

Service Summary

North East Essex-Minor Eye Conditions Services (MECS)

Overview

Primary Eyecare Services, in collaboration with East Suffolk and North East Essex NHS Trust 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 69% 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).
- Service briefing with a Primary Eyecare Services Essex Clinical Lead is required prior to commencement.

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 for patients presenting with a **recent eye problem**, including but not limited to: 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. GP action is only required where the outcome of MECS has been "referral to GP".
- Where a patient requires a referral to the GP or ophthalmology (routine, urgent and emergency), this is done 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 hospital.**
- 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

For local clinical queries contact your Primary Eyecare Services Clinical Lead



primaryeyecare.co



Inclusion

- Loss of vision including transient loss.
- 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.
- Differential diagnosis of lumps and bumps in the vicinity of the eye.
- Flashes/floaters.
- Patient reported sudden onset field defects.
- Sudden onset Diplopia

Exclusion

- 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.