


Service	Community Minor Eye Conditions Service (MECS)	York Teaching Hospitals Trust Emergency Ophthalmic Triage Service	General Ophthalmology Services
What the service offers	Optometrist assessment of minor eye conditions and treatment in high-street optician practices.	Nurse practitioner(s), or on-call ophthalmologist out of hours, triage to emergency ophthalmologist-led clinics.	Planned routine and urgent ophthalmologist-led services.
Who to refer (inclusion criteria)	<p>Patients with:</p> <p>Loss of vision, including transient loss; flashes and floaters; blurred vision; ocular pain and irritation; non-penetrating foreign body, and emergency contact lens removal; corneal foreign body; trichiasis (in growing eyelashes); differential diagnosis of lumps and bumps in the vicinity of the eye; retinal lesions; field defects; lid disease i.e. blepharitis, entropion, meibomian gland dysfunction, pain in eye after minor trauma.</p> <p>Dry eye, epiphora (watery eye), red eye, or other sore eyes, where symptoms have not improved with pharmacist advised management or the pharmacist advises more urgent optician review.</p> <p>Eye infections that have not responded to treatment.</p>	<p>Suspected non-accidental injury in a child</p> <p>Patients with: Orbital cellulitis, chemical injury, penetrating injury, endophthalmitis, post-op (within 3 weeks) reduced vision and pain, hyphaema, hypopyon, lid laceration, central retinal artery occlusion (WITHIN 8 hours), new sudden onset ptosis, lid laceration, acute angle closure glaucoma, iris rubeosis, corneal graft problems, corneal ulcer, iritis/uveitis, acute anterior uveitis, dendritic ulcer, marginal ulcer / keratitis, shingles WITH redness / pain / photophobia, giant cell arteritis AND vision affected, diplopia (new/sudden), abnormal pupil AND visual disturbance, Bell's palsy WITH red eye.</p> <p>Please note that these are examples of diagnoses which should be directed to the emergency triage service, not an exhaustive list.</p>	Patients whose condition has had optimised primary care and community services input, and requires assessment and management in an ophthalmologist-led service.

<p>Who NOT to refer (exclusions)</p>	<p>People under the age of 2 years; diabetic retinal screening and diabetic retinopathy; squints, long standing diplopia; cataracts (which should be managed via the existing cataract pathway); basic refraction.</p> <p>Refer to emergency triage service or Accident and Emergency department, as appropriate: Penetrating trauma; orbital cellulitis; temporal arteritis; ischaemic optic neuropathy; suspect retinal vein occlusion, suspect retinal artery occlusion; suspect retinal detachment; sudden total loss of vision; significant trauma; chemical burns.</p>	<p>Patients with minor eye conditions suitable for the MECS.</p> <p>Patients with conditions which can be managed with an ordinary routine or urgent referral via the Referral Support Service.</p>	<p>Patients who fall within the inclusion criteria for the MECS or the Emergency Triage Service.</p> <p>Do not refer ophthalmic conditions which require procedures not routinely commissioned.</p>
<p>How to refer</p>	<p>The patient may self-refer. Please signpost to the list of providers of the service which can be found here and ask the patient to contact their chosen provider directly. Patients will be triaged within 24 hours and seen by an accredited optometrist within 48 hours (sooner if urgent symptoms are identified at triage).</p>	<p>The preferred method of referral is by telephone on 01904 726758 to enable a clinical dialogue regarding the patient's presentation and history.</p> <p>During busy times, the nurse practitioner(s) may be engaged with other emergency triage calls; in these circumstances referrals may be made by voicemail. Further instructions can be found in the following document:</p> <div style="text-align: center;">  <p>20181126-Ophthalmic Emergency Triage !</p> </div>	<p>Refer via ICG to the Referral Support Service, who will contact the patient to offer a choice of providers and make an appointment on eRS.</p>