

Minor Eye Condition Service (MECS)

1 **Introduction**

The Oxfordshire Minor Eye Conditions Service provides timely assessment and treatment for people with recent onset minor eye conditions. The service is provided by MECS accredited optometrists.

If you need to contact us about this service, please email:

Nasir.ghulam@primaryeyecare.co.uk

For matters that include patient information please email:

mecsclinicallead.peo@nhs.net

2 **MECS Eligibility**

The following patients are eligible for the service:

- Patients with symptoms present for < 6 weeks
- Patients registered with an Oxfordshire GP
- Patients > 6 years of age

Direct GP Referral (after seeing or speaking directly to a GP only):

- For special cases where a GP or secondary care consultant has referred a patient to MECS
- It is outside of the MECS pathways, but is likely to save an attendance at Eye Casualty
- It is not a red flag (in which case they should go to Eye Casualty unless sent from Eye Casualty)
- The appointment falls outside of routine Optometrist or pharmacy care
- Patients are not suitable for any other pathway

Exclusion Criteria:

- Patients with red flags (see 2.1)
- Patients that can be deflected to pharmacy (see 2.2)
- Patients who present with the same presentation within 6 months
- Patients with a suspicion of cancer (*must be referred to the 2 week wait service*)
- Patients who are housebound and would require examination and treatment in the home
- Patients with the same presentation or indication in the same eye for which they were seen within MECS in the previous 6 months

2.1 Red Flags and Deflection to Eye Casualty

Any patients that present with any of the following MUST be directed to Eye Casualty and NOT offered a MECS appointment:

1. Severe eye pain (Pain that is so bad that it stops you from doing your work)
2. Contact lens patient with increasing pain, reduced vision OR light sensitivity
3. Serious eye trauma in the affected eye
4. Eye surgery within past 30 days and current issue is in this eye
5. Painful red eye WITH reduced vision AND/OR light sensitivity
6. Painful eye with vision loss and nausea or vomiting or haloes around lights
7. History of iritis or anterior uveitis and suspicion this is a new episode
8. Painful eye WITH droopy eyelid, double vision, and abnormal pupil
9. Sudden, sustained loss of vision
10. Sudden onset double vision
11. Transient loss of vision WITH headaches and soreness of scalp and jaw
12. Swollen eyelid WITH red, painful, bulgy looking eye AND double or blurry vision
13. Flashes and/or floaters WITH veils, curtains, clouds OR reduced central vision

The red flags below should be directed to the GP for an urgent appointment or eye casualty if a GP is not available:

14. Severe headaches for less than 1 month
15. Swollen lids with fever

2.2 Pharmacy Deflection

Deflection to pharmacy is for **SELF - REFERRED** patients & patients **Referred by GP Practice staff (Not seen by GP)** only.

- Self-referred patients are deflected to pharmacy if they have:
 - Mild Red / Pink Eye
 - AND
 - Itchy or Dry or Sticky Sensation
 - OR
 - Swollen Eyelid
 - OR
 - Red patch on the white of the eye
- This is only applicable to patients who have symptoms for 1 week or less.
- The patients that are deflected to pharmacy need to be made aware that any treatment from the pharmacy will have to be paid for.
- Patients should be advised that if their symptoms do not improve within 1 week or gets rapidly worse, they should get back in contact and book a MECS examination.

2.3 Contact Lens Patients

- Contact lens patients that have anterior eye symptoms related to contact lens wear should not be deflected to pharmacy and cannot be seen in MECS. They should only be presented with the two options below:
 1. Present at Eye Casualty if they have a red flag - even if their symptoms persist after removal of their contact lens or lenses.
 2. Return to their existing contact lens provider for an examination and further advice.

2.4 Triage Forms

- **Receptionist Triage Form**
[https://www.oxfordshireloc.org.uk/files/1415/4741/2457/MECS TRIAGE FORM JAN 2019.pdf](https://www.oxfordshireloc.org.uk/files/1415/4741/2457/MECS_TRIAGE_FORM_JAN_2019.pdf)
- **Signposting Form for Pharmacists and Optometrists**
[https://www.oxfordshireloc.org.uk/files/3815/4357/2502/Signposting for MEC S.pdf](https://www.oxfordshireloc.org.uk/files/3815/4357/2502/Signposting_for_MEC_S.pdf)
- **GP Triage & Referral Form**
[https://www.oxfordshireloc.org.uk/files/5315/6104/3026/GP MECS triage for m.pdf](https://www.oxfordshireloc.org.uk/files/5315/6104/3026/GP_MECS_triage_for_m.pdf)

These forms are also located at:

<https://www.oxfordshireloc.org.uk/optometrists/minor-eye-conditions-service/>

2.5 NHS 111

If the decision whether a patient is eligible for MECS or not is proving difficult to navigate by reception staff and there are concerns asking non-clinical staff to make clinical decisions – please ask patients to ring NHS111 to triage the patient appropriately.

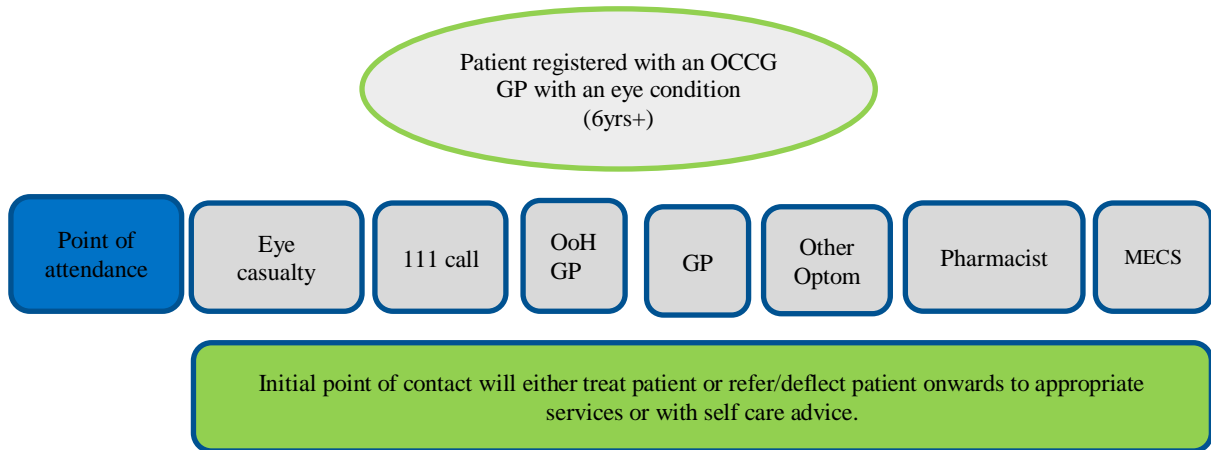
3 MECS Appointments

Patients will be triaged at presentation at a MECS accredited practice they must not be advised they will be seen on the same day.

- Urgent patients should have a MECS examination within 24 hours of presenting.
- Routine patients should have a MECS examination within 5 working days of presenting.

4 Service Model

- Service Model



- Same Day referral Pathway

