

# NWL Optometry-led Community Eye Care Service

Service Launch & Training Event  
23<sup>rd</sup> January 2025

Primary  
**+ Eyecare**

# Agenda

- About PES & service delivery
- NW London Service Overview
- OPERA and accreditation
- Service specific overview:
  - Community Eye Service CES/ MECS
  - Enhanced cataract referral assessment
  - GRR
  - GERS
- Service monitoring
- Next steps and help available
- Q&A



# Who are Primary Eyecare Services (PES)?



Single provider company formed by LOCs. Not for profit organisation (limited by guarantee)



Provide extended primary eyecare service via networks of established optometry practices



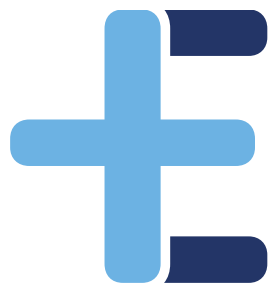
'Optometry Federation' (Akin to GP Federation)



Presence in 29/42 ICBs, MoU with 54 LOCs, network of over 2,500 practices, over 750,000 episodes of care p/a, 720,000 patients.

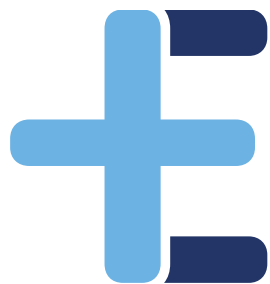


'High Quality Patient Centred Eye Services in Primary Care'



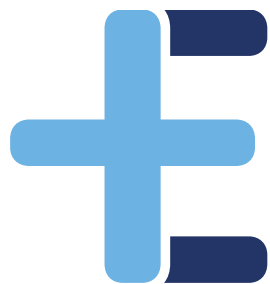
# NWL Service Overview

- PES have been awarded a contract by the ICB to deliver an ICB wide Optometry-led Community Eye Care Service, following a procurement process
- PES Contract is for three years with two-year extension option
- Important to demonstrate the value of the services over the contract term to ensure sustainability & future development of services
- Services will all be available to patients registered with a NWL GP ie patients with a GP in the boroughs of Brent, Ealing, Hammersmith & Fulham, Harrow, Hounslow, Hillingdon, Kensington & Chelsea, Westminster



# NWL Service Overview

- NWL Community Eye Care Service comprises:
  - Community Eye Service (CES)/ MECS
  - Pre-Cataract Assessment
  - Glaucoma Repeat Readings
  - Glaucoma Enhanced Case Finding
- It will replace the service currently delivered in Westminster
- Services designed to support the wider health system, avoiding unnecessary referrals to secondary care and hospital appointments, reducing pressure on GP and hospital services, whilst providing high quality care close to home
- The ICB wide service is planned to go live at the end January.



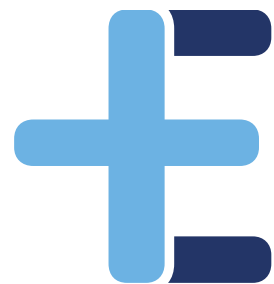
# OPERA

- All services will be delivered through OPERA - the web-based PES IT platform
- OPERA integrates with NHS systems
- Accredited practitioners given access to clinical modules for respective services
- Referrals to secondary care from services are sent from OPERA. They will go direct to the hospital clinic selected, via eRS or NHS mail
- Outcome letters for all services are sent to GP practices automatically on completion of a patient episode via Docman and MESH. These will be marked for information or action as required.



# OPERA/ Service accreditation

- GOS contract (preferable)
- Practice & Practitioner accreditation is required
- Accreditation has to be completed before practitioners have access to OPERA and can provide services
- Practices & Practitioners certify that they will operate in accordance with PES policies



## NWL Optometry-led community eyecare service Accreditation requirements

### OPERA core registration



#### Practice Documentation

- **Quality in Optometry GOS Contract checklist** - completed within the last 3 years
- **Quality in Optometry NHS Standard Contract checklist** - completed within the last 3 years
- **Data Security Protection Toolkit** - completed within the last 12 months
- **Quality in Optometry Infection Control Audit** - completed annually

#### Practitioner Documentation

- **DOCET (or equivalent) Safeguarding Level 2 Adults certificate** - within the last 3 years
- **DOCET (or equivalent) Safeguarding Level 2 Children certificate** - within the last 3 years
- **Enhanced DBS Certificate** with check of DBS barred lists for adults & children and registered with the DBS update service

## NWL service specific accreditation

### Minor Eye Conditions Service (MECS):

WOPEC MECS parts 1&2 (online course & practical assessment)

### Pre -cataract assessment:

WOPEC cataract online course

### Glaucoma repeat readings:

WOPEC glaucoma part 1

### Glaucoma enhanced case finding:

WOPEC glaucoma parts 1&2 (online course & practical assessment)

# OPERA Onboarding Guide

## **Not signed up on OPERA?**

If the Practice is not registered on the OPERA platform currently, please read the guide link here, [Onboarding Guidance](#) and onboard your practice by following the steps set out.

There are helpful video tutorials for completing the DSPT and QIO checklists here: [QIO Tutorial - Optical DSPT Checklist](#)  
[QIO Tutorial - NHS Standard Contract](#)

The Practice will need to complete the practice onboarding process and be approved by Primary Eyecare Services.

Once the Practice has been onboarded, they can register their practitioners - also required for service delivery. Guidance on how to register practitioners is [HERE](#).

## **Already on OPERA?**

Practices which are registered on the OPERA IT platform, with practitioners with the required accreditation, need to ensure that the relevant services are 'switched on' on OPERA, in order to deliver services.

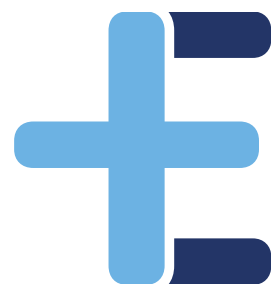
Practices switch on services by adding them to their practice profile. Practices should follow the guidance linked [here](#) to add services to their OPERA practice profile.

It is also important for practices to ensure that their practitioners have uploaded the relevant certificates (accreditation requirements for North West London are attached) to their practitioner profile so they can deliver the services. Not sure how to do this? The guide is linked [here](#).

## **Need help with OPERA?**

If you need help onboarding, please email [onboarding@primaryeyecare.co.uk](mailto:onboarding@primaryeyecare.co.uk) with **NWL Onboarding Support** in the subject header.

Primary Eyecare Services has a dedicated service support team which is on hand to support with the onboarding process. The team are available Monday - Friday, 9AM - 5PM.





# NWL Service Practice Fees

Service	Practice Fee	Additional information
CES assessment	£50	Includes any follow ups required for the same condition within 3 months
CES IP supplement	£30	
Pre-cataract assessment	£30	
GRR first appointment	£30	
GRR follow up appointment	£25	For second repeat IOP/VFs as required
Glaucoma Enhanced Case Finding/ GERS assessment	£63	



# Community Eye Care Service CES

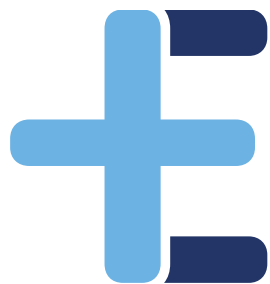
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# Community Eye Service - CES Minor Eye Conditions Service - MECS



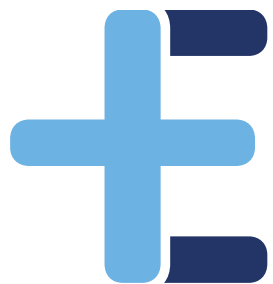
# CES Service Aims

- Provision of high-quality eye care for recent onset, minor conditions in the community.
- Reduction of avoidable referrals;
- Reduce use of urgent care services; Care closer to home in a more convenient setting.
- Retention of patients in primary care where possible.
- Typically, over 80% of patients are retained and managed within primary care



# Community Eye Services – CES / MECS

- The Community Eye Service (CES) provides assessment and treatment for people aged **18 years or over** with **recent** onset eye problems.
- Management within service where possible
- CES is a symptom-led service.
- Eligibility for this service is dependent on the patient GP and completion of CES screening.
- CES screening/triage can be completed over the telephone or in person and can be completed by non-clinical staff.
- Timescales are determined by the screening guidance on OPERA.
- **All patients must be triaged in line with this guidance.**



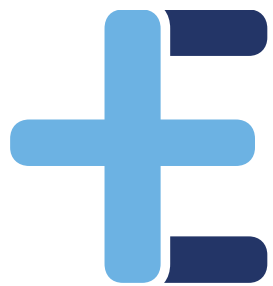
# CES/ MECS Entry Points

- GP signposting
- Pharmacist
- A & E, 111, local eye casualty telephone triage
- Other health or social care professional – including other Optometrists
- Yourself (not eye examination & CES on same day)

Please note, this is only for 18 years and older.



# OPERA Demonstration



# Emergency/ same day referrals



Ring ahead to hospital eye casualty/urgent eye care for all same day referrals

Eye casualty	In hours	Telephone
Western Eye Hospital	8.30am-8.30pm (7 days a week incl BHs)	020 3312 5791
Central Middlesex	Mon-Fri 8.30am-5pm	020 8963 7195
Hillingdon hospital	Mon-Fri 9am-4.30pm	01895 279027
Chelsea & Westminster	Mon-Fri 9am- 5pm	020 3315 4001





# Emergency/ same day referrals

## Moorfields Eye Hospital City Road - A&E



Urgent Advice Line: **020 7521 4682**

### NOTES:

- MEH City Road will only accept same day referrals by phone. Send the electronic referral via OPERA **after** the referral has been accepted
- MEH ask that patients are always directed to their closest hospital eye casualty service and not MEH City Road by default, unless the patient is **currently** under MEH.



# CES is NOT for:

- Patients identified with severe eye conditions which require hospital attention eg. penetrating trauma, chemical injuries, temporal arteritis
- Patients with conditions being monitored regularly by HES /another eye care clinician eg. glaucoma, cataract or diabetic retinopathy
- Patients with minor symptoms who may be advised to self- care initially
- Patients requiring a sight test
- Patients with diplopia
- Patients under 18 years of age

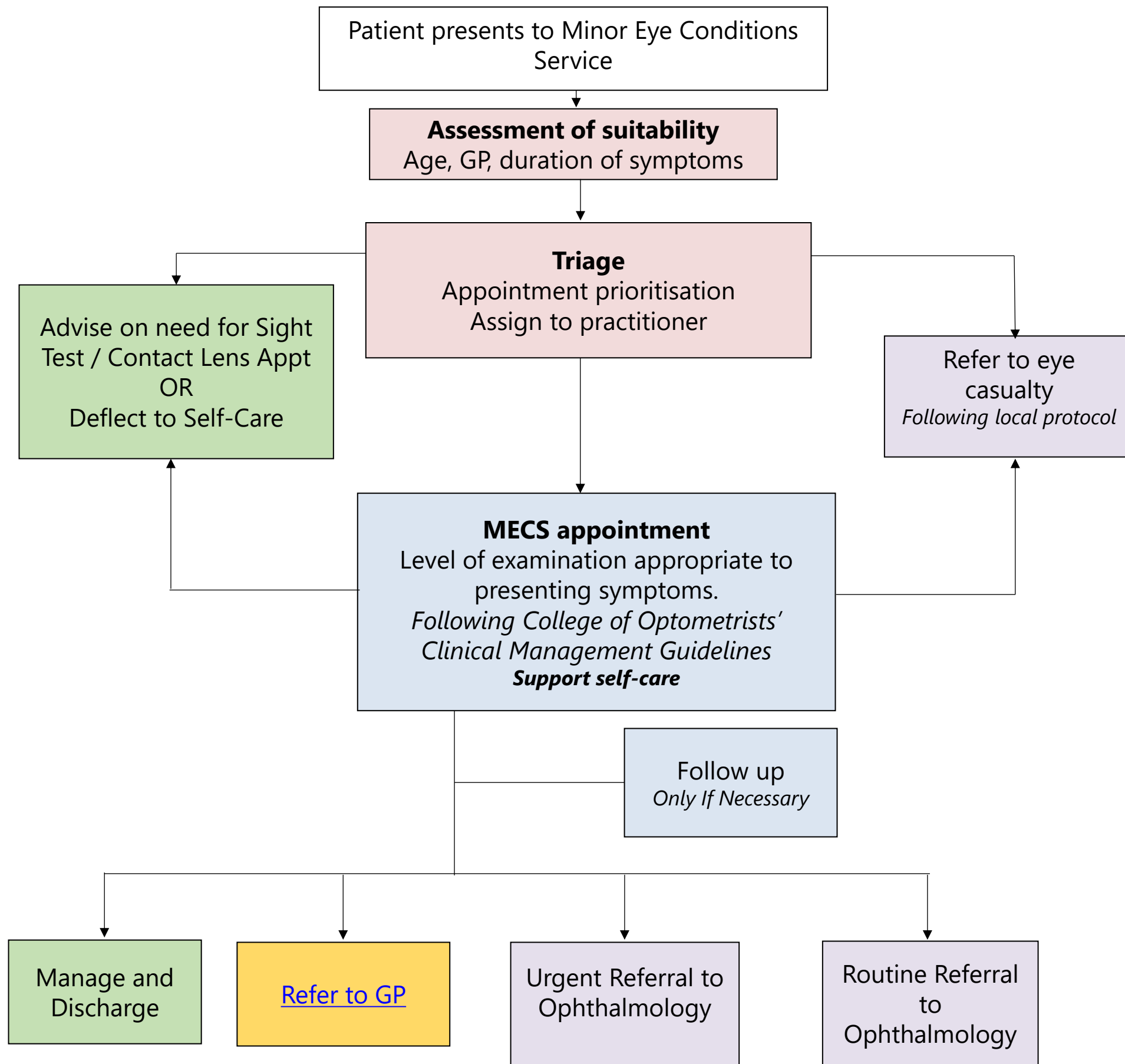
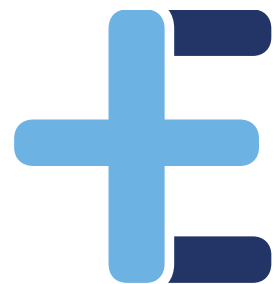


# CES / MECS Referrals

- All onward referrals from a CES / MECS consultation to HES via OPERA
- Please always ring the Hospital Urgent Eyecare Clinic prior to sending supporting information on OPERA
- Same day urgent referrals will also go via OPERA. Please contact local eye department and document on OPERA
- Please use College of Optometrist CMGs to guide on urgency of referral.
- Any patient triaged as a **RED Flag** and inappropriate for CES / MECS please refer outside of the platform following local protocols

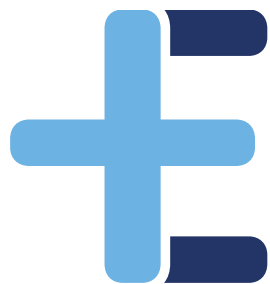


This patient is currently has a symptom indicating a red flag - please consider if MECS is appropriate for their care. You may wish to consider a referral to A&E or EED outside of OPERA  
If continuing in MECS they should be seen in 24 hours.



# Community Eye Services - CES

- Triage the patient using the triage form (telephone or in person)
- Patient is assessed by accredited practitioner, advice and treatment given or referral elsewhere (if required)
- Along with verbal advice the patient is given written information to ensure nothing is forgotten and treatment plan understood.
- Timely onward referrals when clinically necessary
- If the practitioner feels the condition need to be followed up, then this is arranged.
- Follow ups for 3 months are included in the tariff for the first appointment.
- If issued with a written order and medications be required, patients are encouraged for self-care / private purchase from practice or pharmacy
- If required, IP examinations are funded.



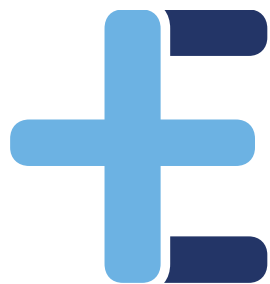
# CES / MECS : Key Points

All patients must be seen:

**Within 24hrs for urgent**

**Within 2 working days for routine/non urgent**

- If you don't have an urgent appointment, please try and assist the patient in finding an appointment at another accredited practice in the network.
- There is a find a practice tool on the PES website. [Find a Practice - Search for your nearest participating optical practice](#)
- When completing the patient episode on OPERA ensure the correct outcome is selected
- Ensure episodes are completed at the time of seeing the patient whenever possible.
- Always **within 2 working days**. (same day for urgent patients)



**Keratitis (marginal)**

# CMGs

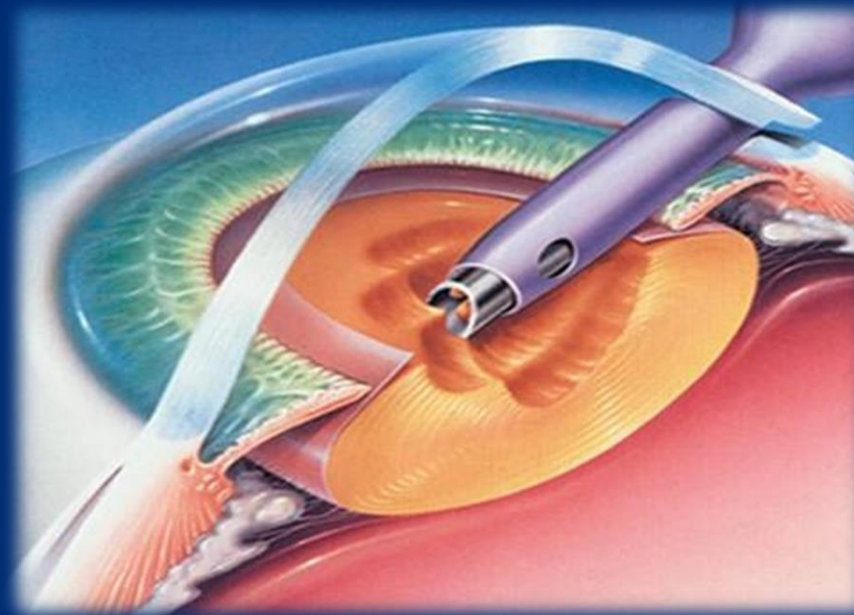
- Clinical Management Guidelines

<b>Aetiology</b>	Toxic or hypersensitivity response to bacterial ( <i>Staphylococcal</i> ) exotoxins
<b>Predisposing factors</b>	Bacterial ( <i>Staphylococcal</i> ) blepharitis Current or recent upper respiratory tract infection Condition tends to be recurrent
<b>Symptoms</b>	Ocular discomfort increasing to pain Lacrimation Red eye Photophobia
<b>Signs</b>	Ulcer (stromal infiltrate with overlying epithelial loss) which may be round or arcuate, single or multiple, unilateral or bilateral, adjacent to limbus, and separated from limbus by interval of clear cornea Ulcer stains with fluorescein Hyperaemia and oedema of adjacent bulbar conjunctiva
<b>Differential diagnosis</b>	Other causes of ulceration of the peripheral cornea: <ul style="list-style-type: none"> <li>• contact lens-associated microbial keratitis</li> <li>• contact lens-associated corneal infiltrate</li> <li>• rosacea keratitis</li> <li>• Mooren's ulcer</li> <li>• peripheral keratitis associated with rheumatoid arthritis or other systemic collagen vascular disease</li> <li>• corneal phlyctenulosis</li> <li>• Terrien's marginal degeneration</li> </ul>
<b>Management by Optometrist</b>	
Practitioners should recognise their limitations and where necessary seek further advice or refer the patient elsewhere	
<b>Non pharmacological</b>	Dark glasses to ease photophobia
<b>Pharmacological</b>	Gutt. chloramphenicol 0.5% qds 5 days, plus gutt. prednisolone 0.5% qds 5 days (then taper off steroid over 3 days) Notes: <ul style="list-style-type: none"> <li>• marginal keratitis is a self-limiting condition. However, it is conventional to give treatment with a view to relieving symptoms and shortening the clinical course</li> <li>• treatment is traditionally with topical steroid only</li> <li>• the concurrent use of topical antibiotic in addition to topical steroid is theoretically justified by the immunosuppressive effect of the steroid which enhances the risk of infection</li> </ul> Ocular lubricants for symptomatic relief (drops for use during the day, unmedicated ointment for use at bedtime) Systemic analgesia if needed: paracetamol, aspirin or ibuprofen Regular lid hygiene for associated blepharitis (with a view to limiting recurrence)
<b>Management Category</b>	<b>B3: Management to resolution</b> If persistent or recurrent, refer to Ophthalmologist
<b>Possible management by Ophthalmologist</b>	
	Microbiological cultures of lesion and lid margins Investigation of patient's immune status Topical and/or systemic antibiotic treatment of blepharitis
<b>Evidence base</b>	
	Chignell AH, Easty DL, Chesterton JR, Thomsitt J. Marginal ulceration of the cornea. Brit J Ophthalmol 1970;54:433-40





# Enhanced Cataract Referral Pathway (Pre-Cataract)



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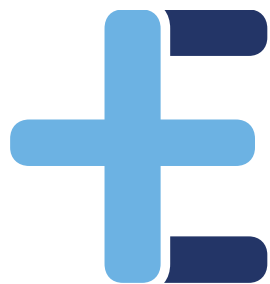


# Enhanced Cataract Referral Pathway

## Purpose

- To ensure only patients who need, want and are eligible for surgery are referred for surgery.
- The aim of the pre-cataract pathway is to reduce the number of inappropriate referrals into secondary care and increase conversion rate to surgery
- To confirm the presence of cataract following a sight test in line with local ICB policy.
- To confirm if the patient wants cataract surgery
- This is a shared decision-making process and the health questionnaire is built into the pre-cataract module on OPERA

[Enhanced Cataract referral module questionnaire - OPERA](#)



# The benefits to the patient



FASTER ACCESS TO  
TREATMENT



INFORMED DECISION  
MAKING



TARGETED  
REFERRALS



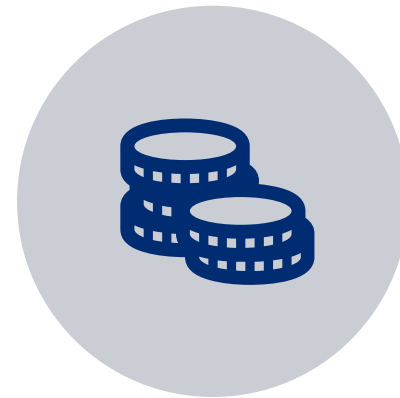
# The benefits to the HES/ICB



INFORMED PATIENT CHOICE



ENSURING OUR POLICIES ARE FOLLOWED



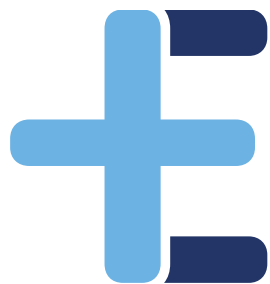
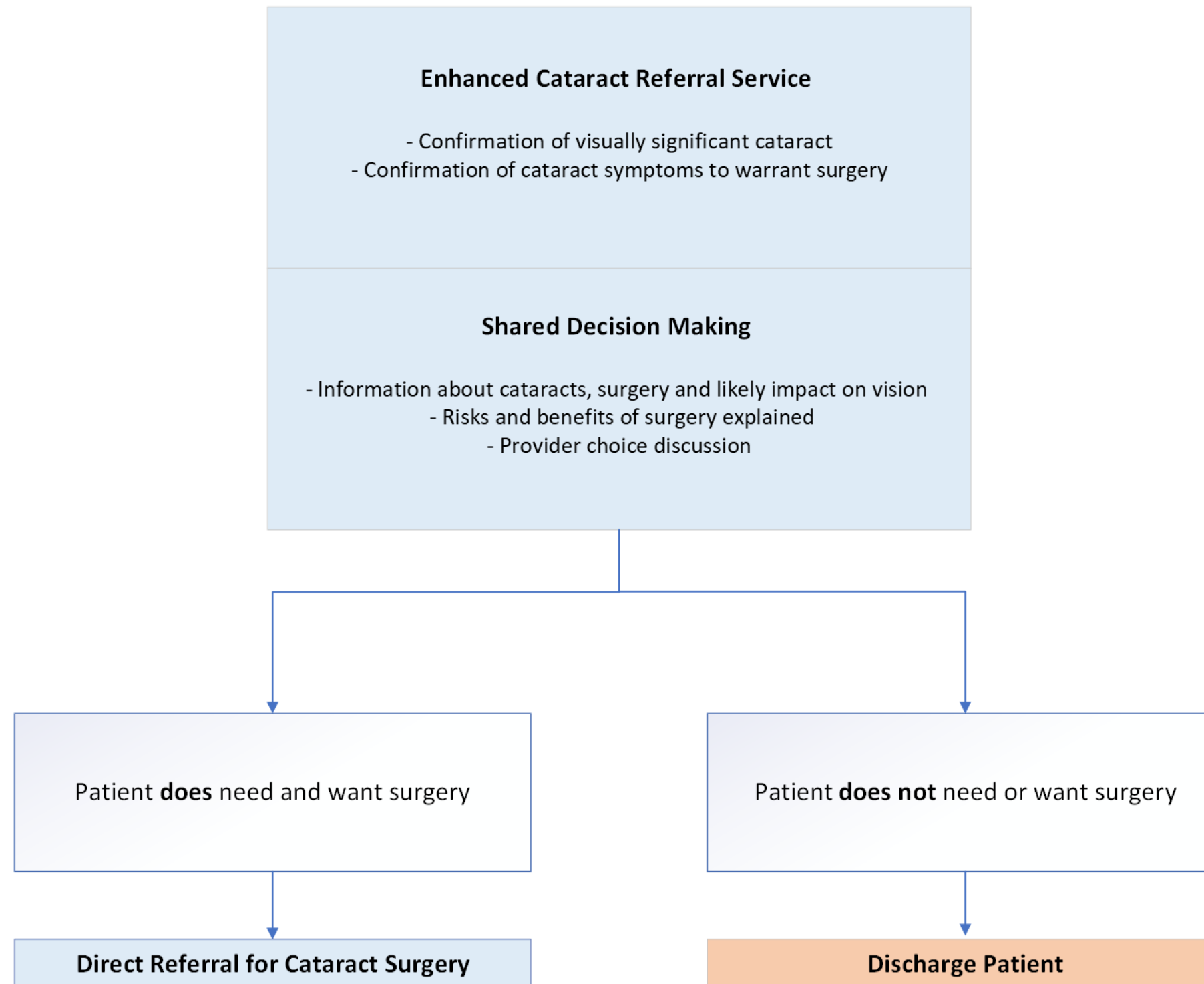
INCREASED CONVERSION TO SURGERY



FEWER FALSE POSITIVE REFERRALS – FREEING UP APPTS



# PES Cataract Pathway

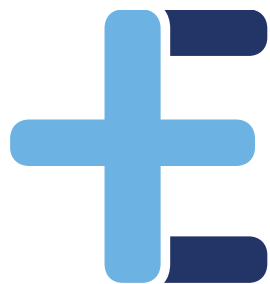


# Service Criteria and Checklist

The cataract referral filtering assessment is the GIRFT\* recommended pathway

This includes:

- Live questionnaire to support the live conversation
- An opportunity for the patient to ask questions
- Supported and informed decision making
- A discussion around choice
- A 'pause for thought' where the patient requires this
- A reactive conversation tailored to the patients needs, concerns and priorities
- (Area specific) a secondary opportunity for dilation where clinically required



These points all add extra value to the pathway

\*GIRFT (Getting It Right First Time)

# Getting It Right First Time (GIRFT)

<https://gettingitrightfirsttime.co.uk/girft-reports/> - Ophthalmology

A 100% conversion rate is neither desirable nor clinically appropriate: there will always be some patients who do not proceed to surgery following referral for medical or other reasons, and there is a risk that the highest rates indicate some patients may be undergoing surgery inappropriately.

At the other end of the spectrum, those providers with conversion rates below 75% are effectively seeing a quarter of referrals unnecessarily. This inevitably impacts on their overall workload, delaying appointments for other patients and wasting the time of the unwilling referred patients.

Improving that conversion rate by a small margin, to 80 or 85%, would indicate that a proportion of unnecessary referrals are being eliminated – freeing capacity in the process, while offering a better patient experience.

The first step in increasing conversion rates is to re-examine the referral processes. That starts with re-considering guidance provided to the referring optometrists and GPs. In their responses to the GIRFT questionnaire, 63% of providers said that they currently provide guidance to optometrists and primary care – meaning that over a third do not.

For those that do, such guidance may need to be reviewed and refreshed to reflect the updated NICE guideline and emphasise the fact that some of the most common reasons for not proceeding to surgery following referral are that the patient is unwilling or that, based on their lifestyle, are unlikely to benefit from the procedure.

Building on that, the next step is to facilitate the discussions between optometrists and patients before referral. Commissioners and providers can help by developing shared decision-making aids for use by optometrists and primary care physicians to help understand the patient's needs and readiness for surgery. The information gathered through these aids can then be shared with the provider, whether or not the patient is referred; where the decision is not to proceed with surgery, the information is useful to monitor the effectiveness of the overall referral process and should be regularly audited.

It should be noted that any additional steps for optometrists may need to be specifically commissioned, as further discussions, testing and involvement in individual decision-making are not part of the GOS. The CCEHC has examined this in both SAFE and its Primary Eye Care Framework. The case for commissioning such services is not only related to improving conversion rates from the provider perspective; it also means patients who do not want surgery are not required to attend hospital.



# What happens during the assessment?

The cataract referral filtering assessment will include:

- Confirmation of visually significant cataract
- Confirmation of cataract symptoms to warrant surgery
- Confirmation patient is fit enough for surgery
- Information regarding cataracts – what they are and how they affect vision
- Information regarding cataract surgery, including:
  - What is involved and how long it takes
  - Possible risks and benefits of surgery
  - Likely recovery time and support that may be needed during this time
  - Likely long-term outcomes – inc. possibility may need spectacles for some tasks
  - How vision and quality of life may be affected by surgery
- Confirmation patient wants surgery following **shared decision making** – which may require a pause for thought





# To dilate? Or not to dilate?

This is NOT mandated in NWL. Please use your professional judgement in these cases.

## Pros

- Better view of the periphery
- Stereoscopic (3D) view of the macula
- Greater assessment of the extent and type of the cataract – PSC can be harder to spot unless you dilated to get a good red reflex.

## Cons

- Takes longer
- Often needs to be done another day when the patient isn't driving
- Risk of side effects for the patient
- Risk of ACG???





# North West London Criteria



North West London

## Cataract Surgery

### Policy

NHS North West London CCGs will fund cataract surgery for either or both eyes if either of the following criteria thresholds are met: **1(a & b) or 2(a or b)**

**1.**

- a. Cataract surgery to be considered for patients with a best corrected visual acuity of **6/9 (LogMAR 0.18)** or worse in the affected eye(s).

**AND**

- b. Have impairment in lifestyle such as significant effect on activities of daily living, leisure activities, and risk of falls

**2.**

- a. Surgery is indicated for management of ocular comorbidities e.g. management of glaucoma OR in diabetes where the view of the retina is obscured in retina screening

**OR**

- b. Significant optical imbalance (anisometropia or anisekonia) following cataract surgery on the first eye

**Version 7  
February 2023**



# Shared Decision making



Have the risk and benefits of the surgery been **explained**?



Does the patient **understand** the risks and benefits of the surgery?



Does the patient wish to be referred?

A shared decision-making tool is available to support your Enhanced cataract assessment

[NHS Cataracts decision tool \(england.nhs.uk\)](https://www.england.nhs.uk/healthcare-professionals/decision-making-tools/nhs-cataracts-decision-tool/)

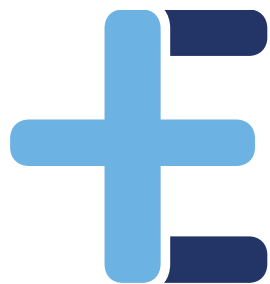
The aims are to ensure

- patients want cataract surgery
- reduced wasted appointments
- Improve conversion rate to surgery



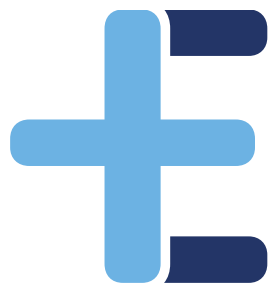
# Patient Choice

- Optometrists must follow the national patient choice guidance and offer a minimum of 5 choices based on distance to provider and type of clinic required.
- PES patient choice tool is hoping to be part of NWL referrals and will help support these conversations in the future (planned for March 2025). This will be for the providers to complete.
- This will include distance to patient, average wait time to first appointment, average wait time for surgery, PC rupture complications, avoidance of visual loss complications and CQC ratings.



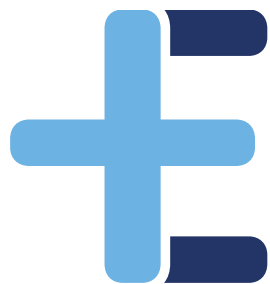
# How soon after the sight test does a Pre-Cat need to take place?

- The Pre-Cataract assessment needs to be **within 3 months of the sight test.**
- If the patient presents outside of this time another refraction would be needed.  
Why?
  - Consider myopic shifts?
  - Consider rapid changes in vision (Posterior Subcapsular)?
  - Exclude other pathology?







# My patient wants to think about where to go. Can I complete the Pre Cat assessment today?





- You can complete your clinical findings and questionnaire on the day
- If the patient wants some time to think about which provider they want to go to (they may want to go home and discuss it with their partner/family) this is absolutely fine as some patients do need a pause for thought.
- Complete the Pre Cat assessment, choosing your outcome as “refer to NHS provider” and leave the red “refer to HES tab” for now. Arrange with the patient a timescale of when to confirm the provider and complete the red tab.
- If the patient changes their mind and wants to go privately, or not be referred at all, you can close the episode using the chair icon.



# Fail to Engage (FTE) policy

# Did Not Attend (DNA) policy

	1 <sup>st</sup> attempt – direct contact by telephone, where contact is not <u>possible</u> please leave a message (if available) for the patient to contact the service and document details of call on patient record.
	2 <sup>nd</sup> attempt – direct contact by telephone, where contact is not <u>possible</u> please leave a message (if available) for the patient to contact the service and document details of call on patient record.
	3 <sup>rd</sup> attempt – letter to be sent to <u>patients</u> home address requesting that the patient contact the practice to book an appointment with details of the letter send date recorded on the patient record.
	If the patient does not engage with the service as described in the below <u>table</u> please log as FTE on Opera – this will notify the referring organisation and the patients GP that they have FTE the service.

	1 <sup>st</sup> DNA – attempt direct contact by telephone on the same day to ascertain the reasons for DNA and assess the clinical risk. Where the patient has been contacted and wishes to proceed rebook the patient
	2 <sup>nd</sup> DNA – if the patient DNA 2 booked appointments they should be logged as DNA on the patients record and IT platform – this will notify the referring organisation (if applicable) and the patients GP of the DNA.
	If the patient cannot be contacted following the DNA via telephone a letter to be sent to patient’s home address requesting that the patient contact the practice to book an appointment with details of the letter send date recorded on the patient record.
	If the patient does not engage with the service in the timescales described in the <u>table</u> below please log as DNA on Opera – this will notify the referring organisation and the patients GP that they have DNA the service.

## Timescales

MECS/CUES/CES	2 weeks
Cataract services – pre-op/post-op	12 weeks
Children’s services – PVS/ICS	12 weeks
Community Glaucoma Service	12 weeks
Glaucoma filtering services - GERS/ECF/GRR	12 weeks
PwLD	12 weeks
Low Vision	12 weeks





# Safeguarding



## Attitudes and Values

**LISTEN** to children and young people and to act on issues and concerns, as well as an expectation that the organisation and professionals within it to value and listen to the views of Children and Adults at risk.

Work in partnership with other organisations/patients and families to **promote** safeguarding

To promote a **positive culture** around safeguarding within the organisation.

# Glaucoma Referral Filtering Service

- Two services – Glaucoma Repeat Readings/Measures (GRR) and Glaucoma Enhanced Case Finding (GERS)
- Additional checks and assessment to prevent patients being referred to hospital unnecessarily for suspected glaucoma

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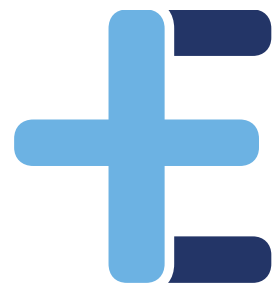
# Glaucoma Referral Filtering Pathway

## Glaucoma Repeat Readings (GRR)

For patients with raised IOPs and/or visual field defect with no other signs of glaucoma.

## Glaucoma Enhanced Referral Service (GERS)

For patients with multiple suspicious clinical signs and/or risk factors of glaucoma.



## Glaucoma Repeat Readings (GRR)



# Glaucoma Repeat Readings (IOPs and Visual Fields)

## Service aims

- To reduce referrals of patients to secondary care for raised pressures or suspect visual fields
- Data from PES wide study demonstrated 70% discharge rate
- Only onward refer patients to secondary care who require referral in line with the service pathway
- All onward referrals to hospital from Repeat Reading Service to be made via OPERA with fields attached where appropriate



# Glaucoma Repeat Readings (IOPs and Visual Fields)

## IOP Repeat Service:

- IOP repeat readings for IOPs 24-31mmHg
- Repeat with Goldmann/Perkins
- If under 24mmHg = Discharge
- If over 24mmHg = Repeat on 2<sup>nd</sup> occasion
- **IOPs over 31mmHg refer to HES**
  
- If over 24mmHg at 2<sup>nd</sup> Visit = Refer via OPERA
- You are taking clinical responsibility to rule out other signs of Glaucoma
- Examination of Disc, AC Angle, Visual Fields and IOP with Goldmann/Perkins required.
- No refraction necessary



# GRR inclusion and exclusion criteria

## Inclusion criteria

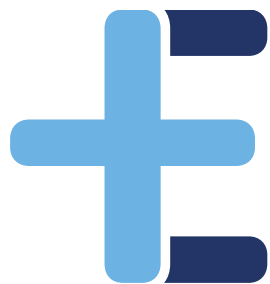
The inclusion criteria for the service are as follows:

1. Patients with IOP 24mmHg or more at primary examination.
2. Suspect Glaucomatous Visual Field detected at primary examination.
3. Both above.

## Exclusion criteria

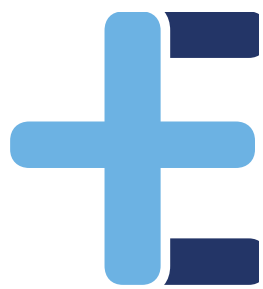
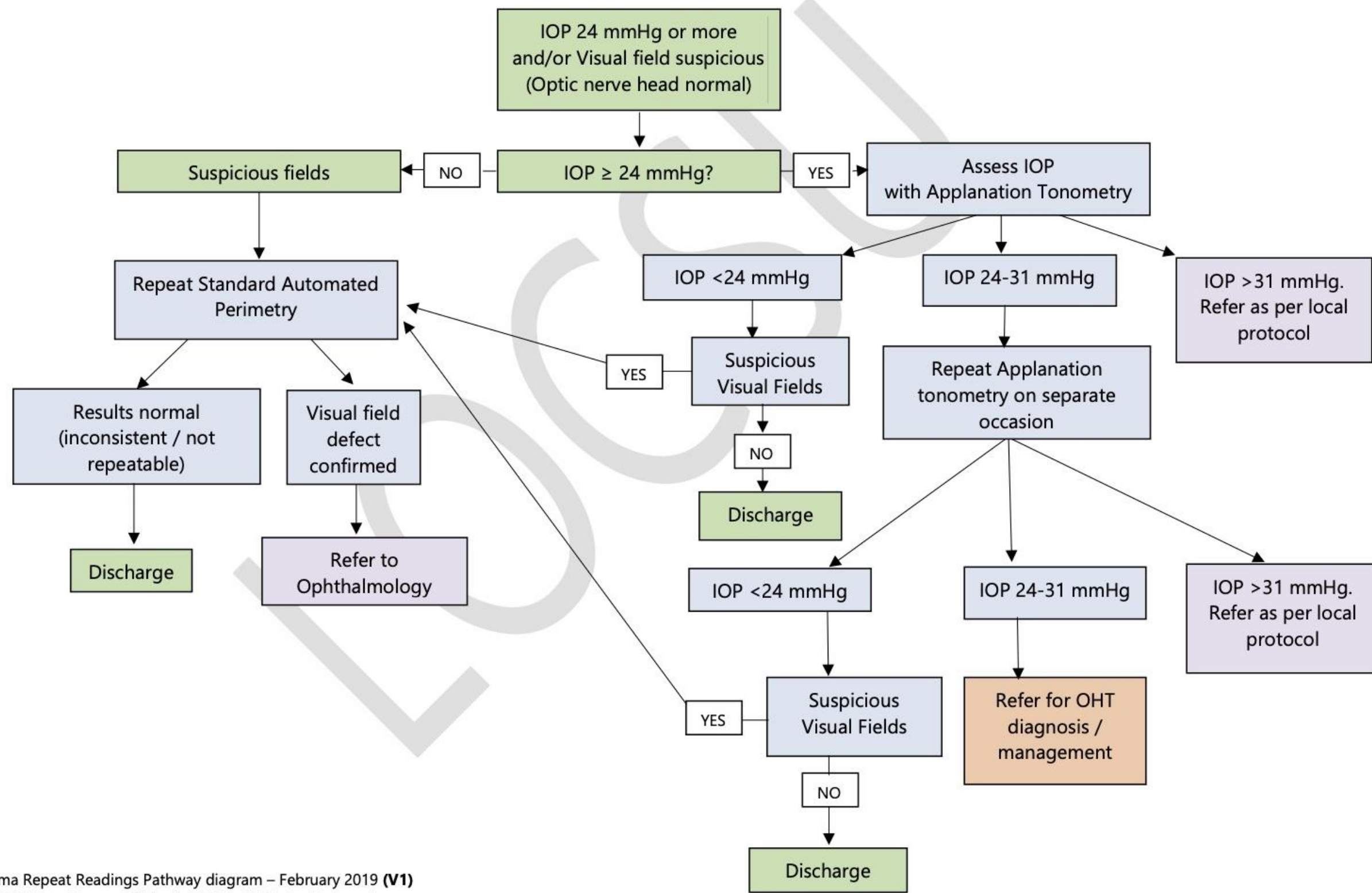
The following cases will not be suitable for the service:

1. Patients presenting with IOP <24mmHg.
2. Patients with a longstanding field defect.
3. Patients under the management of the hospital eye service for OHT, suspect COAG, COAG and other related conditions.
4. Patients under 18yrs.



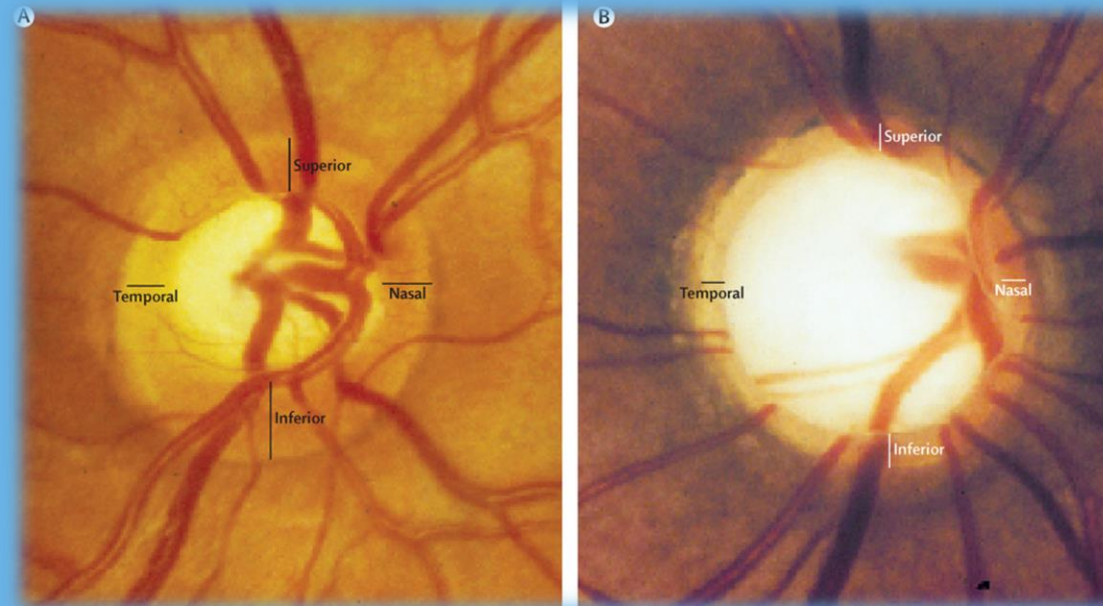
# Glaucoma Repeat Readings Pathway

**Entrance criteria:** A raised IOP or suspicious visual field is identified during GOS or private sight test





# Glaucoma Enhanced Referral Service (GERS)



# Glaucoma Enhanced Referral Service (GERS)

These patients will be referred to you onto your OPERA dashboard directly from SPoA (when in place) or hospital. This is NOT for your own patients.

## Service Aims

- Enhanced service to prevent patients being referred to HES unnecessarily
- Experience from elsewhere shows over 50% deflection rate
- For Patients requiring further investigation with signs suspicious of glaucoma:
  - IOP > 24mmHg and/or visual field defect indicative of glaucoma
  - Suspicious discs/disc asymmetry
  - Narrow anterior chamber angles



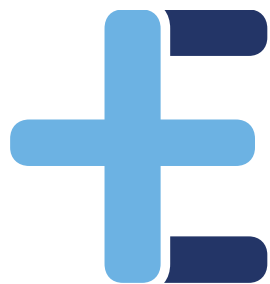
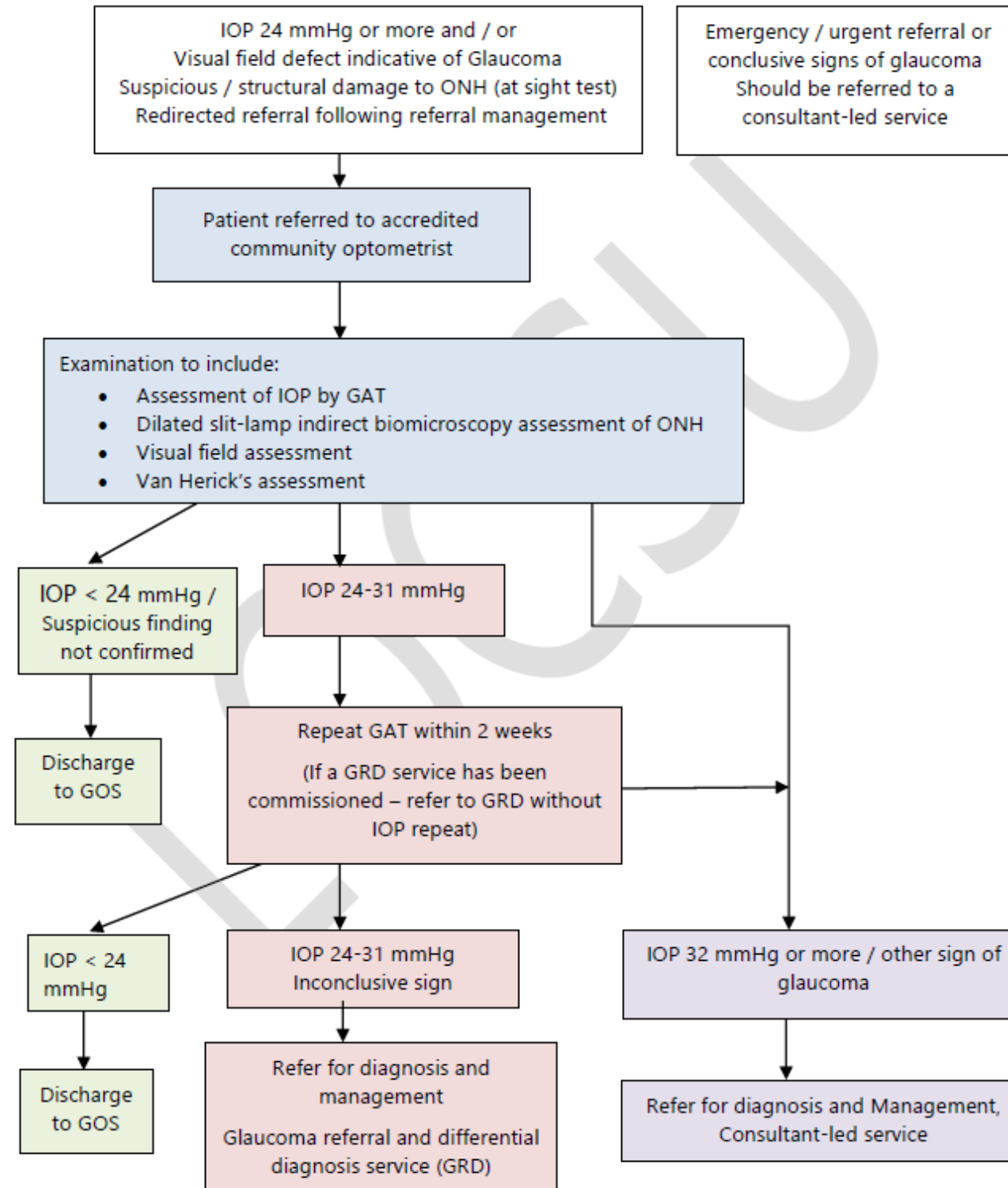


# Glaucoma Enhanced Case-Finding Service

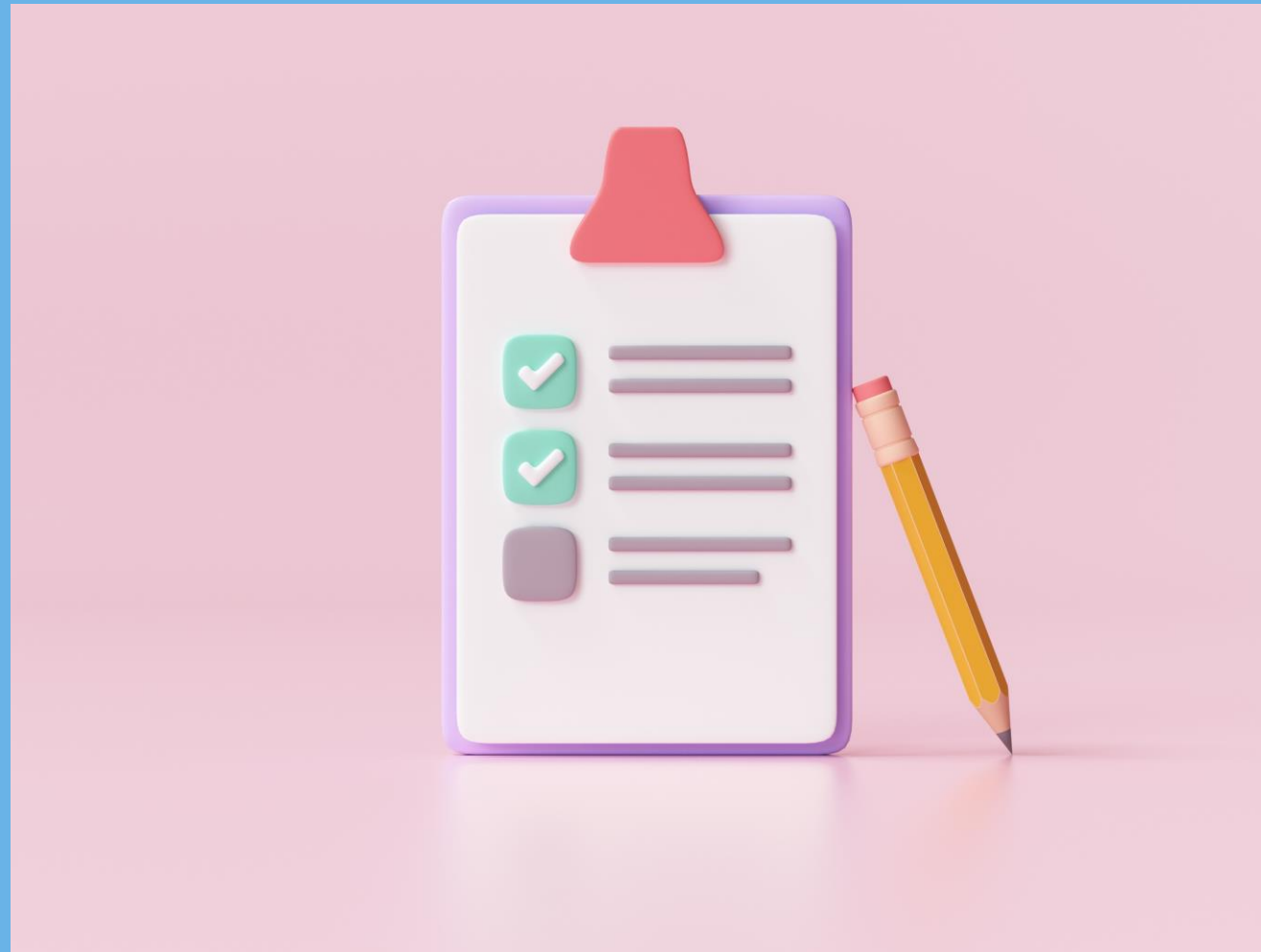


**Entrance criteria:** A suspicious sign of Glaucoma identified

(Emergency referrals and referrals following Glaucoma Repeat Readings are excluded)

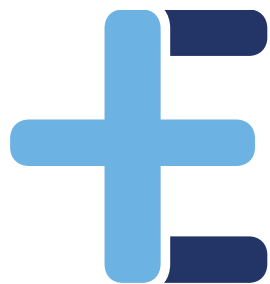


# Service Monitoring



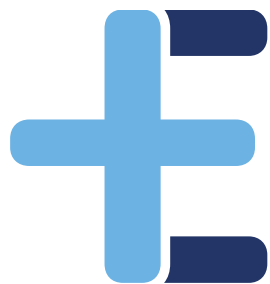
# Service monitoring & KPIs

- Ongoing monitoring by PES Clinical Leads eg. to ensure patients are appropriate for service and meet service criteria, referral quality and outliers
- Regular reporting to commissioners against KPIs, including:
  - Timescales
  - Referral rates
  - Outcomes
- Service audits
- Patient satisfaction reporting

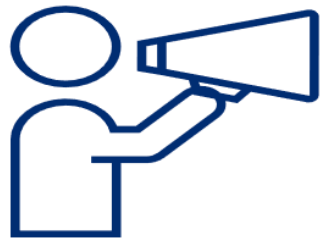


# Patient Satisfaction Reporting

- Please encourage patients to complete patient satisfaction feedback form.
- Patient feedback is very valuable for demonstrating the value of services to the commissioner, as well as identifying any issues which may arise
- At the end of each service episode on OPERA, the practitioner has the option to send the feedback form to the patient via email or text. You can also email the form to your practice email address and the patient can fill it out before they leave.
- The form is easy and user friendly for the patient to fill in and can be done within one minute.
- After completing the satisfaction questions, the patient is also asked to answer some Equality and Diversity questions. The patient can opt in or out of this element.
- **Patient feedback on PES services is overwhelmingly positive!**



# Patient feedback: examples



## MECS

*'The examination was conducted in a thorough & professional manner. This is an excellent service which saved me clogging up A & E or wasting time with my GP who doesn't have your specialist equipment'.*

*'It was very quick and easy and saved a trip to Moorfields'.*

*'Was seen promptly and had thorough tests carried out which put my mind at rest'*

*"Makes a lot of sense to have opticians rather than GPs diagnose eye conditions'.*

## Pre-cataract assessment

*'Excellent care and considerate service. Everything explained to me in great detail'.*

*'Have received advice and guidance and understanding of my situation'*

*'Brilliant very professional very happy polite explaining everything very clearly'*



# Next steps

- Fully accredited practices will be able to see patients for CES, Pre-cataract assessment and GRR as soon as service goes live
- **Practices must ensure they have the relevant services switched on on OPERA to have access to the modules and deliver services**
- New practices can join services when they are fully accredited and ready
- Help and support is available

**Ready to see patients!!**



# Help!

## Queries about OPERA accreditation/ onboarding and using OPERA

- Help centre on OPERA <https://help.optom-referrals.org/>  
Includes webinar recordings and video guides
- For onboarding queries: [Onboarding@primaryeyecare.co.uk](mailto:Onboarding@primaryeyecare.co.uk) with NWL in subject header
- For general queries: through the blue help bubble on OPERA or email helpdesk & central team [hello@referral.support](mailto:hello@referral.support)

## Local/ Clinical queries

[Ian.Dobson@primaryeyecare.co.uk](mailto:Ian.Dobson@primaryeyecare.co.uk)

[Sana.Asif@primaryeyecare.co.uk](mailto:Sana.Asif@primaryeyecare.co.uk)

OPERA web sign-in page <https://app.optom-referrals.org/>



# OPERA – Where to find help and support



Help and Support for the OPERA referral system

Search the knowledge base

<b>Additional Documents and Forms</b> This section contains documents, forms and guidance that you might be referred to 2 articles	<b>Cataract Services</b> This section provides information on the pre and post cataract modules within OPERA 1 article	<b>Common Issues</b> A collection of common questions and solutions for users of CUES and OPERA 11 articles
<b>GOS18 + Referrals</b> How to undertake a GOS18 referral within OPERA including image uploads 5 articles	<b>Glaucoma Monitoring</b> The Glaucoma Monitoring Tool including transfer and review forms, 2 articles	<b>MECS (Minor Eye Conditions)</b> Information and guidance on using the MECS function within OPERA 3 articles
<b>PES Finances</b> Information on finances, invoices and how to raise queries 3 articles	<b>Private Ophthalmology Referrals</b> Private Ophthalmology Referrals 1 article	<b>Videos</b> These are a collection of screen cast videos demonstrating key functions of OPERA 12 articles
<b>Webinars</b> You can watch recordings of past PES webinars here. 2 articles	<b>Compliance</b> A range of documents that demonstrate the systems regulatory compliance. 5 articles	<b>CUES (Urgent Eye Care Service)</b> A selection of quick videos and guides to CUES function in OPERA 5 articles
<b>ERS Provider Types</b> Descriptions of the provider types in eRs including referral assessment services.	<b>Getting Started</b> From setting up your account, enabling 2FA and logging in for the first time	<b>Images and OPERA</b> All about different files and image formats and how to use with OPERA

There is a Help centre built into OPERA which provide step by step instructions on onboarding and the use of OPERA as whole. You can access this resource centre on:

<https://help.optom-referrals.org/>

OR



Go to the chat bubble on the OPERA page type in your query and help guides will pop up to assist you. If you don't find the answer you are looking for, simply complete the enquiry fields to get direct support. Please provided as much detail as possible with the query you need support on, to ensure you get the answers you require in the quickest time!

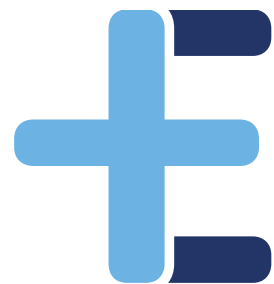


# Emergency/ same day referrals



Ring ahead to hospital eye casualty/urgent eye care for all same day referrals

Eye casualty	In hours	Telephone
Western Eye Hospital	8.30am-8.30pm (7 days a week incl BHs)	020 3312 5791
Central Middlesex	Mon-Fri 8.30am-5pm	020 8963 7195
Hillingdon hospital	Mon-Fri 9am-4.30pm	01895 279027
Chelsea & Westminster	Mon-Fri 9am- 5pm	020 3315 4001



# Emergency/ same day referrals

## Moorfields Eye Hospital City Road - A&E



Urgent Advice Line: **020 7521 4682**

### NOTES:

- MEH City Road will only accept same day referrals by phone. Send the electronic referral via OPERA **after** the referral has been accepted
- MEH ask that patients are always directed to their closest hospital eye casualty service and not MEH City Road by default, unless the patient is **currently** under MEH.



# Training and support



**Save the dates!**

## Online meeting: Front of house / admin staff on how to use OPERA

- Wednesday 5<sup>th</sup> February @ 9.15am
- 11th February 2025 Virtual Drop in Q&A 13.00 to 14.00

Details on how to register will follow

## CES Independent prescribers (IP) session- TBC

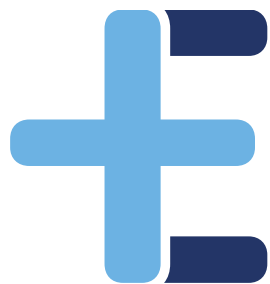
This session is for all practitioners who:

- Have applied for FP10 prescribing as part of CES

or

- Who are IP qualified and are wanting to provide this service in the future.

Details on how to register will follow



# Further training



There are many CPD sessions based around OPERA run by our excellent professional development team at PES. Please keep an eye out on your emails for these.

@eyecareservices

@Primary Eyecare

@Primary\_eyecare



Primary  
**+**eyecare



**Enhanced cataract referral webinar 10<sup>th</sup> Feb – check your inbox on  
Friday 24/01/2025**

