



Community Urgent Eyecare Service (CUES)

Telemedicine Service

Primary
+ Eyecare

Contents

CUES Telemedicine Pathway and Protocols	3
Service Description	3
Service Entry Points	3
Eligibility, Consent and Screening	3
Telemedicine	4
Telemedicine Outcomes	5
Face to Face Core Assessment	5
Guidance for CUES Practices	9
Practice protocols	9
Patients presenting to a CUES practice outside of a Telemedicine Referral	9
Guidance for Pharmacies	10
Guidance for General Practitioners	10
Guidance for Hospital Eye Service	11
Appendix 1	12

CUES Telemedicine Pathway and Protocols

Service Description

The Community Urgent Eyecare Service (CUES) provides urgent assessment, management, and treatment for sudden onset eye problems. This service is suitable for patients with urgent ocular symptoms including:

- Red or painful eye(s) or swollen eyelid(s).
- Recently occurring flashes and floaters.
- Recent and sudden changes in vision or vision loss.
- Foreign body in the eye.
- Significant recent sticky discharge or watering from the eye.

The CUES Telemedicine Service provides a single point of access into the service via the Primary Eyecare Services Referral Hub.

Service Entry Points

The patient must call the PES Referral Hub for entry into the Telemedicine Service. If the patient does not have the capacity to call, then they may consent to someone else calling on their behalf. The patient may self-refer or be signposted to the service by a healthcare provider:

- Signposting from GP, care navigator or local referral management service /triage.
- Signposting from Pharmacy deflection.
- Signposting from A&E / MIU / HES deflection.
- Signposting by another ophthalmic practice, or allied health professional.
- Signposting by NHS 111.

Eligibility, Consent and Screening

The patient must be registered with a GP in a CUES commissioned area to be eligible for entry into the Telemedicine Service. Eligibility is checked by searching patient details using the OPERA system via NHS Personal Demographics Service (PDS). PES Referral Hub staff will check patient eligibility, register patient details and confirm patient consent before they progress to the next stage of the telemedicine pathway. If the patient does not consent, then they are unable to access the CUES service.

PES Referral Hub staff will complete the CUES triage questionnaire with the patient. If the patient reports any visible changes to the appearance of the eye(s), they will be asked to upload photos of the eye(s) via SMS link, if they are able to do so.

The patient is booked into a specific one-hour time slot in the telemedicine clinic and advised to expect a call from a PES telemedicine optometrist at the allocated time slot for a telemedicine consultation.

Priority appointments are reserved in the clinic for any patient that has symptoms that may be consistent with an ocular emergency (<https://www.college-optometrists.org/clinical-guidance/supplementary-guidance/emergency-eye-triage>), in cases where all same day clinic appointments have been allocated.

Telemedicine

The service aims to deliver the telemedicine consultation within 24 hours of the initial screening and triage stage being completed. The optometrist calls the patient within their allocated time slot, which the patient has been advised of at the screening stage. The optometrist will attempt to call a minimum of three times during the allocated time slot.

Depending on the nature of the patient symptoms, the telemedicine consultation may be carried out by telephone call with patient pictures or by video consultation. Based on the patient's history and assessment of any relevant patient images a working diagnosis is made and management plan formulated. The optometrist will manage the patient's condition in accordance with any relevant local management or referral protocols, advice and guidance from local HES, or where applicable use the College of Optometrists' Clinical Management Guidelines (<https://www.college-optometrists.org/clinical-guidance/clinical-management-guidelines>).

The telemedicine consultation includes the following, as appropriate:

- **Patient Information**
Patient demographics and access to the patient's Summary Care Record if patient has given consent.
- **History and Symptoms**
Presenting symptoms and recent history, current medication, current health, and past ocular history.
- **Diagnostic Information and Assessment**
Pictures or video-calling to permit a gross external examination of the eye, as appropriate.
- **Clinical Support**
Advice and guidance from an ophthalmologist/optometrist with higher qualifications, where appropriate.

- **Management Plan**

Discuss and agree a management plan with the patient, which may include self-care advice, therapeutic recommendation, face-to-face consultation, GP referral or urgent/routine referral to the Hospital Eye Service (HES) as per local protocols.

- **Patient Initiated Follow Up**

The patient is given any relevant red flag advice in case their symptoms unexpectedly deteriorate and advised to call back or contact the relevant local out of hours service in such circumstances.

Telemedicine Outcomes

A telemedicine consultation may result in various outcomes:

- Discharge with advice or management plan (self-care).
- Discharge with management plan and therapeutic recommendation. Patient may be directed to pharmacy with a recommendation to obtain over the counter or pharmacy medication. Alternatively, a referral may be made to the patient's GP with a request to prescribe an appropriate Prescription Only Medication (POM).
- Face-to-face appointment arranged with a CUES practice local to the patient. The timeframe of the appointment should be within 5 working days from telemedicine consultation but is based on clinical need. Where the patients' symptoms may be consistent with macula pathology a face-to-face OCT assessment may be requested. Face-to-face with an IP optometrist may be requested where appropriate, providing there is provision for this in the service specification.
- GP referral for patients that require GP assessment/management or require POM.
- HES referral for patients that require ophthalmology assessment/management, this may be same day/urgent/routine.

Face to Face Core Assessment

Face-to-face assessment can only be arranged once the telemedicine consultation has been completed, to ensure that this is the most appropriate clinical outcome for the patient and to determine the urgency of the appointment. The PES Referral Hub will call the CUES providers in the patient's local area based on the Directory of Services listed on OPERA, until an appointment has been found within the timeframe specified by the telemedicine optometrist.

The service does not provide domiciliary visits for patients that are housebound. In such a scenario, if the patient needs a face-to-face assessment, local HES advice will be sought to establish if it would be appropriate for the patient to be assessed by the local HES with specialist transport.

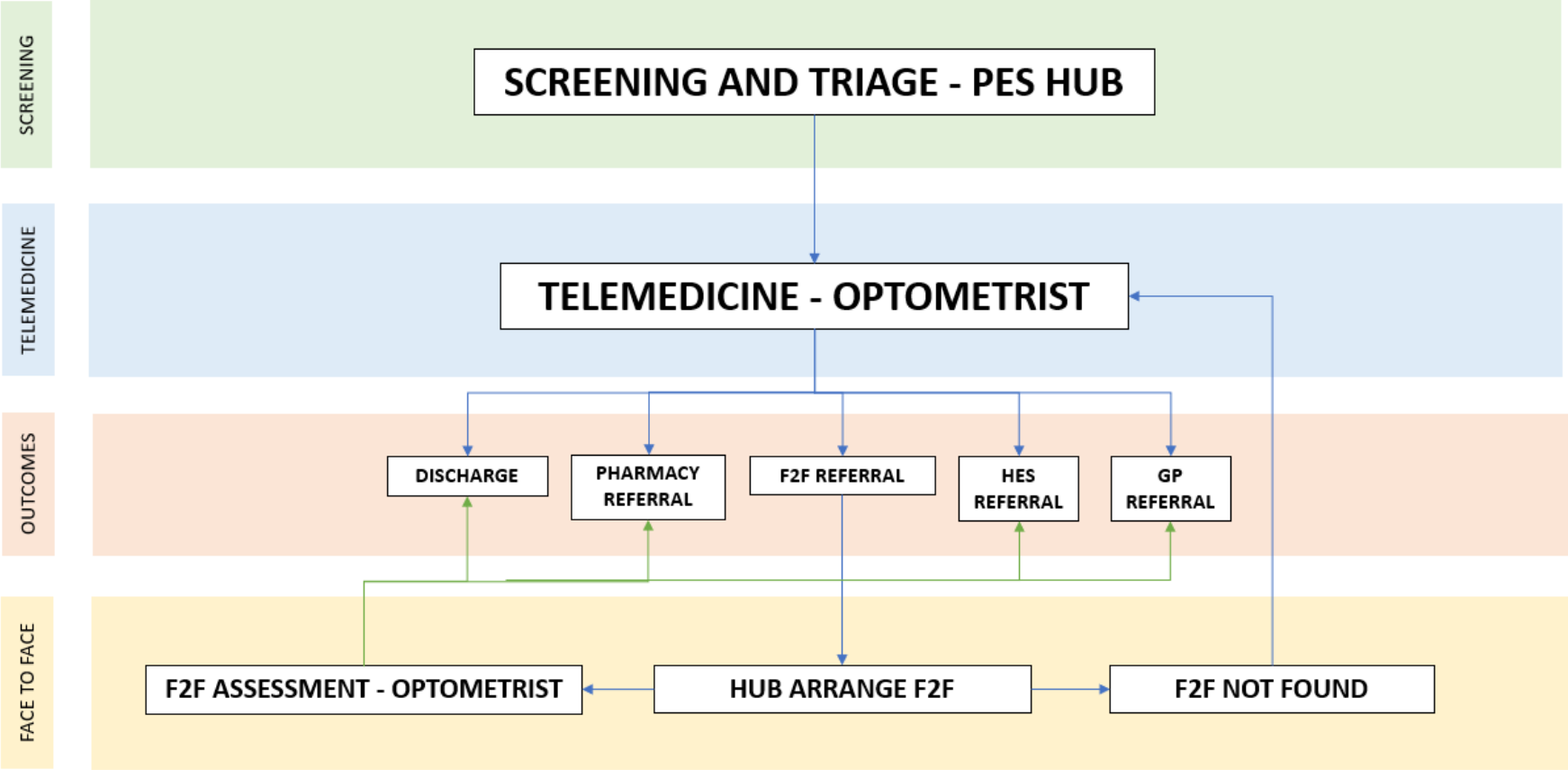
The CUES Telemedicine Service takes calls for patients of all ages including young children.

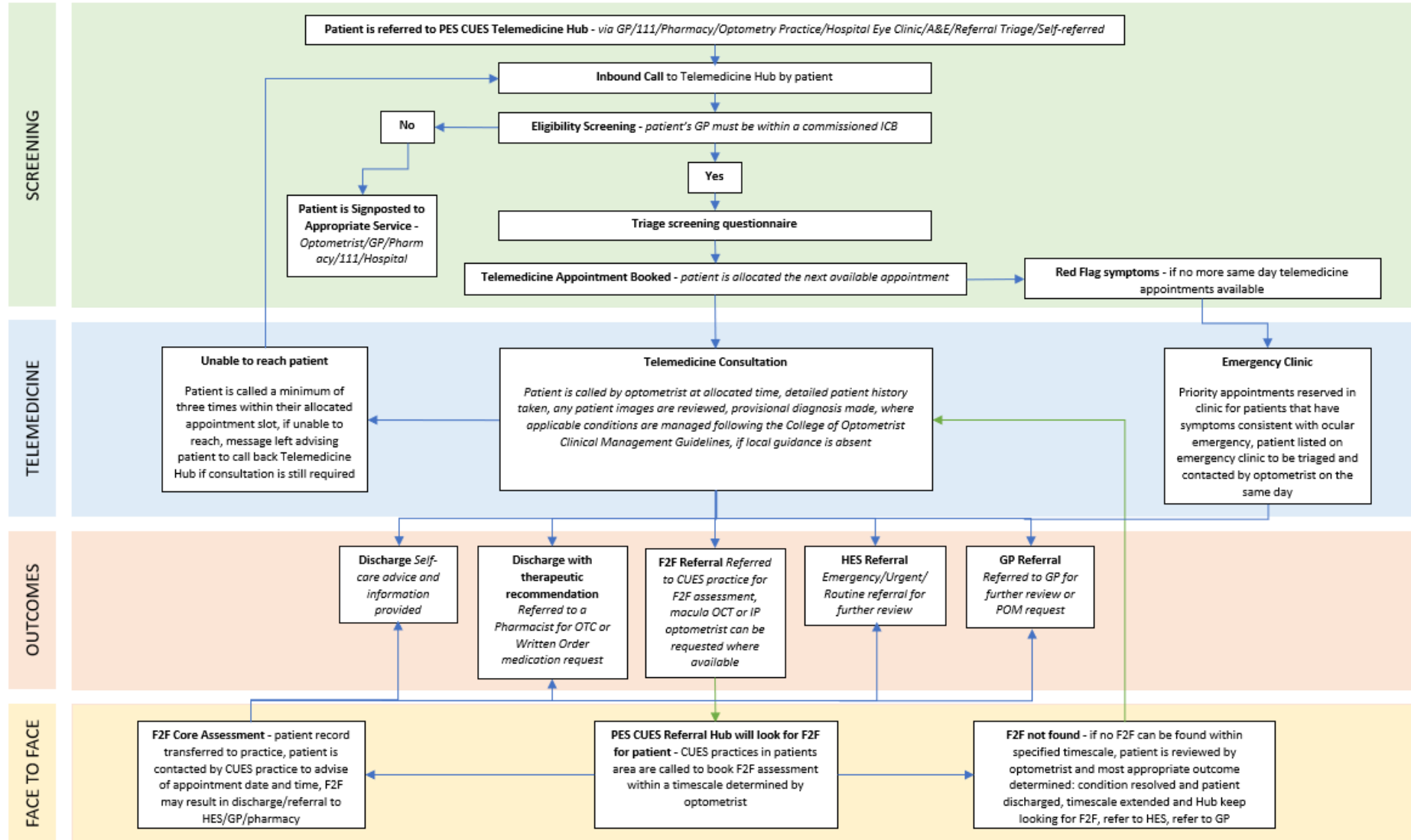
Once a suitable appointment is found and the practice has accepted the referral, the patient telemedicine notes are transferred to the CUES practice via OPERA. The patient episode will show as awaiting 'Core Assessment' on OPERA at the receiving practice. The practice is then responsible for contacting the patient to confirm the time and date of the appointment.

Once the core assessment has been completed, an appropriate outcome should be selected on OPERA by the optometrist and the patient managed accordingly. If the patient requires a follow up assessment for the same condition within three months of initial presentation, the original CUES practice should undertake this as a follow up assessment on the original OPERA episode.

If a face-to-face appointment cannot be found for a patient within an appropriate timeframe, then the patient will be contacted for a follow up telemedicine consultation. The telemedicine optometrist will then decide on the most appropriate course of action. This may include extension of timeframe for the face-to-face appointment, discharge with advice, seeking advice and guidance from local HES or referral to GP.

CUES TELEMEDICINE SERVICE





Guidance for CUES Practices

Practice protocols

Patients with urgent eye care needs may still present directly to a CUES practice. Practices should follow protocols and carry out the eligibility and triage screening process, allocating suitable patients a CUES appointment in practice within an appropriate timescale where possible.

If the practice is unable to triage or accommodate a patient within a suitable timeframe, the patient may be redirected to the Telemedicine Service. It is best practice that where possible, that a clinician makes the final decision as to whether the patient is seen in practice or referred.

Patients directed to the Telemedicine Service are not automatically referred back to the referring practice in cases where a face-to-face assessment is required. Appointments are allocated to the practice closest to the patient's home address with availability within the specified timescale. If the patient requests to attend a certain practice, the PES Referral Hub will attempt to meet this request where it is possible.

Patients presenting to a CUES practice outside of a Telemedicine Referral

A CUES 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 the optometrist will either perform a sight test and manage the patient's concerns or convert to a CUES appointment.

- **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 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.
- **Example 3:** Patient C is diagnosed with dry eyes as part of a sight test - CUES may not be used alongside the sight test. The patient's condition should be managed as part of the sight test in this instance.

It should be extremely rare for a sight test to lead to a CUES examination. In those rare situations where a patient needs both a CUES and a sight test, they would usually be

directed to their usual opticians for a sight test at a later date. Alternatively, they may return to your practice at a later date if they do not have a preferred optician.

In certain cases, a patient attending a CUES who has also been found to need a sight test could be seen on the same day. For example, if they are unsafe for driving or have mobility issues that would make a return visit difficult.

While it is not possible to provide an exhaustive list of examples where the two examinations would be acceptable on the same day, if deemed necessary, the practitioner should make good clinical notes to support the decision to do so.

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 CUES service. Patient details should not be added to the practice reminder system to send recall letters for regular eye examinations unless the patient expressly requests it.

Guidance for Pharmacies

Patients may be referred from the Telemedicine Service to their local Pharmacy for various reasons, including:

- Provision of therapeutic recommendations, including ocular lubricants, blepharitis treatment and anti-allergy medication.
- Management of minor illnesses, including coughs, colds and sinusitis.
- Systemic checks, including blood pressure, cholesterol and blood glucose testing where available.
- New Medicine Service, for patients identified as being prescribed new medications for conditions such as type 2 diabetes, hypertension and hypercholesterolaemia where available.

If a patient has had a face-to-face CUES assessment, the optometrist may provide the patient a written order to purchase Pharmacy (P) or General Sales List (GSL) medicines from a pharmacist.

If a patient requires chloramphenicol, to be used for a condition other than bacterial conjunctivitis or to be used by a patient under two years old, the POM licensed version will be required. The optometrist can issue the patient a private written order for this also.

Guidance for General Practitioners

GPs should be aware that the CUES service will not provide patients with a sight test. Patients with non-urgent or longstanding symptoms are not eligible for CUES. This

service does not cover longstanding eye conditions that are being regularly monitored by the patient's optometrist or hospital eye service, such as cataracts, diabetic retinopathy, or glaucoma (including repeat pressure measurements). In such instances patients should consult their usual optometrist or hospital eye service directly for advice in the usual way.

Patients should be made aware that they will undergo a telemedicine assessment, with anterior eye imaging where possible, in order to determine the most appropriate clinical outcome which might include discharge with advice/therapeutic recommendation, face-to-face assessment with a community optometrist, HES referral to GP referral. Patients may be referred to their GP for various reasons including:

- Patient has symptoms indicative of systemic cause.
- Patient has a condition requiring non-ophthalmology management.
- Patient requires a prescription only medicine.

Telemedicine GP referrals are processed via OPERA using Docman/ NHS Message Exchange for Social Care and Health (MESH) service. In the case of urgent GP referrals, where the patient is able to receive an electronic copy of the GP referral (via an SMS link), this will be sent directly to the patient, and they will be asked to contact their GP to follow up on the referral the same day.

Guidance for Hospital Eye Service

The Telemedicine Service reduces unnecessary referrals to the HES for patients that can be safely managed outside of secondary care. However, advice and guidance may be sought from the patient's local HES, when a patient presents to the service with symptoms indicative of an ocular emergency (<https://www.college-optometrists.org/clinical-guidance/supplementary-guidance/emergency-eye-triage>) and it is not possible for them to be assessed in the community within an appropriate timeframe, or it may be more appropriate to seek advice from the HES in the first instance.

Where possible, it would be preferable for an electronic copy of the referral to be sent to the relevant HES via NHSmail or eRS without calling ahead. Where emergency electronic referral triage is not available, the telemedicine optometrist will always call the eye casualty for advice before referring the patient. In the absence of any local management/referral guidance, it is recommended that the Telemedicine Optometrist manage patients in accordance with The College of Optometrists Clinical Management Guidelines where applicable.

Appendix 1

CUES Service Eligible Symptoms.

Problem with Eye	Redness/Swelling
	Pain/Irritation
	Watering/Discharge
Problem with Vision < 1 month onset	Vision Loss
	Double Vision
	Blurred/Distorted Vision
Flashes and/or Floaters	Curtain/Veil/Shadow in Vision
	< 8-Week Onset
	8-12 Week Onset with Worsening Symptoms