Heart of West Midlands Community Urgent Eyecare Service (CUES)

1.1 Background

CUES was commissioned in the area in July 2020 and superceded the Minor Eye Conditions Service (MECS). A new operating platform called Opera is used to complete these episodes.

The Community Urgent Eyecare Service (CUES)

Joint evaluation by colleagues at Manchester Royal Eye Hospital, Manchester University, and Primary Eyecare Services to evaluate the impact of the commissioned CUES service in 20/21 in Greater Manchester (GM) 2461 patients were assessed, with a majority self-referring to the service (68.7%, *n* = 1844). 91.7% of cases initially screened for CUES were deemed eligible and given a telemedicine appointment in GM; 53.3% of these cases required face-to-face consultation. 14.3% of cases seen within GM CUES (351 out of 2461) provisionally referred to secondary care. Contemporaneously the main provider emergency eyecare department (EED) attendances were reduced by 37.7% per month between April and December 2020 inclusive, compared to the same months in 2019. Patients attending a CUES face-to-face assessment were more likely to have a diagnosis in agreement with secondary care than patients referred in from telemedicine assessment only ($P < 0.05$).

This evaluation of CUES demonstrated a high level of primary care activity alongside a sustained reduction in EED cases. The case mix of patients seen within EED following referral was less benign than those seen before introducing CUES.

The Community Urgent Eyecare Service specification is an updated version of the original COVID-19 Urgent Eyecare Service, thus keeping the CUES acronym. The service will remain broadly the same with some modifications to the specification to allow for a more deliverable service as NHS services move to restoration and recovery.

2. Outcomes

2.1 The expected benefits of the Community Urgent Eyecare Service (CUES)

For the patient & commissioners:

- Reduction in unnecessary attendances at eye casualty clinics
- Direction to self-care
- Reductions of unnecessary GP contacts
- Speedier access to care
- Care closer to home in a safe setting
- Retention of patients in primary care where possible
- Local access to urgent & emergency eye care service

3. Service Delivery

3.1 Aims and objectives of service

The service aims to use the skills of primary care optometrists to assess, manage and prioritise

The service will provide a timely assessment for patients with recent-onset symptomatic/urgent ocular or visual symptoms. A network of optometrists will undertake telemedicine assessment, or where necessary face-to-face assessments within suitably equipped premises. The optometrist will manage the patient appropriately and safely within the primary care setting for as many patients as possible, thus avoiding unnecessary referrals to hospital services. Where referral to

secondary care is required, it will be to a suitable specialist with appropriate urgency. Patients can be referred to the service by the Hospital Eye Service (urgent eye clinic in particular) their GP, Pharmacist, A&E or Optometrist, 111, or they can self-refer.

3.2 Service description/care pathway

The first optometry practice will initially triage patients to ensure appropriateness for CUES. At this point, patients may be directed to self-care or a more suitable service such as the Emergency Department for red flag symptoms. Those patients eligible for CUES will have either a telemedicine consultation OR face to face assessment (if telemedicine is bypassed). After telemedicine, the patient can be seen face to face within a period of up to 5 working days based on clinical need using the clinician's judgment.

If there are Independent Prescribing (IP) Optometrists in the area, they are able to manage their own patients using the IP service (due to low numbers and capacity challenges). OCT can be used in patients who present with sudden onset vision loss and/or disturbance.

Pathway of care

In summary, the service will provide the following pathway of care:

- Advice and guidance for referring clinicians
- Telephone Triage and booking to ensure patients are suitable for the service and to assess the urgency
- Telemedicine assessment where required
- Face to face clinical assessment where required
- IP prescriber/ and/or access to OCT imaging where available
- Appropriate treatment for the clinical condition
- One-stop shop approach where appropriate
- Timely onward referrals when clinically necessary
- Planned discharge with ongoing care planning where appropriate and feedback to referring clinician where necessary
- Follow up where clinically necessary
- Prescription for medication where clinically necessary

First appointments

1) Where required, a telemedicine consultation will be arranged with an optometrist within 24 hours

Following the telemedicine consultation, the outcome with be either:

- discharge with medication guidance and follow-up as required
- face to face appointment with optometrist within 24 hrs/5 working days based on clinical need
- referral to a site with an IP optometrist or OCT available.

Patients will be offered the first available appointment. On occasion, patients may need to be prioritised on the basis of clinical need; this will be left to the discretion of the provider.

2) In any situation where telemedicine has been bypassed, the patient must be seen face to face within 24 hours.

Follow-up appointments

Only where clinically necessary will patients be offered a follow-up appointment by the service. It is expected the majority of patients seen by the CUES will not need a follow-up appointment, and those required will take place via telemedicine consultation where possible. In the majority of cases follow-ups will be patient initiated.

Supply and use of medicines

Following telemedicine and/or face to face appointment, the optometrist will need to be able to arrange the supply of the following medicines:

- Chloramphenicol
- Cyclopentolate hydrochloride
- Fusidic Acid
- Tropicamide

In making the supply of therapy to the patient the provider must ensure:

- Sufficient medical history is obtained to ensure that the chosen therapy is not contraindicated in the patient.
- All relevant aspects, in respect of labelling of medicine outlined in the Medicine Act 1968 are fully complied with.
- The patient has been fully advised on the method and frequency of administration of the product.

Practitioners using or supplying therapeutic drugs must maintain their competency to do this.

Where patients are eligible for free NHS prescriptions, a written order with a pro forma claim form will be provided to the patient to take to a specific accredited pharmacy to have dispensed and the Pharmacy will claim their fees from the CCG. Please refer to the most up to date Pharmacy list to check for local accredited pharmacies.

For those who require an NHS written order for dry eye, the following protocol must be followed

Following an assessment with an optometrist with independent prescriber (IP) status medications for a treatment of ophthalmic conditions will be made through working with CCG and will enable them to receive an FP10 prescribing pad. (All IP optometrists within the Black Country can be provided with an FP10 pad for use in IP CUES episodes).

Patients will be directed to self-care and purchase OTC medication where possible.

Potential Outcomes resulting from initial consultation

- The patient managed through self-care / direction to purchase OTC medication and discharged / offered telemedicine follow up as required.
- Patient has symptoms of flashing lights +/- floaters or sudden loss of vision to have face to face appointment arranged with optometrist within CUES practice
- Patient has signs and symptoms suggestive of requiring management by IP optometrist therefore referred to IP optometrist within the hub for face to face assessment. Where there are no IP optometrists available in the locality facilitation for primary care optometrists to work alongside ophthalmology departments allowing them to remotely prescribe avoiding the patient having to attend HES.
- Patient has signs suggestive of acute macular pathology so face to face appointment arranged within network at a site that has facility to carry out and transfer OCT images.

- If patient requires face to face intervention (e.g. epilation, FB removal, contact lens removal) or differential diagnosis following inconclusive telemedicine consultation where no 'red flag' signs indicating IP pathway required, appointment booked with accredited optometrist for further evaluation.

The above approach ensures that there is maximum capacity within the service while ensuring that a patient has contact with as few clinicians as required to make a safe and clinically effective management decision around their treatment.

Onward referral

Following assessment of a patient's condition, an onward referral may be required to either:
Hospital ophthalmology services or other local services as appropriate for treatment of emergency life or sight threatening condition
One of the other optometry practices within the service with an OCT machine (ideally this would have been ascertained during the original triage, but there will be some cases that aren't identified as requiring this until after examination)
Other health services e.g. GP

3.3 Population covered

Geographic coverage/boundaries
The service is available to patients registered with a Birmingham and Solihull or Black Country CCG GP. The service must also accommodate those who are not registered with any GP but are resident within the Borough Council(s) boundaries and eligible for NHS Care e.g. members of travelling communities, homeless people.

Patients who live in the CCG area but are registered with a GP out of area (i.e. registered with a GP who is outside of the boundaries of the CCGs) may not eligible for this service.
Neighbouring areas of Staffordshire (excluding East Staffordshire), Hereford and Worcester provide CUES for their patients but Coventry & Warwickshire, Shropshire, Telford & Wrekin offer their own funded service (outside of Opera)

Age limits
The service is for both adults and children; there is no age limit for the service. Children under 16 who attend the service must be accompanied to their appointment by a responsible adult.

The Black country STP in consultation with GPs and optometrists have agreed to issue the following guidance with regards to seeing children 2 and under:

- All babies 8 weeks and under with a sticky eye should be assessed by the GP (and consider swabs if indicated)
- Children 2 and under with an eye problem can be referred back to/co-managed with GP or other optical practices if the optometrist does not feel confident and competent managing the presenting problem

3.4 Inclusion and exclusion criteria and thresholds

Inclusion Criteria
The inclusion criteria for the Primary Care Optometry Urgent Eye Care Service is that deemed as urgent and essential eye care. Patients presenting recent onset symptomatic/urgent ocular or visual symptoms or at the request of other healthcare professionals when preliminary treatment has not resolved the condition. Presenting symptoms would include: loss of vision (sudden/transient), visual distortion, painful eye, red eye, flashes and floaters, diplopia

Exclusion Criteria

- Sudden loss of vision where a patient is generally unwell,
- Chemical/penetrative eye injuries,
- Post-operative complications from recent surgery,
- Acute onset diplopia
- Headaches without visual symptoms

Referral sources

Referrals to the service can come from the following sources:

- Self-referral.
- Signposting to the service via 111, A & E and local Eye casualty telephone triage
- Signposting to patients to the service via General Practice staff, optometrists, pharmacists and other health or social care professionals.
- A clinician may refer a patient to themselves if the symptoms meet the criteria and they believe this will avoid the necessity for referral.

The service will not be a walk-in service; patients will need to telephone the service provider(s) to book an appointment.

3.5 Accreditation & Training

Although not mandatory, Optometrists delivering the service will have ideally completed the Wales Optometry Postgraduate Education Centre (WOPEC)/LOCSU PEARS training programme and evidence appropriate accreditation or demonstrate an accredited equivalent or higher level of skills and experience. The WOPEC/PEARS training consists of seven-eight online training modules and a practical skills demonstration/ accreditation.

3.6 Infection Control

Service delivery must use robust infection control procedures, including:

• Using a breath guard on slit lamps. The Royal College of Ophthalmologists has advice on how temporary breath guards can be made

• Wiping clinical equipment and door handles after every patient, as well as other surfaces that may have been contaminated with body fluids using a suitable disinfectant such as an alcohol wipe. All surfaces must be clean before they are disinfected

• Sanitising frames before patients try them on. If a focimeter needs to be used on patients' spectacles, the patient should be asked to take them off and should be provided with a wipe to sanitise their frames before these are touched by the professional

• Supporting good tissue practice (catch it, kill it, bin it) for patients and staff by having tissues and covered bins readily available

• Ensuring that thorough hand washing techniques are adhered to.

4. Audit and Data Collection

The provider will be expected to provide regular reporting updates to the lead commissioner.

Essential data collection

- Referral source

- Numbers of patients seen by optometrist and type of care delivery by CCG and Practice
- Outcome at every stage of the pathway
- Prescribing information
- Presenting symptoms
- Clinical diagnosis (where possible)
- Adherence to local clinical protocols
- Serious Incidents and incidents of inappropriate care
- Other audits as requested by the commissioner

Audit Information

- Clinical/Quality outcomes audit
- Overall patient experience/satisfaction