

CUES Eligibility Screening/Triage

Px Name:..... GP: **(check eligible)**

Date:..... Surgery:

Address: DOB:.....

Phone:..... Time of call: Taken by:

Appointment: Yes / No Time: Referred by:

Symptoms & Comments:

Certain conditions are not appropriate for CUES. Please ensure that you are familiar with these and ask your optometrist if in doubt. If the patient is feeling generally unwell ask them to seek medical advice or discuss with your optometrist at the time of booking.

The following guidance should be followed unless the CUES practitioner advises otherwise in an individual case. Select the problem from below sections (patients' symptoms may fall into multiple sections)

CL related	1) Is the Px from your practice?	Yes - follow own practice protocol (unsuitable for CUES)
		No – advise contact their usual practice 1st. If cannot contact due to being closed, ask question 2 and continue
Problem with eye - painful, sore, red, sticky, watery, itchy or irritated <i>Recent onset slightly red, sticky or itchy eyes will often resolve in a day or two. Advise the patient that the NHS recommends seeing a pharmacist / self-care. If no improvement after 5 days or symptoms get worse, contact us again.</i>	2) Is it painful?	Yes (ask question 3)*
		No (ask question 3)
	3) Is there any light sensitivity?	Yes (ask question 4)*
		No (ask question 4)
4) Is there a change in vision?	Yes (see below outcome)*	
	See below**	
<p>*If yes to all questions 2, 3 and 4 – discuss with CUES practitioner to see whether patient should have telemedicine/face-to-face consultation with your practitioner or have a telemedicine/ face-to-face consult arranged at a practice with an IP optometrist / access to IP remote prescribing.</p> <p>*If yes to one or two of questions 2, 3 or 4 – arrange telemedicine assessment, or arrange face-to-face appointment if advised by CUES practitioner.</p> <p>**If no to all questions 2, 3 and 4 and started less than 5 days ago signpost to self-care / pharmacy and advise to contact you again if not resolved after 5 days or gets worse, if started more than 5 days ago arrange telemedicine/face-to-face.</p>		

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Foreign Body (Something in the eye)	5) Was it high velocity / speed or chemical foreign body?	Yes – speak with CUES practitioner to see whether should go straight to hospital eye service
		No – arrange face-to-face appointment

Problem with vision (including problem with field of vision and sudden onset double vision) <i>If patient reports field loss and sudden onset double vision: Book CUES telemedicine and inform clinician.</i>	6) Is the vision distorted / wavy in the central part of vision?	Yes – arrange face-to-face appointment at practice with an OCT
		No – (ask question 7)
	7) When did the vision problem start?	< 1 month – arrange telemedicine (or face-to-face appointment if advised by CUES practitioner)
		> 1 months – discuss with optometrist and consider if essential sight test required.

Flashes and/or Floaters	8) Do you have a large curtain or veil in your vision?	Yes – speak with optometrist to see whether should go straight to hospital eye service
		No – (ask question 9)
	9) When did it start or when did it last change or get worse?	< 8 weeks – arrange face-to-face appointment***
		8 - 12 weeks with worsening symptoms - arrange face-to-face appointment***
		> 12 weeks - Not suitable for CUES

COVID- 19 Screening	
Are you self-isolating due to having COVID linked symptoms or due to living with someone with COVID linked symptoms?	Yes
	No – Go to next question
Are you are shielding without COVID linked symptoms and if yes, are you happy to come in for appointment if required, despite the higher risk of exposure to COVID-19?****	Yes
	No

*** If flashes and/or floaters confirmed at screening/triage, face-to-face appointment will be required with dilation.

Please ask the below questions to aid the practitioner if a face-to-face appointment needs to be considered.

The practitioner should offer the patient a telephone or video consultation (see additional guidance) so that a detailed remote consultation can be carried out to ascertain next steps in patients care.

****Patient in at risk group **must** be made aware that they will be exposing themselves to an increased risk of exposure to COVID-19 before you arrange an appointment for them.

The patient understands and consents to the following - note that consent to eye care record sharing is essential to access CUES:

PES clinicians can access eye care records in order to deliver direct care	Yes / No
That PES may contact the patient via text message, email, letter or telephone call regarding their direct care	Yes / No
That PES can contact the patient via text message, email or letter regarding their experience of the services provided	Yes / No

Does the patient give their explicit Permission to View their Summary Care Record? They must consent to the record being available for all clinicians involved in their direct care to have access to these records.	Yes / No
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The above questions concerning consent **are important**. The patient must be asked if they given permission to view a summary of their GP record, which, if available, will show their **current prescriptions, allergies and other information on relevant medical history**. If they consent the information will only be viewed by clinicians with a legitimate relationship to the patient - i.e. providing direct care. This will include clinicians who are providing telemedicine or remote advice services. You can learn more about Summary Care Records: <https://help.optom-referrals.org/article/237-summary-care-record>

Please note that if the patient does not consent to clinical information sharing within PES then they cannot access the CUES service.