

## DIRECT EMERGENCY REFERRAL:

Severe ocular pain

- Suspected retinal detachment
- Retinal artery occlusion
- Chemical injuries
- Penetrating trauma
- Orbital cellulits
- Sudden loss / dramatic reduction in vision
- Double-vision
- Suspected Stroke/TIA
- Temporal artertitis


## LIMITATIONS?

New Service and will need to buy-in from clinicians and patients

Limited sites and opening times Only 5 sites initially for MECS

Does not do away with need for GS018 forms and may still need GP referral if patients choose other secondary care providers

## WHAT CAN BE SEEN:

- RED EYE
- ITCHY EYE
- WATERY EYE
- DRY EYE
- GRADUAL VISION LOSS
- BLURRY EYES
- MILD EYE PAIN
- FOREIGN BODY
- EYELASH PROBLEMS
- RETINAL LESIONS
- CATARACT REFINEMENT
- GLAUCOMA REPEAT MEASURES


## OUTCOME:

Treat and discharge Referral to MEH A \& E/ Outpatients
Follow up in MECS Referral to other service Referral to GP (Other symptoms to be investigated)


## SAFETY ASPECTS:

All participating optometrists accredited in recognising and managing minor eye conditions

Moorfields oversight with Audit of outcomes with regular feedback/education sessions for participating optometrists

Governance key with continual monitoring of service activity and outcomes including patient satisfaction.

GPs informed of all attendances and outcomes

