# **Service Summary**

# West Essex - Minor Eye **Conditions Services (MECS)**



# **Overview**

Primary Eyecare Services, in collaboration with Hertfordshire and West Essex ICB and Essex LOC have commissioned the Minor Eye Conditions Service (MECS) within the optometry practices in the community.

The Minor Eye Conditions Service (MECS) provides urgent assessment, for recent onset eye problems such as flashes, floaters, vision loss or minor eye injuries.

In 2023-2024 82% of patients seen within MECS were discharged following their first visit.

## **Service Information**

### Accreditation

- WOPEC MECS distance learning (part 1) and associated Practical skills course (part 2).
- Mandatory safeguarding and service briefing with a Primary Eyecare Services Essex Clinical Lead

## **Referral and Entry Points**

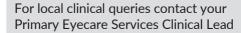
- Signposting to the service can be done by the NHS 111 service, pharmacies, A&E, Urgent Eyecare Centers and GP surgeries (by care navigators, nurses and GPs).
- The MECS service is symptoms led for patients presenting with a recent eye problem, including: Red/sore/itchy/painful eyes, flashes and/or floaters in the vision, sudden onset visual disruption/distortion and suspect foreign bodies.
- MECS is not a walk-in service, but patients are able to self-refer.
- Where a MECS optical practice cannot accommodate a patient, the optical practice will support the patient in finding an appointment at another MECS optical practice. Participating practices can be found at www.primaryeyecare.co.uk under the "Find a Practice Tool".
- Cancellations must be offered at least 1 alternative appointment within a clinically appropriate time frame. Missed appointments must be contacted within 24 hours of their appointment to rearrange and offer appropriate advice. The DNA policy can be found here.

### **Consultation Outcomes**

- Following assessment, a large proportion of patients are discharged from the service. In some instances, a follow-up may be indicated.
- GP surgeries receive an automatic notification of outcomes from every MECS episode.
- Routine and non-ophthalmology referrals following a MECS assessment must be directed to the GP, outside of OPERA.
- Where a patient requires referral to ophthalmology for urgent or emergency treatment, the practitioner does this directly via the Opera online platform and eERS.
- It is recommended that for emergency referrals, practitioners should also follow local emergency referral protocols for contacting the
- OCT and IP are not commissioned as part of MECS.

# **Help and Support**

See the OPERA Help Section, contact us through the Blue Bubble or email hello@referral.support









#### Inclusion

- Loss of vision including transient
- Sudden onset of blurred vision but always consider if a sight test would be more appropriate
- Ocular pain.
- Differential diagnosis of red eye.
- Foreign body and emergency contact lens removal (not by the fitting practitioner).
- Dry eye.
- Blepharitis.
- Epiphora.
- Trichiasis.

field defects.

- Differential diagnosis of lumps and bumps in the vicinity of the eve.
- Flashes/floaters.
- Patient reported sudden onset
- Sudden onset Diplopia

#### Fxclusion

- Patients identified to have severe eye conditions which need hospital attention e.g. orbital cellulitis, temporal arteritis.
- Eye problems related to herpes zoster.
- Adult squints, long standing diplopia.
- Removal of suture.
- Patient's reported symptoms indicate that a sight test is more appropriate than this service.
- Repeat field tests to aid diagnosis following an eye examination.
- Suspected cancers of the eye.
- Dry Age related macular degeneration.