

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Minor Eye Conditions Service (MECS)
Commissioner Lead	Mark Curran
Provider Lead	TBC
Period	1 st September 2017 – 31 st August 2020
Date of Review	January 2020

1. Population Needs

1.1 National/local context and evidence base

The development of the Minor Eye Conditions Service (MECS) is part of a programme of work to ensure patients are seen at the Right Time, in the Right Place, by the Right Person. This has been driven by the need to manage the demands being placed on secondary care ophthalmology services, and in doing so has recognized the potential to develop the role of eye health care professionals in primary care.

The national key drivers include:

- NHS Standard Contract 2016-17 (March 2016)
- Delivering the forward View: NHS Shared Planning Guidance 2016/17-2020/21 (December 2015)
- HM Treasury Spending Review and Autumn Statement (November 2015)
- Clinical Council for Eye Health Commissioning Community Ophthalmology Framework (July 2015)
- NHS Annual Report 2014-15 (July 2015)
- NHS Commissioning for Quality and Innovation (CQUIN) Guidance for 2015-16 (March 2015)
- NHS Serious Incident Framework (March 2015)
- NHS Standard Contract 2015-26 (March 2015)
- NHS England Business Plan (March 2015)
- National Information Board Personalised Health and Care 2010 (November 2014)
- NHS Five Year Forward View (October 2014)
- NHS outcomes Framework 2015-2016 (December 2014)
- NHS Constitution (March 2013)
- Safeguarding Vulnerable People in the Reformed NHS (March 2013)
- The Information Governance Review (March 2013)
- Commissioning Better Care: Urgent Care (February 2013)
- NHS (Procurement, Patient Choice and Competition) (No.2) Regulations 2013
- Everyone Counts: Planning for Patients 2013/14 (December 2012)
- Securing excellence in commissioning primary care (June 2012)
- Health and Social Care Act 2012
- Equity and Excellence: liberating the NHS (2010)
- Right Care: Increasing Value – Improving Quality (June 2010)
- Implement care closer to home; convenient quality for patients (April 2007)
- The UK Vision Strategy 2013-2018

2. Outcomes

2.1 NHS Outcomes Framework Domains and Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

2.2 Locally Defined Outcomes

- Care closer to Home in a more convenient setting
- Patient experience is enhanced by offering greater choice of provider
- Reduction in unnecessary referrals to eye casualty clinics thus releasing capacity in secondary care
- More cost-effective care
- Speedier access to care
- Easier access for patients through self-referral
- Retention of patients in primary care where possible
- Improving primary care capacity by reducing GP workload related to minor eye conditions
- All patients receive education and advice on the management of their condition, empowering them to take control. Ensuring people have a positive experience of care

3. Scope

3.1 Aims and Objectives of Service

The purpose of the Minor Eye Conditions Service (MECS) is to allow primary care optometrists to triage, manage and prioritise patients presenting with an eye condition.

MECS' aims will be met using the objectives below:

- Improving access
- Signposting to other appropriate services
- Improve eye health in line with the UK Vision Strategy
- To reduce the number of unnecessary referrals for non-urgent eye conditions to secondary care
- To streamline the referral process and patient pathway resulting in a reduction in patient waiting times and improved access by providing assessment / triage within an agreed short period of time
- To reduce the number of attendances at A+E for minor eye conditions
- To ensure quality and safety for patients at all times
- A reduction in the number of follow up Outpatient appointments with care remaining within Primary care where appropriate
- To improve patient experience and offer access to a choice of services by utilising existing infrastructure of a multitude of Optometry practices
- To utilise available resources more effectively
- To improve patient satisfaction and experience by delivering a timely, easily accessible, high quality Optometry and Ophthalmology services across Dudley CCG
- To assist patients/carers with self-care, education and care planning where necessary

- Improve communication between specialist and primary care
- To support Dudley CCG to deliver their QIPP plans and achieve financial balance by commissioning a cost-effective service that is value for money
- To deliver the targets connected with the, “Right Care, Right Here Strategy” that aims to improve health and health inequalities across the local health economies
- To support an innovative approach to service delivery such as extended working hours, new models of care, etc.
- This service will bring a proportion of diagnostic and treatment services out of the acute sector and into primary care with care closer to patients’ homes
- This service will offer quick access to services in most cases, ease pressure on and remove demand from secondary care
- Patient feedback will be used to improve and modify services to ensure the best possible patient experience and will include all aspects of the service from initial contact to delivering feedback. This must include from ‘seldom heard’ groups and patients with sensory disabilities.

3.2 Service Description/Care Pathway

Referral Sources

Children under 17 years of age should be accompanied by a responsible adult.

Referrals into the service can come through any of the following routes:

- Self-referral to the service
- Referral or signposting via GP or Pharmacist
- Referral from another ophthalmic practitioner who does not provide the service
- Signposting to the service via A&E, NHS 111

The service will not generally be a walk-in service; patients will need to telephone service provider(s) to book an appointment. However, providers will be permitted to offer an immediate appointment if this available.

A GOS sight test or private eye examinations may also be required but it would be unusual for this to be carried out at the same time as a MECS examination. Practitioners should at all times respect the patient’s loyalty to their usual optometrists and not solicit the provision of services that fall outside the scope of the services. The patient’s details should NOT be added to the practice reminder system for the purpose of sending recall letters for regular eye examinations, unless the patient expressly requests it.

3.3

First Appointment

On booking patient appointments providers will be expected to assess the eligibility and suitability of the patient for the MECS service by telephone triage (the telephone triage tool will need to be agreed with the Commissioner Appendix 1)

For symptoms which are non-urgent the provider will be expected, within reason to provide a patient with an appointment within 2 working days of contacting the service. (Working day defined as Mon – Sat between 9am – 6pm).

In the instances of symptoms which may require urgent attention (potentially sight-threatening conditions), the provider will be expected to see the patient within 24 hours of contacting the service or where necessary advise attendance at A&E or at eye hospital clinic in accordance with agreed protocols.

Patients must be advised about the probable length of their appointment and that they will not be able to drive home after dilation.

Where patients are not suitable for treatment under the MECS service, the provider

- 3.4 should advise the patient of the most suitable urgent or routine service, such as a GOS sight test, to meet their needs and organise onward referral where appropriate. (More detail needed).

Follow-up

- 3.5 Only where clinically necessary, patients will be offered a follow up appointment by the service. It is expected that the majority of patients seen by the MECS service will not need a follow up appointment.

Management of DNAs

- 3.6 Should a patient fail to arrive for an appointment, the provider must contact the patient within 24 working hours, informing them that they have missed their appointment, and ask them to arrange a further appointment. If this is not possible, a letter should be sent and any referring clinician should be notified. A separate record of these instances should be kept for monitoring purposes.

Examination and Treatment

The level of examination should be appropriate for the reason for referral.

- 3.7 Minor eye conditions are expected to be managed within the professional competencies of the General Optical Council and also in accordance with the Local Optical Committee Support Unit (LOCSU)/Wales Optometry Postgraduate Education Centre (WOPEC) accreditation as set in section 4.5.

Outcomes resulting from consultation

Outcomes resulting from the consultation will fall into one of the following categories:

- The accredited clinician diagnoses the condition, suggests appropriate advice and discharges the patient
- The accredited clinician diagnoses the condition and refers the patient in line with the referral guidelines
- The accredited clinician manages the condition, offers advice and/or prescribes/recommends medication. A follow up consultation may be necessary
- The accredited clinician carries out a minor clinical procedure e.g. eyelash removal or foreign body removal. A follow up consultation may be necessary
- The accredited clinician discusses the outcome with the patient, provides self-care information, reassures the patient and discharges them
- The accredited clinician recommends an NHS or private sight test (see 3.2).

The following cases must be directed to the nearest Eye Casualty immediately:

- Severe ocular pain requiring immediate attention
- Suspect Retinal detachment
- Retinal artery occlusion
- Chemical injuries
- Penetrating trauma
- Orbital cellulitis
- Temporal arteritis
- Ischaemic optic neuropathy
- Sudden loss/ dramatic reduction in vision in one eye

3.8 Population Covered

The service is for patients registered with a Dudley CCG GP.

3.9 Any Acceptance Criteria and Thresholds

3.10 Quality and Clinical Governance

The Provider must complete the appropriate QIO for the service namely:
Participating practices: QIO for GOS contracts

In order to demonstrate appropriate standards are met for provision of the service(s), providers must hold a GOS contract with NHS England and meet the current community services level of the online England Contractor Checklist for Quality in Optometry every three years.

All providers are required to refresh/ renew 'Quality in Optometry' after three years.

All providers will submit evidence of this, to the commissioner if requested to do so.

3.11

Clinical Management Guidelines

Conditions will be managed in accordance with LOC agreed published pathways and the College of Optometrists Clinical Management Guidelines. [http://www.college-optometrists.org/en/professional-](http://www.college-optometrists.org/en/professional-standards/clinical_management_guidelines/index.cfm)

3.12

[standards/clinical_management_guidelines/index.cfm](http://www.college-optometrists.org/en/professional-standards/clinical_management_guidelines/index.cfm)

Clinical Audit

The Provider is expected to undertake regular internal clinical audit and review and to take action to implement any learning acquired during this process. Checks will be undertaken by the Commissioner on an annual basis as part of an assurance process. This may include, but will not be limited to:

- A random selection of patient records will be looked at to determine the appropriateness of referral to/acceptance by the MECS, assessment and treatment by the MECS and the decision to either discharge, follow-up or refer the patient on to hospital eye services
- A check to ensure that clinical protocols are being adhered to
- Appropriate patient record keeping
- Review any serious untoward incidents and how these were managed
- Patient experience questionnaire

3.13

Safeguarding

3.14

The Provider must comply with the CCGs Safeguarding policy, complete a safeguarding dashboard and any required safeguarding audit.

Skills and Competencies

All ophthalmic practitioners must be registered with the General Optical Council (GOC).

All participating optometrists/ Health Care Professionals will undergo training and accreditation including demonstrating the ability to identify and manage a range of ocular abnormalities, and a proficiency in the use of certain elements of the below mentioned equipment.

Participating optometrists/ Health Care Professionals must complete the Wales Optometry Postgraduate Education Centre WOPEC/LOCSU Distance Learning modules (Part 1), and the associated Practical Skills Demonstration (Part 2 - OSCEs). In order to progress to Part 2, a candidate must successfully pass Part 1 first.

An optometrist who has a relevant higher qualification/ experience may be exempt from the WOPEC/LOCSU Distance Learning and/ or the Practical Skills Assessment at the discretion of the Clinical Lead.

3.15

Providers of the service will be responsible for ensuring clinicians keep their knowledge and skills up to date; with a strong focus on continued education and

training.

In addition the following apply:

- 3.16
- Aware of own limitations
 - Does not compromise patient **safety**

Premises

Potential providers must ensure that the premises are Infection Control compliant and compliant with the Equality Act 2010 and must be able to demonstrate this to the CCG.

Equipment

All providers contracted to supply the service will be expected to employ an accredited optometrist and have the following equipment available:

- 3.17
- Access to the Internet
 - Means of binocular indirect ophthalmoscopy
 - Sit lamp
 - Goldman Type applanation Tonometer
 - Distance test chart (Snellen/ logmar)
 - Near test type
 - Equipment for epilation
 - Threshold fields equipment to produce a printed report
 - Amsler Charts
 - Equipment for FB removal
 - Appropriate ophthalmic drugs
 - Mydriatic
 - Anaesthetic
 - Staining agents

It is the responsibility of the Provider to purchase, maintain to a high standard and replace all relevant equipment required to provide this service.

Supply of Therapy

It is anticipated that pharmacies will supply the medicine/s for minor eye conditions diagnosed and recommended by Providers working within the MECS pathway. Registered Optometrists are expected to recommend pharmacy medicines (P) or general sale list medicines (GSL) only as part of this service. Optometrists may give the patient a written (and signed) order for the patient to obtain medicine from a registered pharmacist, as well as for the following prescription only medicines (POMs):

- Chloramphenicol
- Cyclopentolate hydrochloride
- Fusidic Acid
- Tropicamide

*This list will be reviewed as appropriate.

In making a recommendation or prescribing a treatment to the patient the optometrist must ensure sufficient medical history is obtained to ensure that the chosen therapy is not contra-indicated in the patient; and that the patient has been fully advised on the method and frequency of administration of the product. Written instructions will be supplied to the patient and added to the documentation for pharmacy to supply to comply with Medicine Act (1968).

Supply via the pharmacy is preferred. The optometrist will not direct the patient to a specific pharmacy. The choice of pharmacy will be selected by the patient from the list of pharmacies contracted to supply medicines under this service.

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 2.40.

If the patient is exempt from prescription charges, the supply of the appropriate treatments could be covered by the Group Prescribing Directives and/ or by the Minor Ailment Services. This is in accordance with the National Pharmacy Enhanced Service Plan already in existence (Appendix 2).

In making a recommendation or prescribing a treatment to the patient the optometrist must ensure:

- Sufficient medical history is obtained to ensure that the chosen therapy is not contra-indicated in the patient
- The patient has been fully advised on the method and frequency of administration of the product. Written instructions will be supplied to the patient and added to the documentation for pharmacy to supply

Optometrists are expected to choose from a locally agreed MECS scheme formulary as set out below and in line with the "Recommended Drugs" in the Dudley CCG formulary and subject to changes made to the this formulary:

Chloramphenicol 0.50% w/v eye drops 10ml

Chloramphenicol 1% w/w eye ointment 4g

Sodium Cromoglycate eye drops 10ml

Otrivine-Antistin eye drops 10ml

Carmellose 10ml 0.5% & 1% eye drops

Clinitas Gel™

Carbomer 980 gel 10g 0.2% gel

Clinitas hydrate 10g 0.2% gel Clinitas Multi™

Sodium hyaluronate 10ml 0.4% eye drops

Hylo Tear 1%

Hylo Forte™ 2%

Hypromellose eye drops 0.5 or 0.3%

Lacrilube™ 5g ointment

Optive™

Carmellose/glycerol multidose 10ml

3.18 Systane™ 10ml gel drops

Systane Balance™ 10ml eye drops

Systane Ultra™ 10ml eye drops

Xailin Fresh

3.19 (Carmellose sodium) 0.5% 30 x 0.4ml UDV drops

Xailin Night™ 5g ointment

The optometrist will not direct the patient to a specific pharmacy. The choice of pharmacy will be selected by the patient from the list of pharmacies contracted to supply medicines under this service.

3.20

Disposal of Clinical Waste

This is the responsibility of the provider and should meet legal requirements.

3.21 Secure NHS mail

The provider will ensure that all referrals are managed securely using fax. This is until providers are given NHS email addresses. Providers will then be expected to use their NHS.net email addresses for the secure transfer of patient information.

Patient Records

Complete and accurate records will be held for each patient to include clinical information by the provider in an electronic format stored securely.

Patient Information

The Provider is responsible for supplying patient information. Examples of patient

information leaflets that should be provided are:

- Mydriatic drops – warning re: pupil dilation
 - Tear Dysfunction/ Dry eye
 - Blepharitis
 - Conjunctivitis
 - Trichiasis
 - Epiphora
 - Foreign body removal
 - Flashes & Floaters
 - Age related macular degeneration
 - Glaucoma
 - Public Health Messages e.g.
- Smoking cessation
 - Obesity
 - Alcohol abuse

Patient experience

The provider will be expected to provide each patient with a simple patient experience questionnaire following each episode of care with the service. A short patient experience questionnaire will be provided by the Commissioner. The Provider will be performance monitored on questionnaire completion on a 60% response rate. The Provider will be performance monitored on overall percentage of people happy and confident with service against a target of 95% (Appendix 3).

3.24 Equality Monitoring

The service provider will be required to provide assurance that services are compliant with s149 (1) of the Equality Act 2010 – the Public Sector Equality Duty – i.e. that due regard has been given to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

Marketing and Promotion of Services

The provider will undertake communication activity and marketing campaigns in order to promote the NHS funded service. This includes producing marketing materials, information and literature relating to the service. Both the Commissioner and the Provider must approve the content of such materials. Materials may include posters, information sheets or electronic media on accessing the service (Appendix 4).

Interdependences With Other Services/Providers

- Secondary Care
- Primary Care/General Practitioners
- Pharmacists
- NHS 111

3.26 Referral Route

As outlined in section 3.2

3.27 Response Times and Prioritization

For symptoms which are non-urgent the provider will be expected, within reason to provide a patient with an appointment within 2 working days of contacting the service. (Working day defined as Mon – Sat between 9am – 6pm).

In the instances of symptoms which may require urgent attention (potentially sight-threatening conditions), the provider will be expected to see the patient within 24 hours of contacting the service or where necessary advise attendance at A&E or at eye hospital clinic in accordance with agreed protocols

3.28 Transfer and Discharge from Care Obligations

3.29 Self-Care and Patient and Carer Information

3.30 Geographic Coverage/Boundaries

The service is available to any person registered with a Dudley CCG GP practice. It is the responsibility of the provider to confirm which practice the patient is registered with. For patients registered at a non-Dudley CCG surgery the provider should check if that CCG commissions a service and should claim from that commissioner through the appropriate mechanism where appropriate.

Children under 17 years of age should be accompanied by a responsible adult

3.31 Relevant Networks and Screening Programmes

<Text Here>

3.32 Tariff

The tariff for the service is £60 per patient. This includes a first appointment and includes up to two follow up appointments within a three month period. A combined tariff has been set as the number of patients in clinical need of a follow up appointment is expected to be very low.

Providers will be expected to effectively triage patients by telephone. However if a patient attends for an appointment with the MECS service but is found not to be eligible for treatment, payment for £5 can be claimed as long as it is accompanied by a completed patient record which details why the patient is not suitable for treatment

3.33

Monitoring

Referrals/Triage:

- Number of patients triaged
- Number of patients given an appointment with 24 hours
- Number of patients given an appointment within 48 hours
- Number of patients given an appointment after 48 hours
- Number of patients triaged and identified as people unsuitable for MECS service

Assessment/Treatment

- Number of new patients seen
- Number of patients assessed and given advice
- Number of assessed and medication prescribed
- Number of patients where a clinical procedure undertaken
- Number of patients referred into eye hospital service
- Number of new patients given a follow up appointment

General

- DNA rates
- Number of Untoward incidents
- Number of Client complaints, comments and compliments

The minimum data set to be collected and submitted to DMIC (CSU) is:

- Provider Name/ Identifier
- Name
- Address
- Date of Birth
- Age
- Post Code
- Gender
- GP Name
- GP National Code
- GP Practice
- Date patient contacted or presented at service
- Is this 'new' or a 'follow-up'
- Date of most recent routine eye test
- Date of appointment offered
- Date seen
- Presenting Symptom/s
- Diagnosis
- Advice given Y/N
- Medication prescribed Y/N
- What medication prescribed
- Clinical procedure or treatment undertaken Y/N
- What procedure or treatment undertaken
- Outcome
- Discharged,
- Referral on GP,
- Referral on secondary care routine,
- Referral on secondary care fast track (24 hours and 48 hours)
- Follow-up scheduled

4. Applicable Service Standards

4.1 Applicable National Standards (e.g. NICE)

<Text Here>

4.2 Applicable Standards Set Out in Guidance and/or Issued by a Competent Body (e.g. Royal Colleges)

<Text Here>

4.3 Applicable Local Standards

<Text Here>

5. Applicable Quality & Information Requirements and CQUIN Goals

Please note all Quality, CQUIN Goals and Information Requirements should only be detailed in the relevant schedules of the Contract to which the Service Specification relates. This is to ensure there is no confusion between the contents of the Service Specification and the contract schedules. However, the reference numbers of specific indicators which apply to the service should be listed here to signpost the Provider to the appropriate section of the Contract.

When a new Service Specification is being drafted, you may complete the tables below with the details of any new quality or information requirements for the purpose of negotiation with the Provider. Once the Provider has approved the Service Specification, a contract variation should be raised to bring the Service Specification into the contract and any new quality or information requirements will also be varied

into the appropriate schedules of the Contract at the same time. The tables below will then be replaced with the relevant indicator reference numbers.

5.1 NHS Outcomes Framework Domains and Indicators

Quality Requirement	Threshold	Method of Measurement / Frequency	Consequence of Breach
Quality			
Access			
Patients with urgent symptoms seen by the provider within 24 hours	90%	Monthly Performance Report	General Conditions 9
Patients with non-urgent symptoms seen within 2 working days	90%	Monthly Performance Report	General Conditions 9
Patient consultation with accredited clinician within 30 minutes of appointment time	90%	Monthly Performance Report	General Conditions 9
Percentage of patients offered and attending follow up appointments	<13%	Monthly Performance Report	General Conditions 9
Percentage of patients referred onto secondary care services (Non-urgent via GP)	<10%	Monthly Performance Report	General Conditions 9
Percentage of patients referred on to secondary eye care services (urgent)	<12%	Monthly Performance Report	General Conditions 9
Service User Experience			
Patient experience questionnaire completed and reported	>60%	Annual Report	General Conditions 9
% of people happy or confident with service	>95%	Annual Report	General Conditions 9
Reducing Inequalities			
Patient equality monitoring completed and reported	60%	Annual Report	General Conditions 9
Reporting			
Submission of monitoring information (section 8)	100%	Monthly Performance Report	General Conditions 9
Minimum data set to be recorded and reported.	100%	Monthly report within 10 working days of the month	General Conditions 9

5.2 Applicable CQUIN Goals

<Text Here>

5.3 Applicable Information Requirements

Information Requirement	Reporting Period / Frequency	Format of Report	Timing and Method for Delivery of Report

6. Availability of Service

6.1 Location of Provider Premises

The service should be delivered from an accessible, community based premises.

6.2 Number of Sessions Provided at each Location

<Text Here>

6.3 Days/Hours of Operation

The service should be accessible within normal working hours to meet patient demand, extending to evenings/ weekends where required.

7. Individual Service User Placement (if applicable)

<Text Here>

Appendix 1 – Triage form

Date	Time	Staff name / Referred by				Where is the Patient?	
						Practice	Phone
Patient Name		NP / EP	ID	D.O.B	Phone number	GP	
Patient Concern						C/L wearer	Yes / No
						Any recent trauma	Yes / No
					Any recent ocular surgery	Yes / No	
					Give details:		
CONCERN CATEGORY		QUESTIONS (Please circle answer)				OUTCOME	
Problem with <u>EYE</u> (painful, red, sore, irritated)		Is it painful YES NO ↓				<u>See within 24 hours</u>	
		Is there any light sensitivity? YES NO ↓					
		Is there a change in vision? YES NO ↓					
		Is the eye red? YES NO ↓				<u>See within 48 hours</u>	
		Book sight test					
Problem with <u>VISION</u> (Vision Loss, Disturbance, Field of vision, Double vision)		Has it come on suddenly? YES NO ↓				<u>See within 24 hours</u>	
		If gradual, when did it start?				< 3 months	See within 48hrs
						> 3 months	Book sight test
Problem with <u>FLASHES</u> and/or <u>FLOATERS</u>		When did it start or when did it last change or when did it get worse				< 6 weeks	See within 24hrs
						6-12 weeks (symptoms increased)	See within 24hrs
						6-12 weeks (symptoms same)	See within 48hrs

		> 12 weeks	Book sight test
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Patient Name	ID	D.O.B	Phone number	GP

Other signs & symptoms

For patients with recent onset symptoms, follow the guidance on this form using the questions on the left and book an appointment appropriately.
 In cases of doubt speak to the Optometrist whilst the patient is still on the phone.
 Once you have advised the patient and booked the appointment, discuss with your MECS Optometrist at the earliest opportunity.
 In some individual cases the Optometrist may advise an alternative course of action, and some conditions are not suitable for MECS.
 If the patient is feeling generally unwell, advise them to seek medical advice or discuss with the Optometrist at the time of booking.

PLEASE FORWARD THIS FORM TO THE OPTOMETRIST

Notes / advice given to patient

Has the patient been advised: (please circle)

To remove C/Ls / Not to drive in case dilation is needed / If symptoms increase out of hours to consult A&E

Outcome	Confirm Appt; 24 Hrs / 48 Hrs / Sight Test	Hospital/A&GP E	Other MECS Optom	Pharmacy
Professional advisor name & signature				

Appendix 2 – Supply form Pharmacists

Dudley Minor Eye Conditions

MEDICATION SUPPLY FROM COMMUNITY PHARMACY

Introduction

In order to improve access to medicines following a MECS examination, a pathway has been created for MECS medication supply from community Pharmacy. This will particularly benefit patients who are exempt from prescription charges who might otherwise need to buy their medicine over the counter from the pharmacy or wait to obtain a prescription from their GP. This pathway is in addition to current supply options open to Optometrists.

How does it work?

If medicine is needed following a MECS consultation, the top portion of the MECS Diagnosis and Medication Form (appendix 1) can be completed by the Optometrist with a diagnosis of the eye condition. This diagnosis will be used by the pharmacist to supply from the list of medicines available on this scheme. The form should be given to the patient along with the list of participating pharmacies to present to the participating pharmacy of their choice.

If the patient is exempt from prescription charges, they will be asked by the pharmacy to sign the declaration of exemption on the back of the form and then supplied with the medicine free of charge. If the patient is not exempt from prescription charges, the pharmacist supplies from the list of medicines over the counter and charges the patient the retail price. Please note this supply pathway can only be used for the medicines specified on the Dudley approved ophthalmic formulary table.

Appendix 1



**Dudley Clinical Commissioning
Group**

MECS Diagnosis & Medication Form

Patients Name	
Date of Birth	
Address	
NHS Number (if known)	
GP's Name & Address	

Diagnosis (Opticians use only)

Diagnosis	Please select (✓)
Allergic conjunctivitis	<input type="checkbox"/>
Infective conjunctivitis	<input type="checkbox"/>
Dry Eyes	<input type="checkbox"/>

Additional Information (e.g. Smoking cessation advice needed)

Name of Optometrist:

Ophthalmic List Number:

Date:

Contact Phone No:

Medication Requested by optometrist & Supplied by
Must be supplied within 28days
Medication as below/written order attached

Medication	Please select (✓)
	<input type="checkbox"/>

Name of Pharmacist:

Date:

Pharmacy Stamp

THIS FORM SHOULD BE RETAINED AT THE COMMUNITY PHARMACY.

Is the patient exempt from prescription charges? Yes No

Client Exemption Status

To the client - please tick the appropriate box. I do not have to pay because:

- I am under 16 years of age
- I am 16,17 or 18 and in full time education
- I am 60 years of age or older
- I have a valid maternity exemption certificate
- I have a valid medical exemption certificate
- I have a valid prescription pre-payment certificate
- I have a war pension exemption certificate
- I am named on a current HC2 charges certificate
- I get income based jobseekers allowance
- I get income support or income related Employment & Support allowance
- I have a partner who gets PCGC
- I am entitled to, or named on a valid NHS tax credit exemption certificate

I am the patient Patients representative

Declaration

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the NHS Business Authority, the Department for Work and Pensions and Local Authorities.

Signed

Print Name &
Address

THIS FORM SHOULD BE RETAINED AT THE COMMUNITY PHARMACY.

Appendix 3 – Patient experience Questionnaire



Primary Eyecare
Heart of West Midlands Ltd
www.eyecarewm.co.uk

Patient Satisfaction Questionnaire

You have been able to access a Minor Eye Conditions appointment with your local optometrist for an eye condition which you have recently suffered. To ensure that the service has been set up to meet your needs, we are keen to hear your views regarding your experience of the service, and would therefore ask that you take a few minutes to fill in this short questionnaire.

1. Who referred you to the Minor Eye Conditions Service?

GP Optometrist Self Other

2. Were you happy with the level of choice of optometrists you were offered?

Yes No

3. Did you find the journey to see the optometrist easier than it would have been travelling to hospital for an appointment?

Yes No

4. In terms of the service that the optometrist provided?

<i>Please tick one box</i>	Yes	No
a) Did the optometrist explain the details of the condition you were suffering?	<input type="checkbox"/>	<input type="checkbox"/>
b) If medication was prescribed, did the optometrist fully explain the reasons why you should use it?	<input type="checkbox"/>	<input type="checkbox"/>
c) Did you feel able to ask any questions regarding your condition?	<input type="checkbox"/>	<input type="checkbox"/>
d) Were your questions answered satisfactorily?	<input type="checkbox"/>	<input type="checkbox"/>
e) Did you feel that you were offered a professional service?	<input type="checkbox"/>	<input type="checkbox"/>
f) Overall, were you happy and confident with the service provided?	<input type="checkbox"/>	<input type="checkbox"/>

5. If this service was not available where else would you have attended?

A&E GP Walk in Centre Pharmacy



6. How likely are you to recommend this service to friends and family if they needed similar care or treatment?

- Extremely Likely
- Likely
- Neither Likely or Unlikely
- Unlikely
- Extremely Unlikely

7. What age range to you fit into?

- 0-25
- 26-40
- 41-55
- 56-70
- 70+

8. Are you?

- Male
- Female
- Transgender
- Prefer not to say
- Other

9. How would you describe your Ethnicity?

Asian or Asian British		Mixed		Other Ethnic Group	
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Indian	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	any other ethnic group
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White & Black Caribbean		
<input type="checkbox"/>	any other Asian background	<input type="checkbox"/>	any other Mixed background		
Black or Black British		White			
<input type="checkbox"/>	African	<input type="checkbox"/>	British		
<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Irish		
<input type="checkbox"/>	any other Black background	<input type="checkbox"/>	any other White background	<input type="checkbox"/>	I do not wish to disclose this information

10. Do you have any further comments that you would like to make?

.....

THANK YOU FOR TAKING THE TIME TO FILL IN THIS QUESTIONNAIRE.

Appendix 4 – Example of marketing material



Primary Eyecare
Heart of West Midlands Ltd



Minor Eye Problems?



**Sore eyes? Red eyes?
Visual disturbance?**

**Book your
NHS funded
appointment HERE**

Ask here for a list of participating practices

Or check online at www.eyecarewm.co.uk

Version control		
Version Number	Date agreed	Detail of Change
Version 1	19 September 2017	Change onto revised Service Specification Template