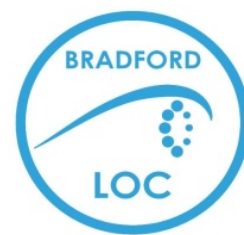


Newsletter



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Bradford Minor Eye Condition Service.

Rachel Pilling,
BRI Consultant.

The introduction of a Bradford Minor Eye Condition Service last June followed years of sterling effort by the LOC, in conjunction with Bradford Care Alliance.



MECS aims to offer patients with acute eye conditions the option of an appointment closer to home for conditions which can be seen and treated by an optometrist.

What has gone well? Communication of MECS was very successful, and within two weeks of launch, GPs were referring a steady stream of patients. This testifies to the combination of simple messaging, well-constructed webpages and appetite for the service.

The audit system allows us to undertake early analysis and feedback on the scheme to troubleshoot and refine it.

What has uptake been like? On average 100 patients a week are referred into the MECS scheme. This is largely (>70%) by GPs, with a number of self-referrals and a few diverted from the hospital eye service.

Only a very small number (43 out of over 800) have been referred on to the hospital eye service. This was a critical success factor for the scheme – MECS mustn't add a step into the patient journey for those patients who require medical treatment.

From a governance and safety perspective, there have been no known reports of late or missed diagnoses, or patients being delayed between seeking eye care and receiving treatment. Patients' feedback on the audit forms is overwhelmingly positive.

Where does the scheme go from here? The CCG are concerned that the scheme is not sustainable at current usage. A reduction in hospital eye demand will not match the MECS uptake – because over 50% of referrals were for conditions which can be managed by GP, pharmacy or self-care. An unintended consequence of the rapid uptake was that a parallel, self-created set of inclusion criteria were adopted by GPs – such that in most areas, patients with any eye concerns are redirected by GP triage/front of house to MECS without using any form of suitability criteria.

We are working hard with CCG to preserve the scheme in its original form – for acute conditions which GPs cannot manage, but which do not necessarily need hospital eye care.

What can optometrists do?

We understand that turning away patients whom GPs have referred is unsatisfactory, but care should be taken that wholly inappropriate referrals are redirected back to the GP. Patients self-referring should be triaged according to the original criteria (see LOC website) for the 5 symptom groups which were in the original service specification. Only patients for whom symptoms are of acute onset should be accepted.

In particular we ask colleagues to be mindful in accepting patient groups which lie outside their usual practice – it was discussed at the LOC meeting that those under age 4 years should not be covered by MECS.

Is there any other learning we can use in practice?

The specific management of mild dry eye is worth revisiting.

Dry eye is a chronic condition: patients can be helped to understand that symptoms will change from week to week. A 'cure' is unlikely – rather we now encourage patients take ownership of their treatment to manage their symptoms.

In addition to the use of drops, there are several other simple lifestyle changes which can be very effective

1) Environment

Limit or avoid windy or draughty environments. Face away from air conditioning units, and don't use face level fans in the car or office. Using sunglasses on windy days can be very effective

2) Smoking

Patients should be encouraged to stop smoking as it has a detrimental effect on the tear film

3) Lid warming

Many patients have symptomatic relief from the use of heat bags such as Eye Bag. The traditional mantra of "bathing the lid in warm water and baby shampoo" has fallen out of favour in some cases this disrupts rather than improves it.

4) Ointments

Drops can be supplemented by eye ointment especially at night this offers longer lasting surface protection especially overnight.

5) Supplements

Evidence around Omega oils is now uncertain: however Flax Seed Oil remains a popular health supplement which may improve tear quality.



National Eye Health Week . Jag Kainth, Loc Member

Raising money for National Eye Health Week on behalf of the Bradford LOC to support The Bradford and Airedale Eyesight Trust was a huge success.



Doing a 10 mile charity walk from Bradford University to Keighley was a huge challenge but one that drove support and raised a whopping £895.

Alongside this, practices in the Bradford and Airedale areas gave their support with Bake sales that raised a further £319, thus giving us a grand total of £1214!

What an amazing effort from our community.

I would like to thank everyone who has supported this event and will be thrilled to take on an even bigger challenge next year. Let's bring it on!



Upcoming CET

- January Course at the University. **Monday 13th January.** [More details to follow.](#)

Recent CET

Our Recent CET events have been well attended.

- ♦ MECS feedback Oct 2019, with Miss Pilling.
- ♦ MECS accreditation event at the university. We subsidised another event to help members in the area become accredited to join our MECS service.
- ♦ Yorkshire Clinic Corneal Degenerations. Mr Khan Sept 2019

Obituary and Tribute

Keith Bennett died on 12th June 2019 age 74. The current LOC committee wish to include this article as a tribute to one of our founding members.



Memories of Keith by Edwin Bonner (former LOC Member).

I remember a meeting being called for Optometrists and Dispensing Opticians in May 1974 by the new local government region of Bradford Metropolitan Council. Nominations were requested, with elections, to form the new Bradford LOC.

The chairman was Stanley Hunt and secretary Keith Bennett. I succeeded Keith when he wished to stand down as secretary, probably late 1970's and over the next 30 years or so we each covered the role of Secretary for three years, alternating with each other until others took over.

Tony Collinge, Keith and I set up a working party with two local ophthalmologists, Bill Thornhill and David Hopkin for closer working between the two related professions. This became the first Glaucoma Monitoring System by Optometrists in the UK. Later it was replaced by a new accountable GMS, which remained until NICE drew up new guidelines for Glaucoma Management.

My most humorous story of Keith was when I took him to the National Optometric Conference one year which included an address by the Secretary of State for Health or a Junior Minister. We learned to gather that if Kenneth Clark attended (Sec of State) the news was good for the profession, but if Edwina Currie attended (junior minister), it was bad news.

Being a Yorkshire lad, Keith didn't want to pay a lot for the hotel so we booked the Regents Palace at Piccadilly Circus. This meant a short walk to a favourite restaurant situated in nearby Soho. We had a great meal, sitting at a table next to Chris Everett and Billy-Jean King, but when we got back to the hotel, Keith's eyes were popping out of his head and he couldn't believe what he had seen on our walk through Soho. The country boy had come to town, and seen a world he never knew about!

On my recent visit to Keith we had a good chuckle about that visit. He faced the coming end philosophically and retained his wit and dry humour. His cremation was a very lively service celebrating his 74 year old life.

Thankyou for reading this, if you have any comments or suggestions for future articles please get in touch
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