



Minor Eye Conditions Service

Service Guide for Practices and
Practitioners

December 2025

Primary
Eyecare



Contents

Introduction	3
Overview	3
Terminology	3
Local Variations & Local Service Summary One-Pagers	4
Inclusion and Exclusion Criteria	5
Entry to the Service	6
Service Delivery	8
Screening Outcomes	9
Alternative Pathways	9
Consultation Types and Timeframes	10
Service Outcomes	13
Service Pathway Diagram.....	15
Supply of Therapy	16
Independent Prescriber - FP10 Prescribing Pads.....	17
Failed to Engage, Did Not Attend, and Was Not Brought Policies	17
Patient Feedback and Equality and Diversity Monitoring	18
Completing an episode through the IT platform	18
Audit and Quality Assurance	19
Requirements for Providing Service	20
Equipment.....	20
Clinical Accreditation	20
Practice Requirements.....	21
Practitioner Requirements.....	21
Failsafe	22
Additional Information	23
Payment Process.....	23
Service Issues and Complaints.....	23
Updating Practice & Practitioner Information	23
Supporting Materials	23
Support Pages	23
Further Information and Support	24



Introduction

NHS-funded community eye care services are locally commissioned and distinct from the standard General Ophthalmic Services (GOS) sight test. Delivered primarily by accredited optometrists, they offer specialised, accessible care in community optometry settings, reducing pressure on hospitals and improving patient outcomes. Primary Eyecare Services are a not-for-profit provider that work in partnership with Local Optical Committees (LOCs) and community optometry practices to deliver these high-quality services.

This guide is intended for:

- optometrists and contact lens opticians delivering the service
- support and administrative teams supporting the delivery of the service
- practice managers and owners responsible for service compliance and oversight

Overview

The Minor Eye Care Service allows patients with symptoms that may indicate an eye condition to be safely assessed and treated within community optometry practices.

Delivered through accredited practices and practitioners, MECS provides the ability to manage patients presenting with a wide range of acute eye conditions, integrating imaging and independent prescribing where commissioned.

MECS will:

- provide timely access to eye care close to home
- reduce pressure on GPs, NHS 111, and hospital eye departments
- ensure patients are seen by the right clinician, in the right time and in the right place

Terminology

Minor Eye Conditions Services are also known as the following, and these may still be the service names in some local contracts:

- PEARS (Primary Eyecare Assessment and Referral Services)
- ACES (Acute Community Eyecare Services)
- CECS (Community Eyecare Services)



Local Variations & Local Service Summary One-Pagers

This practice guide outlines the standard and/or most common pathway for this service.

However, local variations in access, service delivery, pathways and protocols may apply. It is important to use this guide alongside the local service summary one-pagers, [available here](#).

Please speak to your Primary Eyecare Services Clinical Lead or email hello@referral.support for further information about your local service.

Variations in the MECS pathway include:

- required timeframes
- use of IP pathway including access to FP10 pads for prescribing
- scope and use of Optical Coherence Tomography (OCT)
- lower age limit
- requirements for follow-up appointments

Please note that this guide relates to those services delivered on the MECS Module on the IT platform.



Inclusion and Exclusion Criteria

Please note that this section includes demographic/geographic inclusion and exclusion only. Inclusion based on symptom-led screening is covered under “Service Delivery” below.

Inclusion Criteria

- Patients registered with a GP in an Integrated Care Board or Trust that commissions a MECS.
- The service will accommodate those who are not registered with a GP but are resident and eligible for NHS care e.g. members of travelling communities, homeless people, asylum seekers not yet resident in the UK.
- Age eligibility varies, please refer to the local service summary one-pagers.

Exclusion Criteria

- Patients registered with a GP in an Integrated Care Board or Trust that does not commission a MECS.

Domiciliary Patients

Please refer to local service summary one-pagers to confirm whether domiciliary service provision is specifically excluded.

- To qualify for a domiciliary GOS sight test, the patient must fall into one of the NHS eligibility categories and be unable to leave home unaccompanied.
- The equipment requirements for domiciliary provision remain as stated in the equipment list below.
- Further information on delivering domiciliary services can be found here: [Domiciliary Details](#).



Entry to the Service

Signposting from Health Care Professional and other services

Health Care Professionals and other services that may signpost to MECS include:

- General Practice (GP surgeries)
 - without seeing a GP
 - after seeing a GP
 - GP out of hours service
- NHS 111
- Pharmacist
- Accident & Emergency, Minor injuries unit or Urgent treatment centre
- Hospital eye clinic or Community ophthalmology clinic

Self-Presentation

- Patient contacts MECS provider practice directly and will be triaged for eligibility of the service based on the presenting symptoms.
- MECS is not a walk in service.

Intra-Practice Referral

- A non-accredited practitioner refers to an accredited optometrist within the same practice.
- An accredited practitioner refers to another accredited optometrist within the same practice.

Inter-Practice Referral

- A non-accredited practice signposts to a local accredited community optometry practice.
- An accredited MECS practice is unable to provide a clinical consultation in the required timeframe so refers to another MECS practice or to the Primary Eyecare Services Telemedicine Hub.
 - Before transferring a patient via the IT platform to another practice, the receiving practice must be contacted directly to confirm they can provide a consultation within the required timeframe.



Primary Eyecare Services Eye Care Navigation Service

In localities where all ophthalmology referrals are managed and triaged through a Primary Eyecare Services Eye Care Navigation Service.

- Primary Eyecare Services Eye Care Navigation Team transfers episode to patient's accredited community optometry practice of choice via IT Platform.

From Routine Sight Test

- A MECS examination is not an adjunct to a sight test; it is an alternative for cases where symptoms are of recent onset and unsuitable for a routine sight test.
- If a patient presents for a sight test with primary symptoms such as flashing lights, floaters, red or painful eyes, or other acute symptoms, the sight test can be converted to a MECS appointment.
- Routine findings (e.g. dry eyes or mild floaters not causing concern) should be managed within the sight test itself and not escalated to MECS unless symptoms worsen or change.
- In exceptional cases, a patient may need both a sight test and a MECS appointment. This should be:
 - scheduled separately, unless the patient has mobility issues or is unsafe to drive
 - clearly documented, with justification for dual assessment



Service Delivery

Screening and Deflection

- Eligibility is symptom-based and assessed using the standardised screening tool in the MECS module.
- All patient interactions must be recorded on the Primary Eyecare Service IT platform, which includes an algorithm to guide screening and recommend outcomes.

Inclusion Criteria - Presenting Symptoms

Patients may be eligible if they present with:

- sudden or transient loss of vision
- visual distortion
- sore or painful eye(s)
- red eye(s)
- flashes and floaters
- recent onset diplopia (double vision)
- foreign body in the eye(s)

Exclusion Criteria - Presenting Symptoms

Patients may be excluded if they present with:

- recent onset symptoms and are generally unwell
- headaches without visual symptoms
- contact lens-related issues where patient can be deflected to their regular contact lens provider
- chronic symptoms, e.g. long-term dry eye, lid lumps, or non-urgent issues (may vary locally)
- chemical or penetrating eye injuries
- eye care needs best met by a routine sight test
- Patients with conditions being monitored regularly by HES/another eyecare clinician e.g. glaucoma, cataract or diabetic retinopathy



Screening Outcomes

When patients meet the screening criteria, the urgency level within MECS is determined by their presenting symptoms and classified as follows:

- Direct patient to alternative pathway (see below)
- Routine
- Urgent
- Red flag emergency
 - red flag emergencies may be referred immediately outside the Primary Eyecare Services IT platform following local emergency referral protocols.

Alternative Pathways

Some patients may be more appropriately managed via:

- self-care
- pharmacy consultation
- private or GOS sight test

These patients should be:

- signposted to the appropriate service
- advised to re-contact if symptoms worsen or do not improve within five days

Timeframes of Consultations

- Patients must be seen within the timeframe determined by screening outcome.
- Please see Local Variations section for local routine and urgent timeframes.
- If your practice cannot meet the timeframe or appointment type:
 - Arrange an appointment at an alternative local MECS practice
 - the other MECS practice must be called in advance to confirm they have an appointment available within the required timeframe
 - the patient can then be transferred to the other MECS practice via the Primary Eyecare Services IT Platform



Clinical Support

- In cases of uncertainty or complexity, consult a MECS clinician.
- If no clinician is available at the practice, arrange an appointment at an alternative local MECS practice following the process above.

Consultation Types and Timeframes

Core Consultation Types

A MECS consultation will include the following, as appropriate:

- confirm with the patient that the consultation will focus solely on symptomatic urgent eye care needs
- conduct a full clinical history, including:
 - patient demographics and contact details
 - presenting symptoms and duration
 - relevant ocular and medical history
 - current medications
- assessment of vision
- conduct a needs led examination completing appropriate tests relevant to the patient's needs. [College of Optometrists – Guidance for Professional practice](#).
- discuss and agree a management plan with the patient which may include
 - self-care advice
 - therapeutic recommendation
 - further MECS consultation
 - referral to the Hospital Eye Services as per local protocols
- provide written patient information to support the management plan. This should include information on how to contact the service and/or other services if the condition fails to improve
- ensure that the patient's clinical records are updated promptly and accurately following the consultation within 48 hours



Enhanced Consultation Types

Where commissioned, enhanced consultation types include:

- OCT assessment (for centralised visual distortion)
- Independent prescribing assessments:

Enhanced consultations can be booked directly from screening but more typically follow a core consultation.

Optical Coherence Tomography (OCT)

The OCT pathway is designated for patients who present with sudden onset central vision loss and/or by central visual distortion, either during screening or when macular pathology is suspected. It is not intended for routine use, but rather for specific clinical scenarios.

- Only patients with sudden onset central vision loss and/or distortion are suitable for the OCT pathway.
- If onward referral is needed, a DICOM file should be uploaded if available. If not, relevant still images or slices must be provided. Detailed [guidance on image upload](#) is available.
- If a clinician believes OCT would aid decision-making but the patient does not qualify for the pathway, the test may still be performed. However, a MECS OCT episode must not be claimed, and the patient must not be charged.
- MECS is a fully funded NHS service; patients must not incur any charges for any aspect of the service.

Independent Prescribing (IP)

IP pathways are commissioned in most MECS (see Local Variation section). Referrals to IP optometrists may be appropriate when a patient is identified, either during triage or clinical assessment, as requiring specific prescribing expertise. This includes cases where:

- the patient's condition requires prescription-only medication that non-IP optometrists cannot supply
- the patient cannot be managed under standard MECS pathways due to complexity or medication needs
- as with any inter-practice referral, availability of appropriate appointment type and timeframe must be confirmed before a patient is transferred for continuation of their MECS care

More guidance for IP practices and IP optometrists can be found in the [Independent Prescribing in the PES service – Guide for Practices and Practitioners](#)



Follow Up Appointments

- A follow-up appointment may be scheduled as a planned outcome following an initial MECS consultation.
- The planned follow-up must be accurately documented in the patient's record at the time of attendance.
- Patients may also arrange a patient-initiated follow-up (PIFU) if symptoms recur or persist after discharge.
- Guidance on how to add an ad-hoc PIFU is available via [Logging a follow-up appointment to the IT Platform](#).
- A recurrence of the same issue in the same eye within 12 weeks of the initial MECS assessment is considered a follow-up and should be managed accordingly.
- Local variations in MECS follow-up protocols may apply; refer to the Service Variation section above.
- To ensure correct recording of follow-up appointments, refer to the process outlined in the "Completing an episode through the IT platform" section below.

Diagnosis/Tentative Diagnosis

- After each episode of care the clinician will be required to record a clinical diagnosis or tentative diagnosis.
- The diagnosis (or tentative diagnosis) is selected from a pre-defined list of conditions.

Please refer to the Help page here for further information on conditions/diagnoses: [Clinical Conditions / Diagnosis](#)



Service Outcomes

The patient should be informed of the outcome and expected next steps and offered sources on further information and support (see Additional Resources) in line with [Eye care support pathway](#) principles.

Following completion of the service pathway, outcomes are as follows:

Assessed, managed and discharged

- Most patients are managed within the community and discharged after receiving clinical advice, minor procedures (e.g. foreign body removal), or treatment plans

This includes:

- advice on self-care
- prescriptions or signed orders

Referral to Secondary Care

- Patients may be referred to hospital eye services directly through the IT Platform and in line with local pathways. It is the referring MECS practitioner's responsibility to follow local referral guidance.
- Emergency referral
- Urgent referral
- Routine referral

Referral to GP

Processing a Referral

Please find guidance on processing referrals below.

- When the clinical episode is completed with a referral required, a red referral tab will show next to the episode
 - [Referring to a GP](#)
 - [Managing referrals sent outside of the IT Platform](#)

GP Notification

- GP surgeries receive a notification of the outcome for every MECS episode via:
 - DOCMAN system
 - NHS email (where DOCMAN is not available)

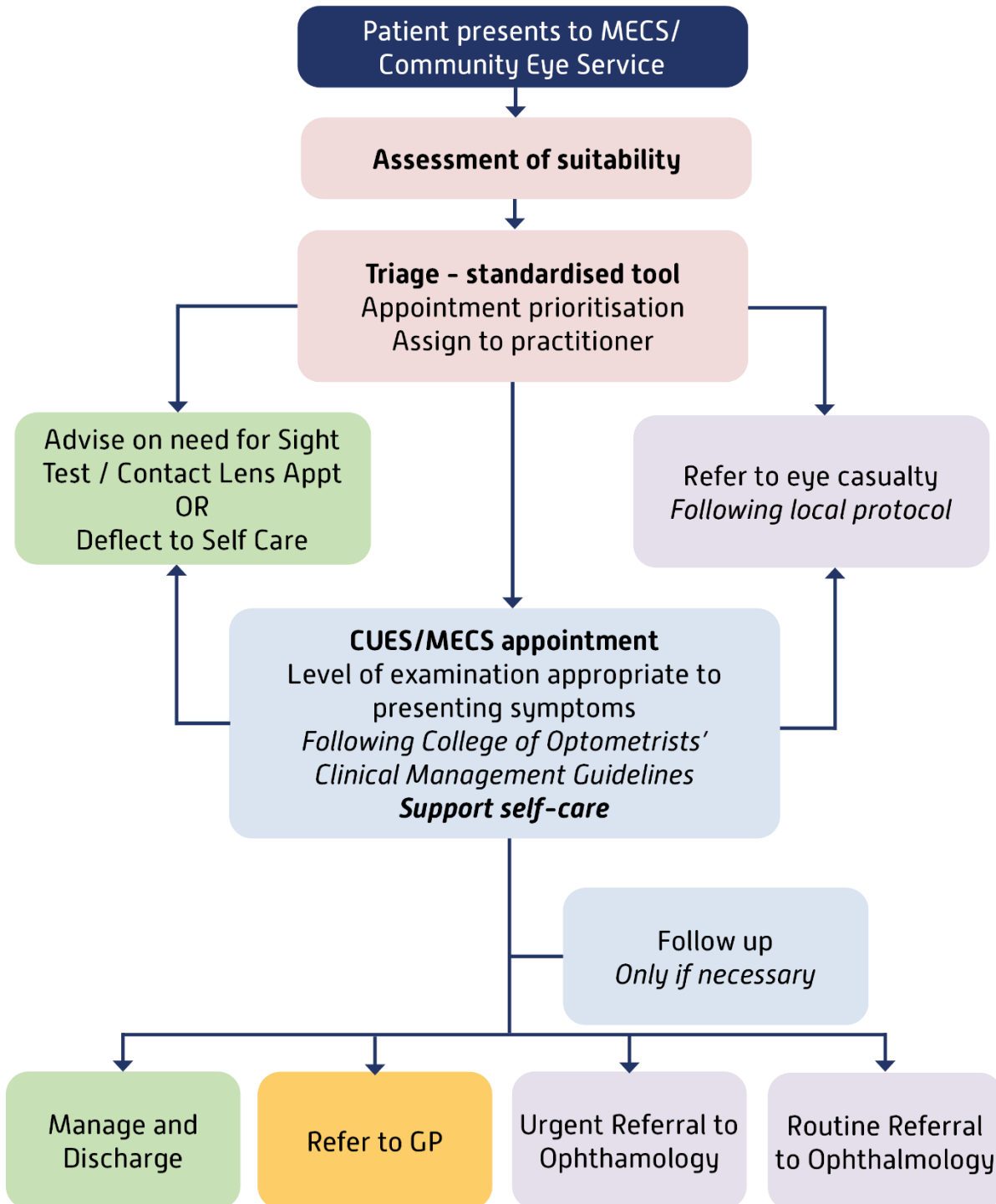


- This applies regardless of whether the patient was discharged, referred, or managed within the service.
- GP action is only required when the outcome is explicitly marked as “referral to GP”.



Service Pathway Diagram

Minor Eye Conditions Service





Supply of Therapy

Core Formulary OTC

All accredited MECS Optometrists may prescribe, sell, or supply pharmacy medicines (P) and general sale list medicines (GSL) during their practice. Optometrists must comply with legal requirements, GOC standards, and College of Optometrists guidelines.

When medication is required, MECS optometrists will provide or prescribe this during the consultation. Medicines may be arranged via a signed order for supply from the patient's chosen community pharmacist or directly supplied/sold (where permitted).

Following the [NHS England guidance](#) regarding over the counter (OTC) medications it is expected that patients will self-fund these medications. There are varying approaches to enable patients to access NHS funded prescriptions, where exemption from OTC guidance applies or where treatment is for conditions other than those in the OTC guidance.

Core Formulary POM

Registered optometrists may sell or supply all pharmacy medicines (P) or general sale list medicines (GSL) in the course of their professional practice, including 0.5% Chloramphenicol antibiotic eye drops or 1% eye ointment. Optometrists may give the patient a written (signed) order for the patient to obtain the above from a registered pharmacist, as well as the following prescription only medicines (POMs).

- Chloramphenicol,
- Cyclopentolate hydrochloride,
- Fusidic Acid,
- Tropicamide
- Note that (P) Chloramphenicol OTC is only licensed for use with bacterial conjunctivitis. For prophylactic use and for use by under 2s the POM licensed version is required, and this can be sold or supplied by optometrists in an emergency or by issuing a written order to be dispensed at a pharmacy.

Patients will be directed to purchase medication in the core formulary. For those patients deemed to be exempt from OTC purchase, supply arrangements will be outlined in Local Service Summary One-pagers (see Local Variation section above).

In making a supply to the patient the practitioner must ensure:

- sufficient medical history is obtained to ensure that the chosen therapy is not contra-indicated in the patient
- full compliance is ensured with all relevant aspects concerning the labelling of medicine, as outlined in the Medicines Act 1968



- the patient has been fully advised on the method and frequency of administration of the product

And that they:

- maintain their skills and knowledge with regards the use of drugs
- demonstrate continuous professional development in line with their professional requirements
- inform patients of the any adverse reactions prior to application and provide them with the appropriate information
- record all batch numbers and expiry dates of drugs in the patients notes
- ensure that all drugs are stored according to the manufacturer's instructions

In general, supply via a pharmacist is preferred. The College of Optometrists has produced guidelines on the use & supply of drugs as part of its 'Code of Ethics & Guidelines for Professional Conduct' section K1: www.college-optometrists.org/en/professional-standards/Ethics_Guidelines/index.cfm

Independent Prescriber - FP10 Prescribing Pads

Where an optometrist has independent prescriber (IP) status allowing greater management of patients in community as per the objectives of MECS, Primary Eyecare Service work with Integrated Care Systems during implementation of the service to seek access to FP10 prescribing pads and to be assigned a prescribing budget.

IP optometrists are expected to work within their competency and experience when managing patients within MECS and refer to College of Optometrist Clinical Management Guidelines recommendations. For full details and guidance for IP optometrists within Primary Eyecare Services community eye care services please see the '[Independent Prescribing in PES Service - Guide for Practices and Practitioners](#)'.

Failed to Engage, Did Not Attend, and Was Not Brought Policies

Provision of community eye care services requires practices to manage and record all instances of patient non-engagement or non-attendance to appointments.

For information about Primary Eyecare Services Failed to Engage (FTE), Did Not Attend (DNA) and Was Not Brought (WNB) Policies, please [click here](#).



Patient Feedback and Equality and Diversity Monitoring

- Patient feedback is crucial for our community eye care services to demonstrate the value of services and to enable service improvements.
- Please encourage all patients to complete patient feedback.
- Equality and Diversity information is also requested.
- Feedback is usually collected via text or email and comprises of a few short questions.
- If a patient can't complete patient feedback through SMS or email, you can support them in completing this: [Completing PROMS where a patient has asked for support](#).

Completing an episode through the IT platform

All clinical episodes must be recorded on the Primary Eyecare Service IT platform within 48 hours.

Please note that the service needs to be selected in the Practice Profile in order to complete an episode through the IT platform. [My Services - checking, adding and removing services](#)

Please use the following link for a step-by-step guide to completing an episode through the IT platform. This guide can be saved as a PDF and/or printed as required.

The Primary Eyecare Services IT platform requires the recording of data appropriate for service delivery. This does not replace the need to keep a full record of the clinical episode on the Practice Management System (PMS).

[Completing the Minor Eye Conditions Service module for Primary Care](#)



Audit and Quality Assurance

Primary Eyecare Services has a comprehensive programme of audit and quality assurance in place to ensure that all services are delivered in accordance with national and local standards.

Clinical leads undertake structured service level audits every quarter to monitor performance at a practitioner and practice level to ensure compliance with agreed protocols. Audit reports review activity levels, appointment types, referral patterns, access timeframes, clinical outcomes, and patient-reported feedback (PROMS/PREMS).

Where audit findings highlight outliers or concerns, clinical leads will work with practices and practitioners to identify the cause and to agree any indicated action plan.

Practices have access to their own service data via the [Practice Audit Dashboard](#), enabling practices to monitor their performance benchmarked against national data.

Subcontractor Performance Management

Primary Eyecare Services monitors the performance of subcontracted community optometry practices through regular audits and a structured breach process. This supports service quality, patient safety, and contractual compliance. Further details are available [here](#), or in the [Primary Eyecare Services Policy Pack](#).



Requirements for Providing Service

Please find below the equipment and accreditation required for community optometry practice and practitioners to provide community eye care services and access the Primary Eyecare Services IT platform. These requirements should be read alongside the [Primary Eyecare Services Policy Pack](#).

Equipment

All practices providing the service are required to have the following equipment available:

- access to the internet
- means of indirect ophthalmoscopy (Volk/headset indirect ophthalmoscope)
- Tonometer
- access to imaging or OCT (dependent on commissioned pathway)
- distance test chart (Snellen/LogMAR) / Near test chart
- visual fields equipment able to produce either an electronic or printed report
- appropriate ophthalmic drugs (Mydriatic / Anaesthetic / Staining agents)
- equipment for foreign body removal (e.g., PVA spears /Tweezers etc)

Clinical Accreditation

Optometrists

All participating practitioners will have the core competencies as defined by the General Optical Council (GOC).

Participating practitioners are expected to keep their knowledge and skills up to date which may include:

- including the provision of community eye care services in GOC personal development plans
- this may be supported [Primary Eyecare Services Professional Development](#) webpage

Participating practitioners must complete the WOPEC/LOCSU MECS learning modules (there may be some local additional accreditation requirements in some areas).

A code to allow optometrists to complete the [WOPEC](#) accreditation can be provided by your [Local Optical Committee](#).



Contact Lens Opticians (CLOs)

The practitioner will need

- WOPEC MECS: Contact Lens Optician
- ABDO Extended Services Accreditation (includes both MECS/MECS)
- Professional indemnity insurance that covers MECS

The accredited CLO will be recognised as a provider of MECS and will treat dependent on capability and competence, working alongside optometrists as part of a multidisciplinary team.

Triage processes should signpost patients with anterior eye problems to the MECS/MECS accredited CLO, while posterior eye problems should be directed to the optometrist. In some cases, there will almost certainly be co-management of patients. MECS accredited CLOs can only provide this service when a MECS accredited optometrist is on site. This is not to provide supervision but primarily for the purpose of co-management.

Pre-Registration Optometrists (pre-regs)

As part of the Scheme for Registration, pre-regs are required to see at least five 'other' patients, with one of the eligible services being MECS.

Pre-regs can conduct the patient consultation as normal (with appropriate supervision level), complete the clinical record on their practice patient management system (PMS) and document findings and clinical decisions made.

The supervisor must physically examine the patient following the pre-regs assessment, sign off the consultation on the practice PMS with some notes on the patient record. The supervisor will then complete the final clinical assessment on the Primary Eyecare Service IT Platform. Supervisors maintain full clinical responsibility for patient care.

Practice Requirements

All practices providing the service are expected to have at least one accredited practitioner regularly available to provide the service.

Full practice requirements and onboarding guidance can be found here:

[Practice Onboarding](#)

Practitioner Requirements

Full practitioner requirements and onboarding guidance can be found here:

[Practitioner Onboarding](#)



Practice and practitioner compliance and practitioner accreditation requirements are continuous and ongoing; should the practice or practitioner no longer satisfy these requirements then they must inform Primary Eyecare Services at hello@referral.support and cease providing this service. Guidance on this process is available on the [Service Withdrawal](#) help page.

Failsafe

Effective management of patients requiring the Minor Eye Conditions service is essential. It is crucial that all necessary actions are completed to ensure continuity of care and compliance with clinical governance standards.

Primary Eyecare Services has a dedicated Failsafe Team that provides comprehensive support to practitioners, ensuring patients are scheduled and seen within appropriate clinical timeframes.

To ensure the Failsafe Team communications are received, it is essential to [keep all contact information up to date](#) . This includes ensuring that designated staff members responsible for the MECS service are correctly listed and able to receive correspondence.

Community optometry practices are expected to respond to emails from the Failsafe Team, providing explanation for any delays in updating patient episodes within the required timeframe.

If you require Failsafe Team support, please contact the team on pes.quality.pes@nhs.net



Additional Information

Payment Process

For information about invoicing and how to track payments [click here](#). Queries should be directed to hello@referral.support or via the 'blue bubble'.

Service Issues and Complaints

Primary Eyecare Services have a dedicated Quality Team who manage service issues and complaints.

To raise any concerns about this service, please contact quality@primaryeyecare.co.uk

Updating Practice & Practitioner Information

Please refer to the dedicated help page for information on practice and practitioner profiles, updating information and making annual declarations:

[Practice and practitioner profiles - IT Platform](#)

Supporting Materials

- [Find a Practice - Search for your nearest participating optical practice](#)
- [Eye Conditions - Primary Eyecare Services](#)
- [College of Optometrists' Guidance on Remote Consultations and Virtual Care.](#)
- [College of Optometrists – Guidance for Professional practice](#)
- [Independent Prescribing in the PES service – Guide for Practices and Practitioners](#)
- [Eye care support pathway](#)
- [NHS England OTC guidance](#)

Support Pages

- [Primary Eyecare Services Policy Pack](#)
- MECS Help Guides:
 - [MECS Help Pages](#)



- [Completing the Minor Eye Conditions Service module for Primary Care](#)
- [MECS Local Service Summary One-Pager Variations](#)
- **Support Pages:**
 - [OCT guidance on DICOM image uploads](#)
 - [Clinical Conditions / Diagnosis](#)
 - [Logging a follow-up appointment to the IT system](#)
 - [Referring to a GP](#)
 - [My Services - checking, adding and removing services](#)
 - [Practice Onboarding](#)
 - [Practitioner Onboarding](#)
 - [Practice and practitioner profiles - IT Platform](#)
 - [Service Withdrawal](#)
 - [Changing Email Preferences - IT Platform](#)
 - [Practice Invoices and Reconciliation](#)
 - [Failed to Engage \(FTE\), Did Not Attend \(DNA\) & Was Not Brought \(WNB\) Policy](#)
 - [Domiciliary Details](#)
 - [Completing PROMS where a patient has asked for support](#)
- **Additional Links:**
 - [Primary Eyecare Services Professional Development](#)
 - [Wales Optometry Postgraduate Education Centre - WOPEC](#)
 - [Local Optical Committee](#)
 - [Guidance for Professional Practice - College of Optometrists](#)

Further Information and Support

For further information, [click here](#) to view all our help guides.

Further queries should be directed to hello@referral.support or via the IT Platform 'blue bubble'.