



NEE MECS Service Guidelines and Protocols

Commencement Date **April 2016**

Service Guidelines and Protocols - revised **May 2025**

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&E, 111, local eye casualty telephone triage
- You can accept a referral from a Pharmacist
- You can accept a referral from another healthcare professional
- You can self refer a patient

Service Requirements:

- Service only available for patients whose GP practice is located North Essex area of NEE ICB, homeless people living in North Essex and for patients of the travelling community living in North Essex.
- 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. [Find a Practice - Search for your nearest participating optical practice](#)
- Provision of MECS is for eye conditions listed on the inclusion list

Included are:

- 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/floater
- Patient reported sudden onset field defects
- Sudden onset Diplopia

Primary Eyecare

Excluded are:

- 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

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

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

Care Pathway:

- Telephone triage/face to face and booking – ensuring patient suitable for MEC service
- Patient advice and education
- Full diagnostic service and management of results
- 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 and adhering to the Commissioner Agreed
- Advice and guidance for referring clinicians

**Duties:**

- Details of triage to be recorded, 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 outcome
- 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 is supplied
- Diagnosis of condition and follow up appointment given, only if clinically necessary
- Referral to GP
- Referral to HES routinely
- Referral to HES urgently
- Referral to HES emergency

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 Essex, it's usually Colchester Hospital, although you may get patients with a preference for another HES, such as Addenbrookes or Broomfield, or patients may request a private referral.

The OPERA IT system will transfer the referral form electronically to the Colchester Hospital. Other hospital choices will need to be sent to the patient's GP to arrange onward referral. OPERA will also electronically send an information letter to the patient's GP.

**Urgent referrals:**

Patient/carers should be offered a choice of provider, and this choice entered on the OPERA IT system for inclusion on the referral letter. The referral is then automatically sent to the hospital by the Opera IT platform.

A copy letter for information will be automatically sent to the GP.

Wet AMD:

Required to be sent same working day the patient has been seen, to the fast-track macular clinic. The referral is then automatically sent to the hospital by the Opera IT platform. However, it would be wise to follow up with a phone call to ensure the referral was received.

Suspected Cancer:

The patient must be referred to their GP same working day in order that a two week referral can be made. Please notify the GP practice by phone so that the practice can advise how they want to receive the referral.

Emergency referrals:

Follow the appropriate protocols for the Emergency Department, in this area emergencies are normally directed to Colchester Hospital. Phone 01206 746066 & option 6 for advice, then email a referral to esneft.eyereferurgent@nhs.net using NHS mail. The patient should be given a copy of their letter/referral form to take with them.

See the Essex LOC website for details of referral pathways if out of hours.

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

The referrals could be to:

- Other primary eyecare condition services
- Other healthcare services e.g. GP
- HES
- Emergencies go direct to the appropriate Trust

In all cases when a referral is sent to the HES then a letter of information is generated and sent to the patient's GP by the OPERA IT system.

Literature to be supplied:**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.
- Where appropriate patients should be given literature on Public Health issues e.g. Smoking Cessation, Nutrition and Vision

**For patients discharged:**

A letter detailing the test outcomes and any other supporting advice will be sent to the GP by the OPERA IT system.

For patients who are referred:

A letter detailing the test findings and any other supporting advice will be sent to the GP informing them their patient has been referred to Ophthalmology. This letter is automatically generated and sent by the OPERA IT system.

A copy of this referral should be given to the patient/carer.

Patient Satisfaction Questionnaire (PSQ):

It is a requirement of all 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 the commissioners.

- On completion of the episode, you can add in the patient's mobile number or preferred email address and the PSQ will be sent to them directly for completion at a later time.
- The practice email address could be added if the patient would like support from staff to complete the PSQ immediately after the appointment.

Claiming Fees:

- Fee for performing MECS appointment is £61 and £31.50 for a Follow Up appointment
- The fee claiming process is done automatically via the OPERA IT system

OPERA IT system:

This IT system is also used to report the results to Commissioners via the Clinical Lead. Once you have seen your patient, you will need to complete the OPERA 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
Payment claims will be made automatically on your behalf on the 10th working day of the month following the sign off date