

Sent by email to:

Directors of Pharmacy

Primary Care Pharmacy Leads

Community Pharmacy Scotland

CC:

Health Board Optometric Advisers

Optometry Scotland

1 August
2025

Dear Colleagues,

We are writing to inform you about new arrangements for community optometry prescribing under General Ophthalmic Services that may have an impact on community pharmacy. The new arrangements are expected to see an increase in the number of prescriptions written by independent prescriber community optometrists and presented for dispensing in community pharmacies.

The attached information sheet is aimed at community pharmacy contractors and we would be grateful if you could share this with your networks please.

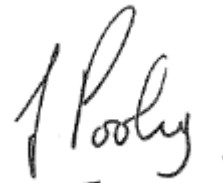
Yours sincerely,



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Chief Pharmaceutical Officer

Pharmacy & Medicines Division



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Chief Optometric Adviser

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OPTOMETRY PRESCRIBING SERVICE – INFORMATION FOR COMMUNITY PHARMACY TEAMS

Background

[Circular PCA\(O\)2025\(04\)](#) issued on 28 July 2025, to Health Boards and community optometry contractors, set out a number of changes being made to General Ophthalmic Services (GOS) in Scotland from Friday 1 August 2025.

The Circular introduces a new NHS Scotland optometry prescribing service to support the management of more complex anterior eye conditions. The objective is to manage these conditions within community optometry, instead of the person needing to be referred to hospital.

Conditions

The arrangements provide a new framework of Specialist Supplementary eye examinations (described as 'GOS-SS') where independent prescriber (IP) community optometrists may prescribe 'Stage 2' treatment under GOS for any of the following nine conditions:

Condition	Stage 2 Treatments
Anterior Uveitis	<ul style="list-style-type: none">• Topical steroids• Topical cycloplegic
Anterior and Posterior Blepharitis	<ul style="list-style-type: none">• Alternative* topical antibiotics• Topical steroids• Oral antibiotics
Episcleritis	<ul style="list-style-type: none">• Topical NSAIDs• Topical steroids• Oral NSAIDs
Herpes Simplex Keratitis	<ul style="list-style-type: none">• Topical anti-viral• Oral anti-viral
Herpes Zoster Ophthalmicus	<ul style="list-style-type: none">• Systemic anti-viral drugs• Topical lubricants
Infective Conjunctivitis	<ul style="list-style-type: none">• Alternative* topical antibiotics• Topical steroids
Marginal Keratitis	<ul style="list-style-type: none">• Alternative* antibiotic• Topical steroids
Ocular Allergy	<ul style="list-style-type: none">• Alternative* topical anti-allergy drugs• Alternative* oral anti-histamines• Topical NSAIDs• Topical steroids
Ocular Rosacea	<ul style="list-style-type: none">• Alternative* topical antibiotics• Topical steroids• Oral antibiotics

Note: corneal foreign body removal will be added at a later date.

* "Alternative" is used to describe:

- a situation where a Stage 1 medication has not been effective and an "alternative" medication has been prescribed; or
- where the condition is severe enough at presentation to warrant initial treatment at Stage 2.

“Alternative” for this purpose is a Prescription Only Medicine that is only available to an IP optometrist, and is not a medication that is available via the NHS Pharmacy First Scotland service.

These prescriptions will be written by IP community optometrists on GP10(O) forms.

Further information on ‘Stage 2’ treatments for each of the above conditions are set out in Annex C of the GOS Statement, enclosed in [Circular PCA\(O\)2025\(04\)](#).

Please note that there are no changes to Stage 1 treatments and the criteria for supply on NHS Pharmacy First Scotland, which are covered in [Circular PCA\(P\)\(2023\)45](#).

Impact for community pharmacy

The relevant aspect of the new arrangements to community pharmacy is an expected increase in the volume of prescriptions written by IP community optometrists.

Suggested actions for community pharmacy

It is suggested that community pharmacy contractors keep under review their stock levels for the ‘Stage 2’ treatments that may now be prescribed and dispensed in the community.

It should be noted that some Health Board areas (NHS Grampian, NHS Fife, NHS Lanarkshire and NHS Ayrshire and Arran) already have locally funded and managed community optometry-led schemes for some of these anterior eye conditions, so the additional medicines demand in these Boards may be less than in other Health Boards where the arrangements are new. Pharmacy teams should take this into account when ordering in stocks.

Suggested actions for Health Boards

It may be helpful if Health Boards can indicate to community pharmacy contractors which of the optometry practices in their areas currently have IP optometrists in place who will have the ability to prescribe ‘Stage 2’ treatments.