

For Attention Of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert GP name or “A&E”)

**This patient is ordinarily eligible for General Ophthalmic Services (GOS), but we were unable to see them on the NHS today because they are not due for their GOS sight test, and they presented with symptoms which are not eligible for an early examination under GOS.**

**An offer was made to the patient to be seen privately but this was declined / We did not have the capacity to see them privately within an appropriate timescale (delete as appropriate)**

Unlike many areas, Leeds does not currently have a Minor Eye Conditions Service (MECS) in place which would enable us to see these patients. This is a decision that has been taken by the local Clinical Commissioning Groups (CCGs). We are therefore obliged to redirect this patient to an alternative NHS service provider:

* + **We have advised this patient to see their GP for further examination and management**
	+ **We have advised this patient to go straight to A&E, as their presenting symptoms may require urgent investigation**
	+ **Other: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To assist in future, the reasons that *would* be eligible for an early GOS eye examination would be those that could be corrected with the use of spectacles or contact lenses. A patient complaining of a change in their vision would be eligible for an early GOS sight test, but those complaining of dry, itchy or red eyes, for example, would not.

Please be aware that turning patients away without addressing their concerns is not something that we are comfortable doing. We will continue to examine all eligible patients with or without symptoms at their recommended recall interval under GOS.

We hope that the local CCGs will commission a service that will allow us to examine these patients. Leeds Local Optical Committee (LOC) will continue to seek this outcome in the interests of our patients.

Many thanks

 Practice Stamp

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_