



NEE MECS - Service Guidelines and Protocols

Commencement Date 1st April 2016

Service Guidelines and Protocols Reviewed September 2020

Routes of Referral:

- You can accept a patient who self-refers, i.e. patient walks into the practice or telephones the practice
- You can accept a referral from another Optometrist in the practice
- You can accept a referral from an Optometrist in another practice
- You can accept a referral from a GP
- You can accept a referral from a Walk In Centre (WIC)
- You can accept a referral from a Minor Injuries Clinic (MIC)
- You can accept a referral from A&E, 111, local eye casualty telephone triage
- You can accept a referral from a Pharmacist
- You can self refer a patient
- You can accept a referral from evolutio

Service Requirements:

- Service only available for patients whose GP practice is located North East Essex CCG
- All patient should be triaged and given an appointment in appropriate timescales. If an appointment cannot be given in the required timescale it is your duty to contact another MECS provider and arrange an appointment for the patient, unless a patient states they would prefer to find their own appointment. Appendix A is a list of other MECS providers.
- Provision of MECS is for eye conditions listed on the inclusion list

Included are:

- Loss of vision including transient loss
- Ocular pain
- Differential diagnosis of red eye
- Foreign body and emergency c/l removal (not own c/l px)
- Dry eye
- Blepharitis
- Epiphora
- Trichiasis
- Differential diagnosis of lumps and bumps within vicinity of the eye
- Flashes/floaters
- Patient reported sudden onset of field defects
- Patient reports sudden onset diplopia

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- Symptoms suggesting a suspected detached retina – these are flashes and/or floaters. If this includes a shadow in their vision or if tobacco dust is present or if a tear has been identified then they should be referred as an emergency to the Hospital.

Excluded are:

- Severe conditions e.g. orbital cellulitis, temporal arteritis
- Eye problems related to herpes zoster
- Adult squints, long standing diplopia
- Removal of suture
- Patient report symptoms that indicate a sight test is more appropriate
- Repeat field tests to aid diagnosis to aid an eye examination
- Suspected cancers of the eye
- Dry age related macular degeneration
- Diabetic Retinopathy
- Patient who would qualify to be seen under the GRR Service

Appointment requirement for a MECS appointment

- All patients should be offered an appointment within 24 hours or 5 working days depending on the symptoms and triage outcomes.

Equipment:

- Access to the internet at your business address (for data reporting and referral system)
- Means of indirect ophthalmoscopy (i.e. wide field Volk lens or headset and lens)
- Slit lamp
- Applanation tonometer
- Distance test chart (Snellen/logmar)
- Near test type
- Equipment for epilation
- Threshold controlled electronic fields equipment able to produce a printed report
- Amsler chart
- Colour Vision Test
- Equipment for foreign body removal
- Appropriate diagnostic ophthalmic drugs – Mydriatic, anaesthetics, staining agent

Care Pathway:

- Telephone triage and booking – ensuring patient suitable for MECS service
- Patient advice and education
- Full diagnostic service and management of results

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- Appropriate treatment for clinical condition within Optometrist's competency and qualification
- One stop approach where appropriate
- Timely onward referrals when clinically necessary
- Planned discharge and on-going care planning, feedback to referring clinician where necessary
- Follow up where clinically necessary
- Written Order or Prescription for medication where clinically necessary – as allowed by Optometrist qualification level
- Advice and guidance for referring clinicians

Duties:

- Details of triage to be kept, even if patient not seen or directed elsewhere, including patient details, DOB etc. and advice given. Including date and time of phone call/face to face conversation. This will be entered and retained on the IT platform and keep any paper records as appropriate.
- Patients must be advised of probable length of appointment and that they may not be able to drive home
- Patients should normally be seen on first available appointment
- If clinically necessary follow up appointment to be given – where appropriate book before patient leaves the first appointment
- Any cancelled appointments – the provider to arrange alternative appointment at least once, within reasonable time frame in terms of clinical appropriateness
- Patient to be seen within 30 minutes of their appointment
- DNAs must be contacted within 24 hours of their missed appointment, giving appropriate advice and asking them to rearrange the appointment

Outcomes:

- No treatment necessary patient informed of this
- Diagnosis of the condition and advise given
- Diagnosis of the condition and treatment given e.g. removal of ingrowing eyelashes
- Diagnosis of condition and advice on eye preparations given
- Diagnosis of the condition and if applicable a Written Order or Prescription is supplied depending on the qualification of the Optometrist
- Diagnosis of condition and follow up appointment given, only given if clinically necessary
- Referral to GP
- Referral to HES routinely
- Referral to HES urgently
- Referral to HES emergency

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Follow up appointments:

If clinically necessary a follow up appointment is to be given – where appropriate book this before patient leaves the first appointment.

Referral guidelines:

Routine referrals - Patients/carers should be offered a choice of provider if they are to be referred to secondary care. In North East Essex, it's usually Colchester Hospital, although you may get patients with a preference for another HES, such as Ipswich and Broomfield, or a private referral. The Optomanager IT system will transfer the Referral letter via nhs.net to Evolutio, and then the routine referral will be triaged by Evolutio. Please ensure you put the hospital preference on the referral form.

Urgent referrals - Patient/carers should be offered a choice of provider, and this choice entered on the Optomanager IT system for inclusion on the referral letter. The referral is then to be printed and manually sent by fax (or via the Evolutio Portal) to Evolutio for triage. Please also send a copy letter for information to the GP.

Suspected WET AMD/WET AMD – There is no specialised pathway, patients are to be referred directly to the eye department at Colchester Hospital and marked as **Urgent** and not to be sent via Evolutio. The details are to be entered into the Optomanager IT system for inclusion on the referral letter. The referral is then to be printed and manually sent by fax to ESNEFT 01206 286850, mark as **urgent**. Please also send a copy letter for information to the GP.

For all areas, **emergency referrals** should be discussed with the On Call Ophthalmologist, in this area emergencies are directed to Colchester Eye Department. The emergency phone number for Colchester Eye Department is 01206 286882, if requested by the Eye Department also fax a referral on 01206 286850, it is normal practice for the fax referral to be requested.

At the weekends, if there is no answer from emergency number, it may be necessary to make contact with the eye department via the switchboard.

The numbers of referrals from this service is expected to be low

The referrals could be to:

- HES
- Other primary eyecare condition services
- Other healthcare services e.g. GP
- Emergencies go direct to the HES of their choice provided the HES is open.

Literature to be supplied:

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For patients discharged:

- A letter detailing the test outcomes and any other supporting advice should be sent to the GP within seven days of the appointment. This letter is automatically generated by the Optomanager IT system.

For patients who are referred:

- A letter detailing the test findings and any other supporting advice should be sent to the GP within seven days of the appointment, informing them their patient has been referred to Ophthalmology. This letter is automatically generated by the Optomanager IT system. A copy of this referral should be given to the patient/carer.

All Patients:

- Should be given Patient Literature relevant to their condition or treatment, e.g. Patient who was dilated should be given a leaflet on drugs used to dilate.
- Should be asked to complete a Patient Satisfaction Questionnaire.
- Where appropriate patients should be given literature on Public Health issues e.g. Smoking Cessation, Nutrition and Vision

Patient Satisfaction Questionnaire:

It is a requirement of all New Contracts for patients to be asked to complete a Patient Satisfaction Questionnaire (PSQ). Not all patients will choose to do so but the results of these questionnaires need to be reported every month to Clinical Lead, these are in turn reported to ACE. A copy of this document will be supplied to you. It is also available to download from the Primary Eyecare Essex Website.

- A PSQ can be completed at the time of the assessment or can be taken by the patient to complete and return to the practice at a later date.
- A PSQ can be completed as a paper document or on the Optomanager IT system by a member of staff.
- A member of staff can enter the details from a paper version of the PSQ into the Optomanager IT system after the patient has completed it.

Claiming Fees:

- Fee for performing this refinement: £55
- The fee claiming process is done automatically via the Optomanager IT system
- This IT system is also used to report the results to ACE via the Clinical Lead.
- Once you have seen your patient, you will need to complete the Optomanager IT system. Certain data is a requirement for this service and you will not be able to sign off the episode without completing all the necessary boxes.
- Once all data has been entered, you will be able to sign off your patient.

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- Claims will be made automatically on your behalf on the 10th working day of the month following the sign off date.

Optomanager IT system:

Here are a few points specific to the Optomanager IT system.

- You will receive a copy of the Optomanager Quick Start Guide that will explain how to register on the IT system.
- Any member of staff can enter a patient's basic details before the patient is seen.
- If you make an error in your data entry, you must not sign off the patient. If you have gone beyond the page with an incorrect entry, you may not be able to go back and edit details on the previous screen. If you cannot edit your data errors, save the episode and start another one. Once this entry is correct sign off this patient. **Please also inform Maggie Glover the Clinical Lead on maggielover@primaryeyecare.co.uk of the error in the first entry who will get this episode deleted from the IT system.**

