

MECS/CUES sight test guidance

A CUES or MECS examination is not an adjunct to a sight test; it is an alternative for those cases where the symptoms are recent onset and are not suitable for a sight test. Based on the patient's presentation, you will **either** perform a sight test or a MECS/CUES assessment.

In most cases, you will choose and either perform a sight test and manage the patients concerns or convert to a CUES/MECS.

Example 1 - Patient A books a sight test appointment and advises the clinician that their **main reason for attendance** is a sudden onset of flashing lights and floaters, this should be converted to a CUES/MECS appointment to investigate those symptoms. The patient can then be booked in for their regular sight test at a later date, or when due.

Example 2 – Patient B mentions that they have some floaters when questioned during their sight test and this is **not their main reason for attendance**. Investigation of this should be incorporated into their sight test as usual. The same would be valid for a patient diagnosed with dry eyes as part of a sight test, CUES/MECS may not be used alongside a sight test.

In a small number of cases, the outcome from a CUES/MECS might be the advice that a patient should visit their own optometrist for a sight test, but it should be extremely rare (if ever) for a sight test to lead to a CUES/MECS examination.

In those rare situations where a patient needs both a MECS/CUES and a sight test, they would usually return at a later date for the sight test. Common sense should prevail here; a patient attending a CUES/MECS who has also been found to need a sight test could be seen on the same day if they are unsafe for driving or have mobility issues which would make a return visit difficult.

While we cannot provide an exhaustive list of examples where the two exams would be acceptable on the same day, the practitioner should make good clinical notes to support the decision made on the day.

Practitioners should always respect the patient's loyalty to their usual optometrist and not solicit the provision of services that fall outside the scope of the service. You should **NEVER** add the patient's details to the practice reminder system to send recall letters for regular eye examinations unless the patient expressly requests it.

If you are unsure, please contact your local clinical lead for further guidance via hello@referral.support or blue bubble on Opera.