

Community Urgent Eye Care Service

Service Guide for Practices and Practitioners

November 2025

Primary Eyecare

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Introduction

NHS-funded community eye care services are locally commissioned and distinct from the standard General Ophthalmic Services (GOS) sight test. Delivered primarily by accredited optometrists, they offer specialised, accessible care in community optometry settings, reducing pressure on hospitals and improving patient outcomes. Primary Eyecare Services are a not-for-profit provider that work in partnership with Local Optical Committees (LOCs) and community optometry practices to deliver these high-quality services.

This guide is intended for:

- optometrists and contact lens opticians delivering the service
- support and administrative teams supporting the delivery of the service
- practice managers and owners responsible for service compliance and oversight

Overview

The Community Urgent Eye Care Service (CUES) enables patients with recent onset symptoms that may indicate an urgent eye condition to be safely assessed and treated within community optometry practices.

Delivered through accredited practices and practitioners, CUES integrates telemedicine, imaging, independent prescribing, and clear referral pathways to manage a wide range of acute eye conditions.

The CUES service will:

- provide timely access to urgent eye care close to home
- reduce pressure on GPs, NHS 111, and hospital eye departments
- support digital transformation through imaging and remote consultations, helping reduce travel
- ensure patients are seen by the right clinician, in the right time and in the right place
- fully utilise the clinical expertise of community optometrists, including those with independent prescribing qualifications

Terminology

Community Urgent Eye Care Services are also known as the following, and these may still be the service names in some local contracts:

- COVID Urgent Eye Care Service (CUES)
- Urgent Eye Care Service (UES)
- Community Minor and Urgent Eye Care Service
- Some services transitioned from MECS (Minor Eye Conditions) to CUES

Local Variations & Local Service Summary One-Pagers

This practice guide outlines the standard and/or most common pathway for this service.

However, local variations in access, service delivery, pathways and protocols may apply. It is important to use this guide alongside the local service summary one-pagers, available here.

Please speak to your Primary Eyecare Services Clinical Lead or email hello@referral.support for further information about your local service.

Variations in the CUES pathway include:

- required timeframes (including first point of contact to screening, screening to telemedicine/face-to-face and telemedicine to face-to-face)
- use of IP pathway including access to FP10 pads for prescribing
- scope and use of Optical Coherence Tomography (OCT)
- lower age limit
- requirements for follow-up appointments
- use of the Primary Eyecare Service Telemedicine Hub

Inclusion and Exclusion Criteria

Please note that this section includes demographic/geographic inclusion and exclusion only. Inclusion based on symptom-led screening is covered under "Service Delivery" below.

Inclusion Criteria

- Patients registered with a GP in an Integrated Care Board that commissions a CUES.
- The service will accommodate those who are not registered with a GP but are resident and eligible for NHS care e.g. members of travelling communities, homeless people, asylum seekers not yet resident in the UK.
- All age groups are typically eligible.

Exclusion Criteria

- Patients registered with a GP in an Integrated Care Board that does not commission a CUES.

Domiciliary Patients

Please refer to local service summary one-pagers to confirm whether domiciliary service provision is specifically excluded.

- To qualify for a domiciliary GOS sight test, the patient must fall into one of the NHS eligibility categories and be unable to leave home unaccompanied.
- The equipment requirements for domiciliary provision remain as stated in the equipment list below.
- Further information on delivering domiciliary services can be found here: Domiciliary Details

Entry to the Service

Self-Presentation

- Patients contacts CUES provider practice directly.

Signposting from Health Care Professional and other services

Health Care Professionals and other services that may signpost to CUES include:

- General Practice (GP surgeries)
  - Without seeing a GP
  - After seeing a GP
  - GP out of hours service
- NHS 111
- Pharmacist
- Accident & Emergency, Minor injuries unit or Urgent treatment centre
- Hospital eye clinic or Community ophthalmology clinic

Intra-Practice Referral

- A non-accredited optometrist refers to an accredited optometrist within the same practice.
- An accredited optometrist refers to another accredited optometrist within the same practice.

Inter-Practice Referral

- A non-accredited practice signposts to a local accredited community optometry practice.
- An accredited CUES practice is unable to provide a clinical consultation in the required timeframe so refers to another CUES practice or to the Primary Eyecare Services Telemedicine Hub.
  - Before transferring a patient via the IT platform to another practice, the receiving practice must be contacted directly to confirm they can provide a consultation within the required timeframe.

Primary Eyecare Services Eye Care Navigation Service

In localities where all ophthalmology referrals are managed and triaged through a Primary Eyecare Services Eye Care Navigation Service.

- Primary Eyecare Services Eye Care Navigation Team transfers episode to patient's accredited community optometry practice of choice via IT Platform.

Primary Eyecare Services Telemedicine Service

Primary Eyecare Services Telemedicine Service is an additional pathway step to support some CUES services. It is only available in some areas, please check local variation one-pager for details.

From Routine Sight Test

- A CUES examination is not an adjunct to a sight test; it is an alternative for cases where symptoms are of recent onset and unsuitable for a routine sight test.
- If a patient presents for a sight test with primary symptoms such as flashing lights, floaters, red or painful eyes, or other urgent concerns, the sight test can be converted to a CUES appointment.
- Routine findings (e.g. dry eyes or mild floaters not causing concern) should be managed within the sight test itself and not escalated to CUES unless symptoms worsen or change.
- In exceptional cases, a patient may need both a sight test and a CUES appointment. This should be:
    - scheduled separately, unless the patient has mobility issues or is unsafe to drive
    - clearly documented, with justification for dual assessment

Service Delivery

Screening and Deflection

- Eligibility is symptom-based and assessed using the screening questions in the CUES module.
- All patient interactions must be recorded on the Primary Eyecare Service IT platform, which includes an algorithm to guide screening and recommend outcomes.
- “Recent onset” typically means symptoms presenting within days to a few weeks.

Inclusion Criteria - Presenting Symptoms

Patients may be eligible if they present with:

- sudden or transient loss of vision
- visual distortion
- sore or painful eye(s)
- red eye(s)
- flashes and floaters
- recent onset diplopia (double vision)
- foreign body in the eye(s)

Exclusion Criteria - Presenting Symptoms

Patients are excluded if they present with:

- recent onset symptoms and are generally unwell
- headaches without visual symptoms
- contact lens-related issues where patient can be deflected to their regular contact lens provider
- chronic symptoms, e.g. long-term dry eye, lid lumps, or non-urgent issues (may vary locally)
- chemical or penetrating eye injuries
- eye care needs best met by a routine sight test

Screening Outcomes

When patients meet the screening criteria, the urgency level within CUES is determined by their presenting symptoms and classified as follows:

- Routine
- Urgent
- Red flag emergency
    - red flag emergencies may be referred immediately outside the Primary Eyecare Services IT platform following local emergency referral protocols.

Alternative Pathways

Some patients may be more appropriately managed via:

- self-care
- pharmacy consultation
- private or GOS sight test

These patients should be:

- signposted to the appropriate service
- advised to re-contact if symptoms worsen or do not improve within five days

Consultation Types and Timeframes

Core Consultation Types

- Telemedicine
- Face to face

The most appropriate core consultation type can be booked directly from screening.

Enhanced Consultation Types

- OCT assessment (for centralised visual distortion)
- Independent prescribing assessments:

Enhanced consultations can be booked directly from screening but more typically follow a core consultation.

Timeframes of Consultations

- Patients must be seen within the timeframe determined by screening outcome.
- Please see Local Variations section for local routine and urgent timeframes.
- If your practice cannot meet the timeframe or appointment type:
    - Arrange an appointment at an alternative local CUES practice
        - the other CUES practice must be called in advance to confirm they have an appointment available within the required timeframe
        - the patient can then be transferred to the other CUES practice via the Primary Eyecare Services IT Platform

Clinical Support

- In cases of uncertainty or complexity, consult a CUES clinician.
- If no clinician is available at the practice, arrange an appointment at an alternative local CUES practice following the process above.

Telemedicine Consultation

CUES supports safe, remote care delivery to reduce unnecessary patient travel. All consultations must align with the College of Optometrists' Guidance on Remote Consultations and Virtual Care.

Consultations may be delivered by telephone and/or video call.

Patients who are hard of hearing or have communication needs may nominate a support person or advocate to participate in the consultation.

The remote consultation should include the following elements, as clinically appropriate:

- Confirm with the patient that the consultation will focus solely on symptomatic urgent eye care needs.
- Conduct a full clinical history, including:
  - patient demographics and contact details
  - presenting symptoms and duration
  - relevant ocular and medical history
  - current medications
- Where feasible, use video to perform a gross external examination of the eye and/or ask patient to provide images of the eye.
- Discuss and agree a management plan, which may include:
  - advice on self-care
  - therapeutic recommendations
  - face-to-face consultation
  - referral to Hospital Eye Services, in line with local protocols
- If a face-to-face appointment is required following the remote consultation, it must be scheduled within 24 hours to 5 working days, depending on clinical urgency.
- Gather and document as much clinical detail as possible during the remote consultation to support the face-to-face assessment.
- Book the appointment with a CUES clinician who holds the appropriate qualifications and has access to necessary equipment (e.g. Independent Prescribing or OCT).
- If referral to another CUES practice is necessary, contact the receiving practice to confirm appointment availability and transfer to the other CUES practice via the Primary Eyecare Services IT Platform.
- Provide written patient information (via SMS, email, or post) to support the management plan. This should include information on how to contact the service and/or other services if the condition fails to improve.
- Ensure that the patient’s clinical records are updated promptly and accurately following the consultation.

Face-to-Face Consultation

If screening or the outcome of a telemedicine assessment suggests that a face-to-face appointment is needed, it should be offered based on the urgency identified during triage, and in line with local protocols.

Any red flag symptoms must be discussed with a clinician following triage, to determine the urgency of the appointment required, or whether a direct referral to the emergency department would be more appropriate.

A face-to-face CUES consultation will include the following, as appropriate:

- confirm with the patient that the consultation will focus solely on symptomatic urgent eye care needs
- conduct a full clinical history, including:
    - patient demographics and contact details
    - presenting symptoms and duration
    - relevant ocular and medical history
    - current medications
- assessment of vision
- conduct a needs led examination completing appropriate tests relevant to the patient's needs. College of Optometrists – Guidance for Professional practice.
- discuss and agree a management plan with the patient which may include
    - self-care advice
    - therapeutic recommendation
    - further CUES consultation
    - referral to the Hospital Eye Services as per local protocols
- provide written patient information to support the management plan. This should include information on how to contact the service and/or other services if the condition fails to improve
- ensure that the patient's clinical records are updated promptly and accurately following the consultation

Optical Coherence Tomography (OCT)

The OCT pathway is designated for patients who present with sudden onset central vision loss and/or by central visual distortion, either during screening or when macular pathology is suspected. It is not intended for routine use, but rather for specific clinical scenarios.

- Only patients with sudden onset central vision loss and/or distortion are suitable for the OCT pathway.

- If onward referral is needed, a DICOM file should be uploaded if available. If not, relevant still images or slices must be provided. Detailed guidance on image upload is available.
- If a clinician believes OCT would aid decision-making but the patient does not qualify for the pathway, the test may still be performed. However, a CUES OCT episode must not be claimed, and the patient must not be charged.
- CUES is a fully funded NHS service; patients must not incur any charges for any aspect of the service.

Independent Prescribing (IP)

IP pathways are commissioned in most CUES (see Local Variation section). Referrals to IP optometrists may be appropriate when a patient is identified, either during triage or clinical assessment, as requiring specific prescribing expertise. This includes cases where:

- the patient's condition requires prescription-only medication that non-IP optometrists cannot supply
- the patient cannot be managed under standard CUES pathways due to complexity or medication needs
- as with any inter-practice referral, availability of appropriate appointment type and timeframe must be confirmed before a patient is transferred for continuation of their CUES care

More guidance for IP practices and IP optometrists can be found in the Independent Prescribing in the PES service – Guide for Practices and Practitioners

Follow Up Appointments

- A follow-up appointment may be scheduled as a planned outcome following an initial CUES consultation.
- The planned follow-up must be accurately documented in the patient's record at the time of attendance.
- Patients may also arrange a patient-initiated follow-up (PIFU) if symptoms recur or persist after discharge.
- Guidance on how to add an ad-hoc PIFU is available via Logging a follow-up appointment to the IT Platform.
- A recurrence of the same issue in the same eye within 12 weeks of the initial CUES assessment is considered a follow-up and should be managed accordingly.
- Local variations in CUES follow-up protocols may apply; refer to the Service Variation section above.
- To ensure correct recording of follow-up appointments, refer to the process outlined in the "Completing an episode through the IT platform" section below.

Diagnosis/Tentative Diagnosis

- After each episode of care the clinician will be required to record a clinical diagnosis or tentative diagnosis.
- The diagnosis (or tentative diagnosis) is selected from a pre-defined list of conditions.

Please refer to the Help page here for further information on conditions/diagnoses: Clinical Conditions / Diagnosis

Service Outcomes

The patient should be informed of the outcome and expected next steps and offered sources on further information and support (see Additional Resources) in line with Eye care support pathway principles.

Following completion of the service pathway, outcomes are as follows:

Assessed, managed and discharged

- Most patients are managed within the community and discharged after receiving clinical advice, minor procedures (e.g. foreign body removal), or treatment plans

This includes:

- advice on self-care
- prescriptions or signed orders

Referral to Secondary Care

- Patients may be referred to hospital eye services directly through the IT Platform and in line with local pathways. It is the referring CUES practitioner's responsibility to follow local referral guidance.
- Emergency referral
- Urgent referral
- Routine referral

Referral to GP

Processing a Referral

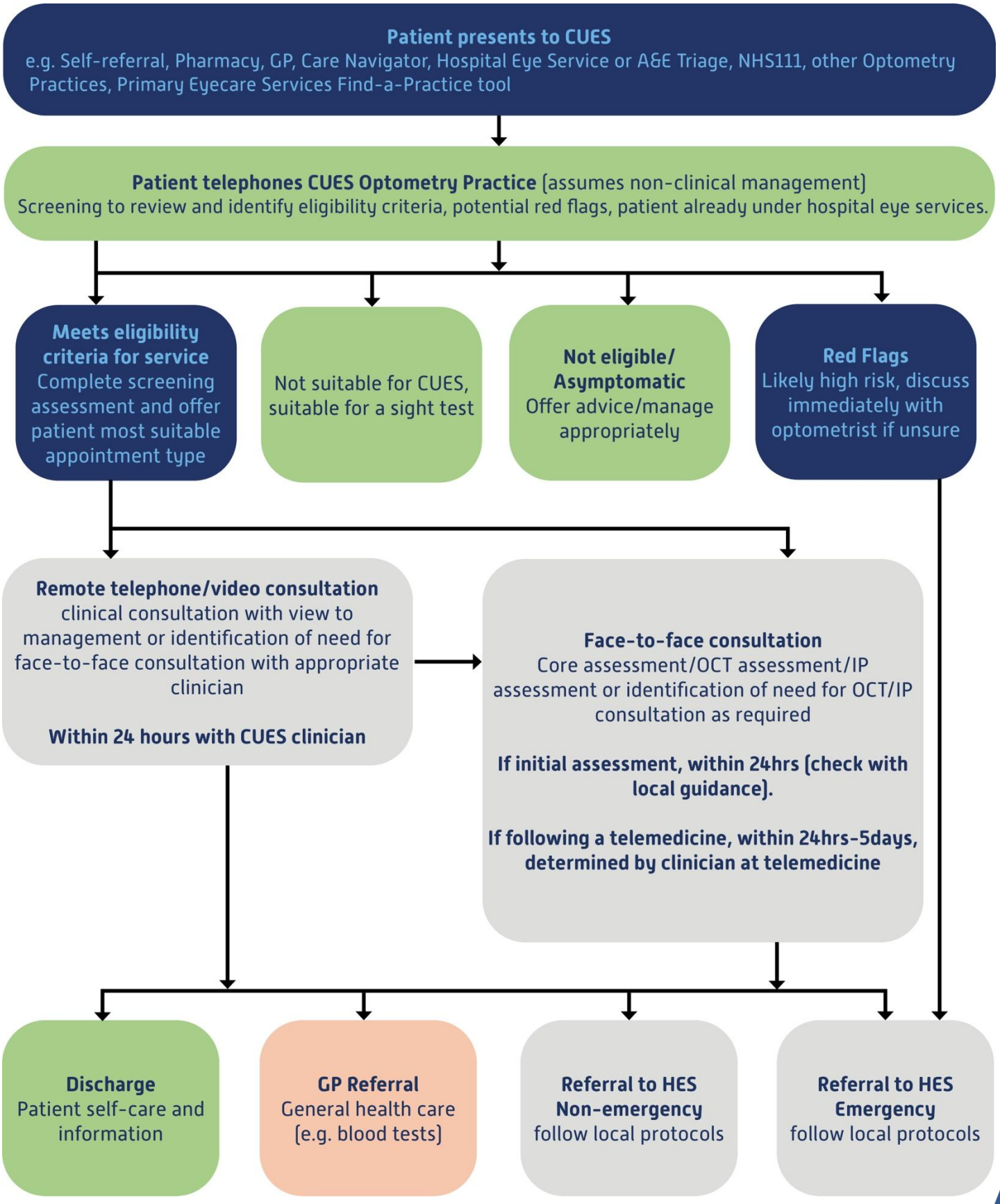
Please find guidance on processing referrals below.

- When the clinical episode is completed with a referral required, a red referral tab will show next to the episode
  - Cues II referral letters
  - Referring to a GP
  - Sending a CUES referral to hospital

GP Notification

- GP surgeries receive a notification of the outcome for every CUES episode via:
  - DOCMAN system
  - NHS email (where DOCMAN is not available)
- This applies regardless of whether the patient was discharged, referred, or managed within the service.
- GP action is only required when the outcome is explicitly marked as “referral to GP”.

Service Pathway Diagram



Supply of Therapy

Core Formulary OTC

All accredited CUES Optometrists may prescribe, sell, or supply pharmacy medicines (P) and general sale list medicines (GSL) during their practice. Optometrists must comply with legal requirements, GOC standards, and College of Optometrists guidelines.

When medication is required, CUES optometrists will provide or prescribe this during the consultation. Medicines may be arranged via a signed order for supply from the patient's chosen community pharmacist or directly supplied/sold (where permitted).

Following the NHS England guidance regarding over the counter (OTC) medications it is expected that patients will self-fund these medications. There are varying approaches to enable patients to access NHS funded prescriptions, where exemption from OTC guidance applies or where treatment is for conditions other than those in the OTC guidance.

Core Formulary POM

Registered optometrists may sell or supply all pharmacy medicines (P) or general sale list medicines (GSL) in the course of their professional practice, including 0.5% Chloramphenicol antibiotic eye drops or 1% eye ointment. Optometrists may give the patient a written (signed) order for the patient to obtain the above from a registered pharmacist, as well as the following prescription only medicines (POMs).

- Chloramphenicol,
- Cyclopentolate hydrochloride,
- Fusidic Acid,
- Tropicamide
- Note that (P) Chloramphenicol OTC is only licensed for use with bacterial conjunctivitis. For prophylactic use and for use by under 2s the POM licensed version is required, and this can be sold or supplied by optometrists in an emergency or by issuing a written order to be dispensed at a pharmacy.

Patients will be directed to purchase medication in the core formulary. For those patients deemed to be exempt from OTC purchase, supply arrangements will be outlined in Local Service Summary One-pagers (see Local Variation section above).

In making a supply to the patient the practitioner must ensure:

- sufficient medical history is obtained to ensure that the chosen therapy is not contra-indicated in the patient
- full compliance is ensured with all relevant aspects concerning the labelling of medicine, as outlined in the Medicines Act 1968

- the patient has been fully advised on the method and frequency of administration of the product

And that they:

- maintain their skills and knowledge with regards the use of drugs
- demonstrate continuous professional development in line with their professional requirements
- inform patients of the any adverse reactions prior to application and provide them with the appropriate information
- record all batch numbers and expiry dates of drugs in the patients notes
- ensure that all drugs are stored according to the manufacturer's instructions

In general, supply via a pharmacist is preferred. The College of Optometrists has produced guidelines on the use & supply of drugs as part of its 'Code of Ethics & Guidelines for Professional Conduct' section K1: www.college-optometrists.org/en/professional-standards/Ethics_Guidelines/index.cfm

Independent Prescriber - FP10 Prescribing Pads

Where an optometrist has independent prescriber (IP) status allowing greater management of patients in community as per the objectives of CUES, Primary Eyecare Service work with Integrated Care Systems during implementation of the service to seek access to FP10 prescribing pads and to be assigned a prescribing budget.

IP optometrists are expected to work within their competency and experience when managing patients within CUES and refer to College of Optometrist Clinical Management Guidelines recommendations. For full details and guidance for IP optometrists within Primary Eyecare Services community eye care services please see the 'Independent Prescribing in PES Service - Guide for Practices and Practitioners'.

Failed to Engage, Did Not Attend, and Was Not Brought Policies

Provision of community eye care services requires practices to manage and record all instances of patient non-engagement or non-attendance to appointments.

For information about Primary Eyecare Services Failed to Engage (FTE), Did Not Attend (DNA) and Was Not Brought (WNB) Policies, please click here.

Patient Feedback and Equality and Diversity Monitoring

- Patient feedback is crucial for our community eye care services to demonstrate the value of services and to enable service improvements.
- Please encourage all patients to complete patient feedback.
- Equality and Diversity information is also requested.
- Feedback is usually collected via text or email and comprises of a few short questions.
- If a patient can't complete patient feedback through SMS or email, you can support them in completing this: Completing PROMS where a patient has asked for support.

Completing an episode through the IT platform

All clinical episodes must be recorded on the Primary Eyecare Service IT platform within 48 hours.

Please note that the service needs to be selected in the Practice Profile in order to complete an episode through the IT platform. My Services - checking, adding and removing services

Please use the following link for a step-by-step guide to completing an episode through the IT platform. This guide can be saved as a PDF and/or printed as required.

The Primary Eyecare Services IT platform requires the recording of data appropriate for service delivery. This does not replace the need to keep a full record of the clinical episode on the Practice Management System (PMS).

Completing the Community Urgent Eyecare Service module for Primary Care

Audit and Quality Assurance

Primary Eyecare Services has a comprehensive programme of audit and quality assurance in place to ensure that all services are delivered in accordance with national and local standards.

Clinical leads undertake structured service level audits every quarter to monitor performance at a practitioner and practice level to ensure compliance with agreed protocols. Audit reports review activity levels, appointment types, referral patterns, access timeframes, clinical outcomes, and patient-reported feedback (PROMS/PREMS).

Where audit findings highlight outliers or concerns, clinical leads will work with practices and practitioners to identify the cause and to agree any indicated action plan.

Practices have access to their own service data via the Practice Audit Dashboard, enabling practices to monitor their performance benchmarked against national data.

Subcontractor Performance Management

Primary Eyecare Services monitors the performance of subcontracted community optometry practices through regular audits and a structured breach process. This supports service quality, patient safety, and contractual compliance. Further details are available here, or in the Primary Eyecare Services Policy Pack.

Requirements for Providing Service

Please find below the equipment and accreditation required for community optometry practice and practitioners to provide community eye care services and access the Primary Eyecare Services IT platform. These requirements should be read alongside the Primary Eyecare Services Policy Pack.

Equipment

All practices providing the service are required to have the following equipment available:

- Access to the internet
- Means of indirect ophthalmoscopy (Volk/headset indirect ophthalmoscope)
- Slit lamp BIO or indirect (to ensure appropriate view for flashes and floaters patients as a minimum the practice must have one of the following – Superfield, Super Pupil XL, Super, VitreoFundus, Digital Wide Field)
- Applanation Tonometer (Goldmann or Perkins) or ICare
- Access to imaging or OCT
- Distance test chart (Snellen/LogMAR) / Near test chart
- Threshold visual fields equipment able to produce either an electronic or printed report
- Appropriate ophthalmic drugs (Mydriatic / Anaesthetic / Staining agents)
- Equipment for foreign body removal (e.g., PVA spears /Tweezers etc.)

Clinical Accreditation

Optometrists

All participating practitioners will have the core competencies as defined by the General Optical Council (GOC).

Participating practitioners are expected to keep their knowledge and skills up to date which may include:

- including the provision of community eye care services in GOC personal development plans
- this may be supported Primary Eyecare Services Professional Development webpage

Contact Lens Opticians (CLOs)

The practitioner will need

- WOPEC MECS: Contact Lens Optician
- ABDO Extended Services Accreditation (includes both CUES/MECS)
- Professional indemnity insurance that covers CUES

The accredited CLO will be recognised as a provider of MECS/CUES and will treat dependent on capability and competence, working alongside optometrists as part of a multidisciplinary team.

Triage processes should signpost patients with anterior eye problems to the MECS/CUES accredited CLO, while posterior eye problems should be directed to the optometrist. In some cases, there will almost certainly be co-management of patients. MECS accredited CLOs can only provide this service when a MECS accredited optometrist is on site. This is not to provide supervision but primarily for the purpose of co-management.

Pre-Registration Optometrists (pre-regs)

As part of the Scheme for Registration, pre-regs are required to see at least five 'other' patients, with one of the eligible services being CUES.

Pre-regs can conduct the patient consultation as normal (with appropriate supervision level), complete the clinical record on their practice patient management system (PMS) and document findings and clinical decisions made.

The supervisor must physically examine the patient following the pre-regs assessment, sign off the consultation on the practice PMS with some notes on the patient record. The supervisor will then complete the final clinical assessment on the Primary Eyecare Service IT Platform. Supervisors maintain full clinical responsibility for patient care.

Practice Requirements

All practices providing the service are expected to have at least one accredited practitioner regularly available to provide the service.

Full practice requirements and onboarding guidance can be found here:

Practice Onboarding

Practitioner Requirements

Full practitioner requirements and onboarding guidance can be found here:
Practitioner Onboarding

Practice and practitioner compliance and practitioner accreditation requirements are continuous and ongoing; should the practice or practitioner no longer satisfy these requirements then they

must inform Primary Eyecare Services at hello@referral.support and cease providing this service. Guidance on this process is available on the Service Withdrawal help page.

Failsafe

Effective management of patients requiring the Community Urgent Eye Care service is essential. It is crucial that all necessary actions are completed to ensure continuity of care and compliance with clinical governance standards.

Primary Eyecare Services has a dedicated Failsafe Team that provides comprehensive support to practitioners, ensuring patients are scheduled and seen within appropriate clinical timeframes.

To ensure the Failsafe Team communications are received, it is essential to keep all contact information up to date . This includes ensuring that designated staff members responsible for the low vision service are correctly listed and able to receive correspondence.

Community optometry practices are expected to respond to emails from the Failsafe Team, providing explanation for any delays in updating patient episodes within the required timeframe.

If you require Failsafe Team support, please contact the team on pes.quality.pes@nhs.net

Additional Information

Payment Process

For information about invoicing and how to track payments click here. Queries should be directed to hello@referral.support or via the 'blue bubble'.

Service Issues and Complaints

Primary Eyecare Services have a dedicated Quality Team who manage service issues and complaints.

To raise any concerns about this service, please contact quality@primaryeyecare.co.uk

Updating Practice & Practitioner Information

Please refer to the dedicated help page for information on practice and practitioner profiles, updating information and making annual declarations:

Practice and practitioner profiles - IT Platform

Supporting Materials

- Find a Practice - Search for your nearest participating optical practice
- Eye Conditions - Primary Eyecare Services
- College of Optometrists' Guidance on Remote Consultations and Virtual Care.
- College of Optometrists – Guidance for Professional practice
- Independent Prescribing in the PES service – Guide for Practices and Practitioners
- Eye care support pathway
- NHS England OTC guidance

Support Pages

- Primary Eyecare Services Policy Pack
- CUES Help Guides:
  - CUES Help Pages
  - CUES FAQ's

- Completing the Community Urgent Eyecare Service module for Primary Care
- CUES Local Service Summary One-Pager Variations

- Support Pages:
  - OCT guidance on DICOM image uploads
  - Clinical Conditions / Diagnosis
  - Logging a follow-up appointment to the IT system
  - Cues II referral letters
  - Referring to a GP
  - My Services - checking, adding and removing services
  - Practice Onboarding
  - Practitioner Onboarding
  - Practice and practitioner profiles - IT Platform
  - Service Withdrawal
  - Changing Email Preferences - IT Platform
  - Practice Invoices and Reconciliation
  - Failed to Engage (FTE), Did Not Attend (DNA) & Was Not Brought (WNB) Policy
  - Domiciliary Details
  - Completing PROMS where a patient has asked for support
- Additional Links:
  - Primary Eyecare Services Professional Development
  - Wales Optometry Postgraduate Education Centre - WOPEC
  - Local Optical Committee
  - Guidance for Professional Practice - College of Optometrists

Further Information and Support

For further information, click here to view all our help guides.

Further queries should be directed to hello@referral.support or via the IT Platform 'blue bubble'.