary Care Services, NHS Shetland, Gilbert Bain Hospital, Lerwick, Shetland, ZE1 0TB shet.pharmacyprimarycare@nhs.scot	01595 743370
Tayside	Diane Robertson Pharmacy Department, East Day Home, Kings Cross Hospital, Clepington Road, Dundee, DD3 8AE TAY.pharmacydepartment@nhs.scot	Please email or post
Western Isles	Michelle Taylor, Primary Care, 37 South Beach, Stornoway HS1 2BB Michelle.taylor44@nhs.scot	Please email or post

8. Version history

Version	Date	Summary of changes
1.0	17/05/2023	New National PGD produced.
2.0	04/05/2026	• General - Update to version number, expiry date, review dates • 1.2 – Inclusion criteria: ○ Amendment to reduce confusion of who should diagnosis allergic conjunctivitis • 1.3 – Exclusion criteria: ○ Removal of required diagnosis of allergic conjunctivitis due to change in wording of inclusion criterion. • 2.3 – Dosage – amended to remove option of unilateral treatment (PGD is solely for seasonal allergic conjunctivitis so treating both eyes is consistent with clinical diagnosis) • 3.3 – Advice: ○ If using more than one eye medication, time interval between administration of each reduced from 10 minutes to 5 minutes as per current clinical guidance. ○ Update to clarify referral options to specify GOS Specialist Service optometrist (independent prescribers) to ensure smooth treatment pathway • 5.1 – Update to guidance on submission of Individual Authorisation Form to Health Boards to include MS Forms links where appropriate • 7.0 - Update to correspondence details for all Health Boards