

## NHS ENGLAND

### KIRKLEES AND CALDERDALE AREA HEAD LICE SERVICE

#### Head Lice Service

##### Introduction

Head lice preparations, (except for Carbaryl), are classified as OTC medicines. This means that they are available to purchase over the counter under the supervision of a pharmacist. Clients who receive free prescriptions are unwilling to meet this purchase price. GPs are called on to prescribe head lice preparations for these exempt patients.

Pharmacists are highly qualified professionals who have detailed understanding of therapeutics. The logical step therefore is for community pharmacists to take a role in prescribing OTC medicines on the NHS. The accredited pharmacist must make sure that the pharmacy assistants are aware of the scheme and how it works. It is acceptable for a pharmacy assistant to take and complete the initial details i.e. Patient Details and Pharmacy Code.

Payment to pharmacies under this scheme will only be made for forms completed by a pharmacist whose name appears on the accredited list held by NHS England. However to ensure the scheme works, in emergency situations, it is allowable for a Locum pharmacist to supply treatment by following the protocol.

##### Reasons for non-payment of claim forms

NHS England will not process any forms that are:

- Illegible.
- Not completed correctly or are incomplete.
- Submitted by non-accredited pharmacies or pharmacists.
- Not signed by the pharmacist

#### Head Lice Treatment Supply Protocol

- a) Patient comes to the pharmacy with a request for head lice treatment on behalf of themselves or a family/household member who may be infected.
- b) Pharmacist (or assistant) takes the details and fills in those relevant parts on the consultation form. The box for the pharmacy code should be filled in at this point.
- c) Patient is counselled by the pharmacist on:
  - How the scheme works (i.e. scheme does not cover children under 6 months).
  - Detection and treatment of head lice.
  - And instructed how to comb hair to check for lice.
- d) Patient is given the Head Lice leaflet, an approved comb and told to check the entire household.
- e) The patient should then sign and date the form in the section for initial counselling.

- f) Patient is told to return within 7 days if any lice are detected. They should be encouraged to bring as many lice as are found, marked with which person the head lice have come from.

### **(1) Patient fails to return within 7 days**

- a) Pharmacist puts 'X' next to the 'initial counselling & advice given' box, signs and dates the claim form and signs and fills in GPhC number on the reverse.  
If the patient returns for treatment then no separate fee is claimed for counselling.
- b) Details added at month end to monthly claim form as one counselling only event.

### **(2) Patient returns within 7 days**

- a) Pharmacist checks sample of 'lice' returned.
- b) If **no lice present**, counsel patient on reason for not supplying treatment (e.g. dandruff or dirt returned) and complete form as in (1) above, but putting an 'X' next to the 'initial counselling & advice given' box. Ensure patient signs patient declaration within the 'Initial Counselling' section.
- c) If **lice found** to be present;
- Check which members of the household are infected, they must have returned at least one louse per infected person but preferably as many lice as have been found.
  - Complete the 'Supply of Treatment' section, putting the number for the quantity of each product supplied in the appropriate section. Dimeticone (Hedrin) is the treatment of choice, and should be used as 1<sup>st</sup> line. An alternative agent (Derbac M) may be supplied if there is intolerance to Hedrin. If there is treatment failure then use wet combing for 14 days, followed by a second course of the original treatment if necessary before referring to a GP.
  - Ensure that the patient is exempt. It is important to ensure that the representative present is instructed as to which preparation is for which person.
  - The patient is told that each infected person should be treated that day, and treatment repeated in 7 days time.
  - The patient is given a Head Lice leaflet if not received already and told each treated household member should be checked 2 to 3 days after 2nd treatment and followed up again 8 to 10 days after treatment Patient should return to the pharmacy if living lice are still present with a new sample stuck to piece of paper with clear sticky tape clearly indicating which person the lice have come from.
  - Dispense the designated volume of treatment per person.  
Recommended volume is 100ml of treatment per person.

**For example it is recommended that:**

**A family of 3 should be given 2x150ml bottles (rather than 6x50ml bottles).**

**A family of 4 should be given 2x150ml and 2x50ml bottles**

**A family of 5 should be given 3x150ml and 1x50ml bottles.**

### **Dispensing Procedure**

- Remove bottles from boxes and discard boxes.
- Give patient the information leaflet from box.
- Mark each bottle with an indelible black cross on the manufacturer's label.
- The patient should sign and date to indicate that they have received the treatment(s) listed for each of the individuals on the consultation form.
- The pharmacist should sign the form, add their GPhC number and the date, then file.
- At month end add details to monthly claim form and send to below address.

### **(3) Patient returns after treatment with evidence of lice still present**

- a) Pharmacist checks that lice are actually present (samples to be brought to pharmacy as before). It is important to have as many lice returned as possible and that each person sticks their lice to a piece of paper and marks clearly which individual the lice have come from.
- b) Check the lice returned:
- If lice at all stages are present, it is likely to be treatment failure (this could be because of resistance or lack of concordance)
  - If only 3<sup>rd</sup> instar or adult lice are present, it is more likely to be re-infection.
- c) In all cases of potential resistance, bear in mind:
- Is it really a head lice infection?
  - Is the patient using the product correctly?
  - Is the patient using sufficient lotion?
  - Has the patient carried out contact tracing and ensured all those infected are treated?
- d) If treatment failure, recommend 14 days wet combing, (explain that this is so that the treatments are separated and the louse load will be reduced or possibly eradicated). Conditioner is often used but a better option to aid combing is one tablespoonful (15ml) of olive oil. This is safe in prolonged contact with the skin and it is also clear in colour making it easy to see any lice found.
- e) If the patient returns to the Pharmacy and Head Lice are still present then a second course of treatment can be given. (Pharmacy to fill in another consultation form) reinforcing counselling on appropriate use of product where original infection exists. If both treatments then fail a GP referral form (failure report) should be completed. Use a copy of the referral form in this guide and complete it for each individual to take to their GP with the most likely reason for treatment failure highlighted. Keep a copy for your records.
- f) Patient should be advised that any further treatment would need to be prescribed by a GP. They will need to check with their GP surgery as to appointment arrangements.

### **(4) Patient returns because they are intolerant to Dimeticone**

- a) Confirm that the patient is intolerant to Dimeticone (Hedrin) and if you are sure that this is a genuine intolerance then supply two bottles of Derbac M and dispense as above.

### **(5) At month end**

- a) Keep any incomplete forms (e.g. those awaiting the patient to return after an initial consultation). File for auditing any complete forms.
- b) Send completed monthly claim form to the e-mail address stated below and payment will be made accordingly to the pharmacy whose code is given in the Pharmacy code box.

**Primary Care – Pharmacy**

**NHS England and NHS Improvement (North East & Yorkshire)**

E-mail to: [wyicb.pharmacy@nhs.net](mailto:wyicb.pharmacy@nhs.net)

## GP Referral Form

Please take this to your doctor.

Pharmacy stamp or  
sticker

### Patient

**Mr/Mrs/Miss** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Age (if child): \_\_\_\_\_

Dear Doctor \_\_\_\_\_

Date \_\_\_\_\_

I am referring this client to you in accordance with the Community Pharmacy Head Lice Management service protocol for the following reasons.

Head Lice preparations used:

Current medication:

Additional information: (e.g. is the patient asthmatic etc.)

Signature of pharmacist: \_\_\_\_\_

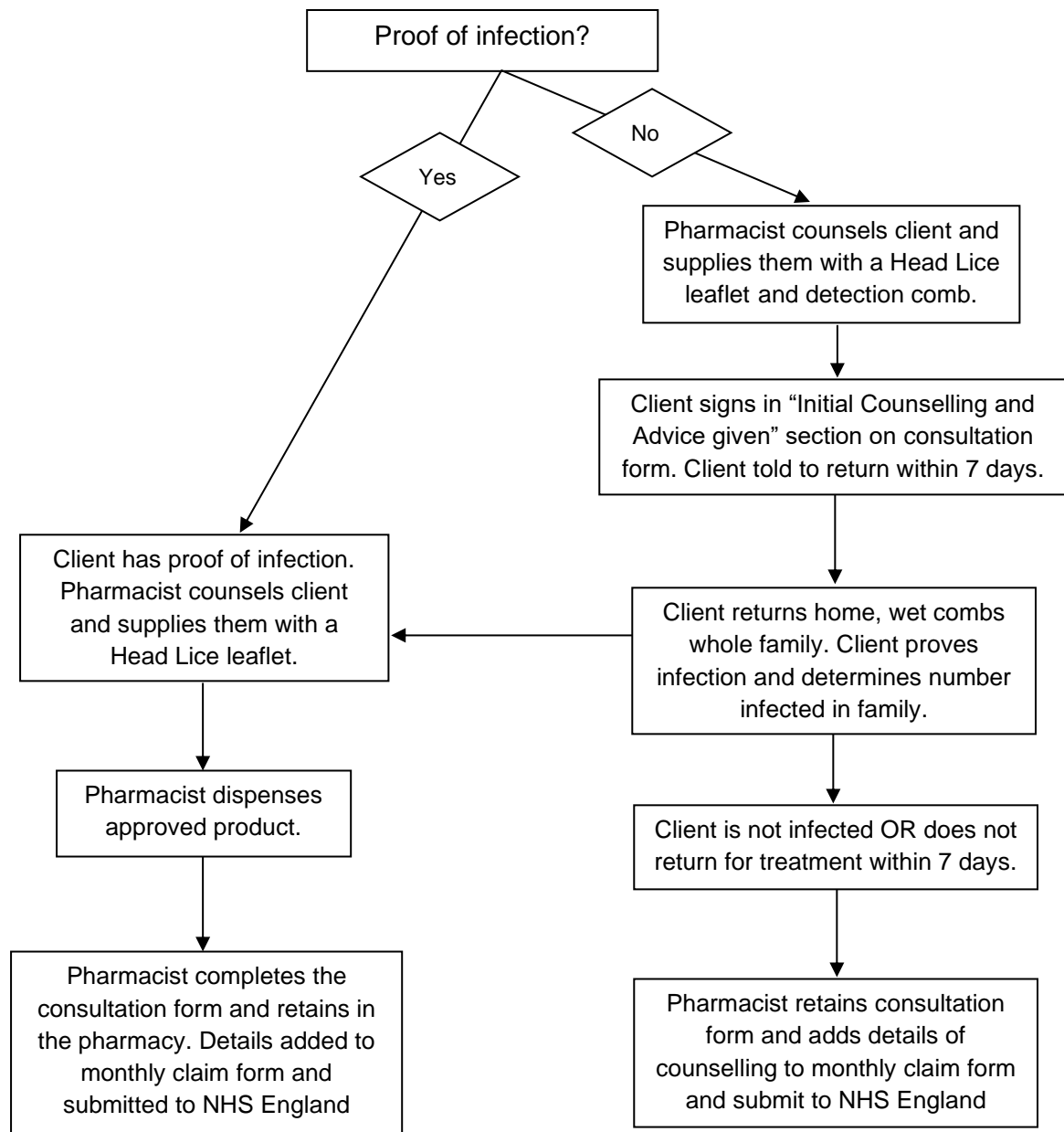
Printed name: \_\_\_\_\_

\*To the pharmacist

- One form per individual
- Take a copy for your pharmacy records

## Flow Chart

*When client presents in the pharmacy.*



**NB:** The client will be referred to the GP if:

- Treatment is required for a child under 6 months of age.
- The client presents with other scalp conditions (i.e. does not have head lice infection).
- Resistance to treatment is encountered.
- Two Courses of treatment have been supplied for one episode