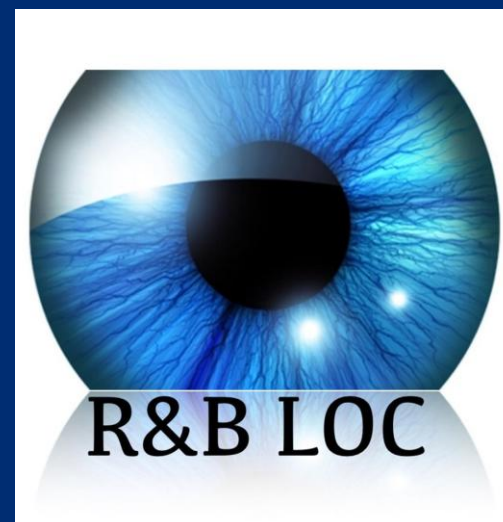




Barnsley Minor Eye Conditions Service (MECS)

Primary
+ Eyecare



BEST event for GPs

16th September 2026

Presented by Rotherham and Barnsley LOC

Who are Rotherham and Barnsley LOC?

Representing local optometrists and opticians to plan and deliver local eye care services.



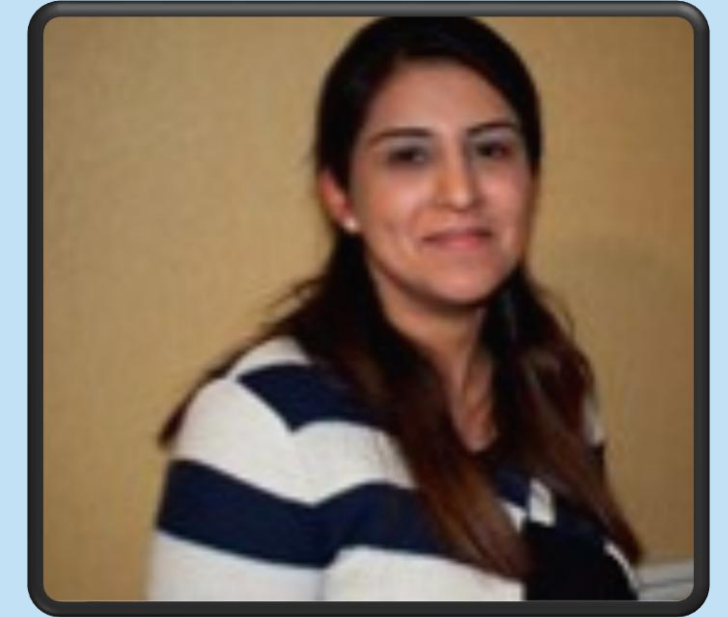
Jamie Wogin -
Secretary



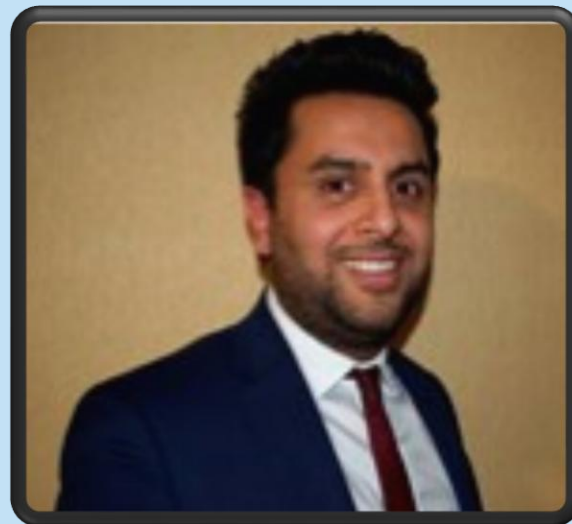
Liz Sooklall -
CPD Lead



Tan Hussain -
Rotherham Hospital Lead



Sukhy Bains -
Chair



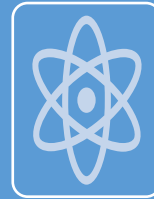
Nizz Sabir -
Barnsley Hospital Lead



Humma Khalid -
Treasurer



Who are Primary Eyecare Services?



Single provider company, formed by LOCs and supported by LOCSU



Provide extended primary eyecare services via networks of established optometry practices



Providing services in 30/42 ICBs, 300 service pathways across a network of ~3,500 Optical Practices across 55 LOCs



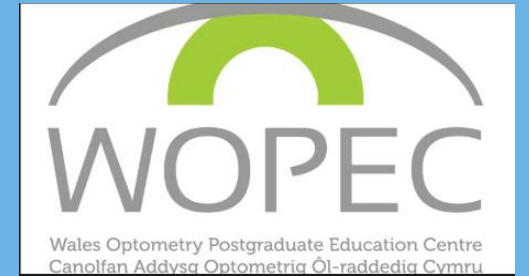
Strong Clinical Focus. CQC Registered



'Not for Profit' organisation



MECS Service Details



Updated October 2018 by Primary Eyecare Services – contract extended until 31/03/2027. Prior to this delivered individually by participating practices.

MECS provides timely first contact assessment and treatment of minor eye conditions by accredited primary care optometrists.

It is free of charge to patients.

Patient satisfaction rate of around 99%



MECS Service Details

MECS is available to any person age 5 and over registered with a Barnsley GP.

Children under 16 years of age should be accompanied by a responsible adult.

Care navigation to MECS can reduce demand for GP appointments for ocular conditions.

Service is designed to support the wider health system, avoiding unnecessary referrals to secondary care and hospital appointments, reducing pressure on GP and hospital services, whilst providing high quality care close to home



MECS Service Details

All services are delivered through a web-based Primary Eyecare Services IT platform (OPERA). Integrates with NHS systems.

All referrals to secondary care from services go direct via OPERA & eRS or NHS mail.

Outcome letters for all services are sent to GP practices automatically on completion of a patient episode via Docman and MESH. These are for information except a small number of referrals from MECS which will require action for non-ophthalmology related investigations.

If action is required, this is marked clearly at the top of the GP letter. If for information only, this is also stated clearly in the subject header.



MECS Service Statistics from Q1 2026-27 in Barnsley

972 patients seen face to face in Q1 2026-27 (April – June 2026) including follow ups

71% patients were assessed and fully managed within the service.

12% patients were urgently referred and 5% were routinely referred, ensuring patients were sent directly to the Hospital Eye Service for timely care.

99.7% patients requiring urgent MECS assessment were seen within 24 hours.

95% patient requiring routine MECS assessment were seen within 5 days.

22.1% of patients presented to the service at the direction of a primary care practitioner (GP, Pharmacy, Optometrist).



MECS Pathway



1. Initial Contact:

- Patient contacts practice with accredited MECS Optometrists after self-referral (Signposted by GP, Pharmacists, Optometrists).

2. Telephone Triage:

- Appointment will be made either within 24 hrs or 5 working days dependent on urgency.

3. Assessment:

- Optometrist takes history and symptoms and examines patient and makes initial diagnosis.

Path A (In-practice Management): Optometrist manages the condition, and offers the patient advice and/or prescribes/recommends medication.

Path B (Minor Procedure): Optometrist carries out a minor clinical procedure e.g. eyelash removal or foreign body removal.

Path C (Referral): Optometrist makes a tentative diagnosis and refers the patient.

**Complete Record.
Report to GP**

Follow Up Required

Discharged.

**No improvement?
Refer to secondary care**

**Non-Urgent
Referral: via OPERA**

**Urgent Referral: via
Telephone.**

Source of Referral

- self-refer
- referred / redirected from other optical practices
- referred/redirected from same optical practices
- signposting from Health Care professional e.g. GP, pharmacy, minor eye conditions unit, urgent treatment centre

The service will not generally be a walk-in service. Patients will need to telephone service provider(s) to book an appointment.



Find A Practice Tool

You can search a live list of participating MECS practices by using the Find A Practice Tool on the Primary Eyecare Services website and selecting the 'Urgent or Minor Eye Services' box

At present, there are 23 practices able to provide MECS (total 29 practices in the Barnsley area)

<https://primaryeyecare.co.uk/find-a-practice/>



Find Optical Practices near

Search Radius 50 miles

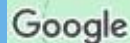
Select services

☒ Urgent or Minor Eye Services ☐ Easy Eye Care (Enhanced Sight Testing for Patients with Learning Disability and Autism)

Practice List as of End Q1 26/27

SPECSAVERS (BARNSELEY)
AUCKLAND OPTICIANS
WOMBWELL SPECSAVERS LIMITED
IVISION OPTICIANS (BARNSELEY)
NORWOOD & PERRIN LTD
AUCKLAND OPTICIANS LTD (GOLDTHORPE)
SCRIVENS OPTICIANS (PENISTONE)
ASDA OPTICIANS - BARNSELEY
FOX VALLEY SPECSAVERS LIMITED
C A RAISON OPTICA LTD
BERRY'S OPTICIANS
PREMIER EYECARE (BARNSELEY)
IVISION OPTICIANS (WOMBWELL)
MARTYN KEMP OPTICIANS (STOCKSBRIDGE)
SADLER OPTICIANS
SPECSAVERS (MEXBOROUGH)
STAPLES OPTICIANS LTD (ROTHERHAM)
J R MORTON (DARTON)
BOOTS OPTICIANS (BARNSELEY)
PARKHURST OPTICIANS (GOLDTHORPE)
NORWOOD & PERRIN (CUDWORTH)
EYES AT HOME (MARKET STREET)
SPECSAVERS (HARROGATE)





Keyboard shortcuts Map data ©2026 Google Terms Report a map error

Typical Symptom Presentations



A RED OR PAINFUL EYE



FOREIGN BODY OR LIKELY
CORNEAL ABRASION



SUDDEN CHANGE IN VISION
/CENTRAL DISTORTION OR
PATCHES IN VISION



FLASHES AND FLOATERS



Inclusions

Loss of vision including transient loss

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

Recent onset of diplopia

Flashes/floaters

Retinal lesions

Patient reported field defects



Exclusions

Exclusion criteria The following cases will not be treated by the service

- Patients identified in advance 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
- Age related macular degeneration

Patients cannot be treated by the MEC service if their signs or symptoms indicate they are more suitable for the following locally enhanced services:

- Direct referral for cataract and post-operative cataract care
- Intra-ocular pressure service
- Diabetic retinopathy



Triage

Patients are to be triaged as soon as possible and at the latest within 48 hours which involves the provider determining the eligibility and suitability of the patient for the service

Presentation	Outcome
Symptoms that require secondary care treatment	Refer the patient to a suitable secondary care provider of the patient's choice
Symptoms which can be suitably seen by a MECS optometrist	See the patient for treatment within 24 hours of triage face to face if urgent, 5 days if routine
None of the above types of symptoms i.e. it is an inappropriate referral	Advise the patient of the most suitable urgent or routine service to meet their needs and signposted to appropriate service e.g. NHS 111, pharmacy etc



Outcomes

Following Triage:

- Flashes & Floaters to be seen within 1 day of triage
- Urgent appointments to be seen within 24hrs
- Routine appointments to be seen within 5 days
- Referral to other service as appropriate eg EED, GP

Outcomes following Face to Face Consultation:

- Given appropriate management advice and discharged
- Follow up within the service (all should be PIFU)
- Referral to GP (for general health issues)
- Routine referral to HES
- Urgent/Emergency referral to HES



All consultations completed sent as a report/referral to the patient's GP

MECS Service Details

- It is not anticipated that patients will be referred to the MECS following a sight test but it may be possible that a sight test is required in addition to the MECS investigations that are carried out. MECS optometrists must ensure that patients are advised that there is no charge for the MECS service but that patients not eligible for NHS funding may have to pay for their sight tests.
- The MECS optometrist shall not carry out, or refer to another provider to carry out, any non urgent or routine physical treatment and / or care that is unrelated to the patient's original referral or presentation without first referring the matter to the service user's GP / Optometrist.



DNA's

- Should a patient fail to arrive for an appointment, the practice must contact the patient within 24 working hours to discuss the missed appointment, and ask whether a rearranged appointment would be required. If not, why not i.e. attended Hospital Eye Service or problem resolved itself etc.
- If this is not possible, a letter should be sent and any referring clinician should be notified (not applicable for self-referrals).
- A record of DNAs and the reasons for them is sent to the GP
- More info on DNA protocols here:
[Failed to Engage \(FTE\), Did Not Attend \(DNA\) & Was Not Brought \(WNB\) Policy - OPERA](#)



Primary Eyecare Services

Benefits include:

- Fewer GP appointments
- Patients will be treated earlier in the pathway compared with traditional secondary care referrals (days vs months in some cases)
- Treated by appropriately qualified clinicians
- Medications will be given directly to patients via Optoms or Pharmacy
- Onward referrals to secondary care is made by optoms and service directly
- GPs are kept informed via discharge letter
- Strengthen relationships with local optoms
- Fewer false negative referrals



Care Closer to Home

With this service utilising local opticians, there are a number of benefits:

- **Opticians will have more up to date records of the patients ocular health to refer to**
- **Accessible locations with good public transport links.**
- **Able to offer appointments local to the patient, possibly their own optician in a familiar setting**
- **Well equipped and experienced trained workforce, offering a better level of care closer to home**
- **Opticians are then better able to investigate and manage the patient in house, rather than having to be seen at a GPs then be referred elsewhere**



Service Summary One Pager - MECS



Service Summary

Minor Eye Conditions Service (MECS)

Overview

MECS enables timely assessment and treatment of minor eye conditions in primary care optometry through accredited practices. This local service summary highlights any variations in access, delivery, pathways, and protocols specific to the area. It should be read alongside the Guide for Practices and Practitioners, which provides comprehensive details about the service, pathways, and delivery.

Help and Support

For help and support, visit the OPERA help menu at <https://help.optom-referrals.org>.

To access the MECS help pages, [click here](#).

For further assistance, contact us at hello@referral.support or use the blue bubble on OPERA.

Service Information

Patient Eligibility

- Patients of ≥ 5 years of age registered a GP in Barnsley Place
- MECS is available to patients presenting with a recent onset eye problem such
 - Loss of vision, including transient loss
 - Flashes and floaters
 - Ocular pain and irritation
 - Eye infections that have not responded to treatment
 - Trichiasis (in growing eyelashes)

Source of Referral/Signposting to Service

- Self-presentation to a participating optical practice
- Intra- Practice Referral
- Inter- Practice Referral
- Signposting from Health Care professional

Service Delivery

MECS consultations are needs based and may include:

- Face-to-Face Consultation
- Follow up appointments

Service Outcomes

- Follow up within the service, although this should PIFU
- Referral to GP (general health)
- Routine referral to HES
- Urgent/Emergency referral to HES

Accreditation

- WOPEC/LOCSU MECS OSCE



Rotherham & Barnsley LOC

Contact Details

Email Address:

info@locrb.co.uk

Web Page

loc-online.co.uk/rotherhamandbarnsley-loc/



Questions

