Combined Community Urgent Eyecare Service & Minor Eye Conditions Service (CUES/MECS)

Sefton September 2023

Pathway & Protocols

Primary Eyecare

Outline and Purpose

In response to the coronavirus (COVID-19) pandemic, NHS England/Improvement developed the COVID-19 Urgent and Emergency eye care (CUES). The CUES update continues the good work of the previous CUES adapting service delivery for urgent eyecare beyond the initial Covid-19 period.

The Sefton localities of Cheshire and Merseyside ICB also recognise that where a patient requires minor eyecare, it is beneficial to have a Minor Eye Conditions Service (MECS) running alongside the longstanding CUES service, to ensure that a patient can attend an optical practice for an eyecare issue even if the presentation is less acute. This combined service will also help to both support the public health agenda, whilst ensuring that patients can access urgent and emergency eyecare appointments appropriately.

The primary aim of the services is to ensure people can access eye care within primary care for recently occurring urgent and minor eye care conditions, ensuring the knowledge and skills of the established trained workforce in optical practices workforce (Optometrists, Dispensing Opticians and Contact lens Opticians) are utilised as primary health care providers and provide an equivalent remote service to people who are house bound.

To reduce burden on GP surgeries and secondary care facilities, through a network of optical practices, and utilisation of technology allowing virtual consultations, patients will be able to gain prompt access to a consultation. In most cases, a care plan for the patient to either self-manage their ocular condition (with access to appropriate topical medications where appropriate), be managed by their optometrist with advice, guidance and prescribing as necessary or be appropriately referred to ophthalmology services following local referral protocols.

This will improve access to local timely care for patients with urgent and minor ocular presentations reducing the need to travel to the hospital.

Description of Service

The service will provide initial contact, telephone triage, remote consultations/face-to-face assessments and management of patients presenting recent onset symptomatic ocular or visual symptoms. Presenting symptoms may include; loss of vision (sudden/transient), visual distortion, painful eye, red eye, flashes and floaters, diplopia. The triage form will help to identify whether the patient symptoms make them more appropriate for CUES or for MECS

Patients can self-present or be signposted from other services for clinical assessment and management:

The service will:

- utilise clinical capability within optical practice.
- accept redirected referrals from the Hospital Eye Service for assessment
- recognise that where available, optometrists with higher qualifications (Such as independent prescribing qualifications) will be able to manage a broader scope of eye conditions, initiate

treatment and deliver care as necessary, as well as supporting other practitioners with advice and guidance as required within the CUES aspect of the combined service.

It is recommended that practitioners utilise the College of Optometrists' Clinical Management Guidelines which can be found on their website www.college-optometrists.org/en/professional-standards/clinical_management_guidelines/index.cfm

Follow up care must be provided where clinically necessary. It is expected the majority of patients seen by the services will not need a follow-up appointment. Where follow-up is needed, the provider will be expected to use their clinical judgement to book the appointment within an appropriate timescale for the condition being treated.

Service Entry Points / Signposting

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

Screening/triage - Short initial screening/triage assessment to check firstly that the patient is eligible for the services and then identify which of the two services the patient is best suited for by screening the main symptoms. A red flag check indicated immediate referral to HES. Triage also helps understand if the patient is already under the hospital eye service.

Where the patient contacts the practice directly, the triage/screening occurs immediately.

Consultation

Remote Telemedicine Consultation

The service aims to deliver care safely and remotely where possible.

The appointment will be delivered by telephone and/or video link and risk-prioritised on the basis of clinical need. Patients may be directed to a remote telemedicine appointment following screening/triage.

For CUES - Any remote consultation must take place within 24 hours of the initial contact with the service and a clinician's advice must be sought if triage/screener is unsure of appointment type or timeframe the patient should be seen within.

For MECS – A consultation (whether remote or face-to-face) must take place within 24 hours if the symptoms are triaged as urgent or 5 days if the symptoms are triaged as routine.

For people who are hard of hearing or have communication needs, the patient should be able to nominate a support person/advocate who can also be invited to the consultation to support the patient.

The remote consultation will include the following, as appropriate:

1. Confirm with the patient that the consultation will only be able to discuss symptomatic urgent eye care needs and ensure that the patient happy to proceed on this basis.
2. Complete full online consultation, which will likely include (but is not limited to) capturing patient details, presenting symptoms and recent history, current medication, current health and past ocular history.
3. If appropriate, use video-conferencing facility to permit a gross external examination of the eye (as far as practicable). Technical guidance on utilisation of video consultation can be found on the PES website; www.primaryeyecare.co.uk.
4. Analyse findings and discuss and share the working diagnosis with the patient.
5. Where available, it might be necessary to seek advice and guidance from an ophthalmologist / optometrist with higher qualifications, who will be able to support with decision making relating to both diagnosis and the establishment of an appropriate management plan.
6. Discuss and agree a management plan with the patient which may include self-care advice, therapeutic recommendation, face-to-face consultation (identifying the optical practice hub with the appropriate equipment and practitioner available), or urgent referral to the Hospital Eye Services as per local protocols. Verify patient's understanding of management plan.
7. If a face-to-face appointment is offered as an outcome to an initial remote telemedicine consultation the patient should be seen within 24 hours or 5 working days from the telemedicine assessment based on clinical need for either the CUES or MECS.
8. The appointment will be booked with an optometrist with the appropriate level of qualification and equipment and/ or access to ophthalmology A&G to help ensure the patient is fully managed within the service.
9. Where a 'virtual care and management plan' or 'self-care' plan has been agreed, a follow-up consultation may be arranged with the patient where appropriate and required.
10. Provide patient information by SMS, email and/or post, to support the individual management plan. This will include information on how to contact the service and/or other services if the condition fails to improve.
11. Ensure that the patient's clinical records are completed/updated as appropriate and update the patients GP and original referrer by email / post (a copy should be offered to the patient).

Face-to-Face Consultation

Where triage indicates the patient should be booked **directly** to a face-to-face appointment, without the need for a telemedicine appointment, a face-to-face appointment should be offered within 24 hours for CUES or within 24 hours (urgent) or 5 days (routine) within MECS.

Red flag symptoms should always be discussed with a clinician following triage to advise on the urgency of the appointment needed, or where referral directly to emergency department may be more appropriate.

Practitioners will work within their own competency and experience. Where available, they may seek advice and guidance (A&G) from an ophthalmologist / optometrist with higher qualifications, who will be able to support with decision making relating to both diagnosis and the establishment of an appropriate management plan.

Depending on availability, A&G may be delivered at the time of the consultation (by video link) or a later time (by NHS mail or telephone) and the outcome communicated to the patient remotely (telephone or video call).

Outcomes

Outcomes from initial eligibility screening/ triage:

- Identify patients who have an urgent eye care need, offer and book most suitable appointment type with an optometrist / suitable team member within CUES (telemedicine, face-to-face, OCT, IP) or MECS (telemedicine, face-to-face).
- Identify "red flag" symptoms and signpost to emergency services, as appropriate (It may be necessary to first speak with an Optometrist and / or book an immediate consultation).

Outcomes following Telemedicine Consultation:

- Discharge with management plan (self-care)
- Discharge with management plan and therapeutic recommendation
- Face-to-face appointment arranged (24hours/5 working days within CUES or MECS from telemedicine assessment based on clinical need)
- Request advice and guidance from IP optometrist or ophthalmology department
- Emergency referral to ophthalmology
- Non-Emergency referral to ophthalmology
- Referral to IP optometrist (when using CUES) so higher-level therapeutic management can be considered
- Referral to practice with OCT (when using CUES)
- Follow up appointment (via telemedicine or face-to-face)

Outcomes Following Face-to-Face Assessment:

- Discharge with management plan (self-care)
- Discharge with management plan and therapeutic recommendation
- Emergency referral to Ophthalmology
- Non-Emergency referral to Ophthalmology
- Referral to IP optometrist so higher-level therapeutic management can be considered (when using CUES)

- Referral to practice with OCT (when using CUES)
- Follow up appointment (via telemedicine or face-to-face)

Outcomes Following Assessment with Independent Prescriber Optometrist (IP) within CUES:

- Discharge with management plan (self-care)
- Discharge with management plan and therapeutic recommendation
- Request advice and guidance from Ophthalmology department
- Emergency referral to Ophthalmology
- Non-Emergency referral to Ophthalmology
- Follow up appointment (via telemedicine or face-to-face)

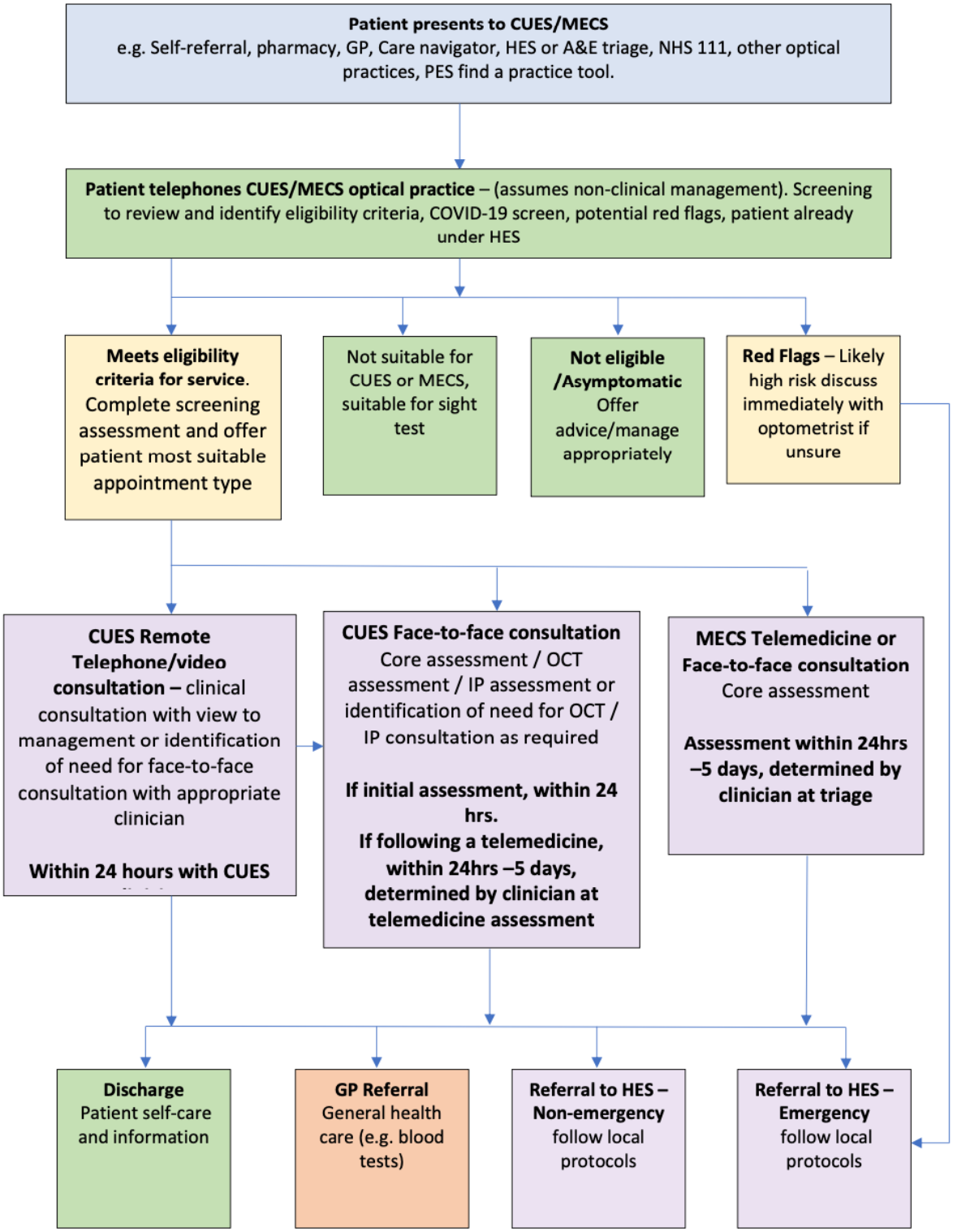
Outcomes Following Assessment with OCT Practice within CUES:

- Discharge with management plan (self-care)
- Discharge with management plan and therapeutic recommendation
- Request advice and guidance from IP Optometrist or Ophthalmology department
- Emergency referral to Ophthalmology
- Non-Emergency referral to Ophthalmology
- Referral to IP optometrist so higher-level therapeutic management can be considered.
- Follow up appointment (via telemedicine or face-to-face)

When referring onwards, all assessment with OCT should include an upload of DICOM files where available. If DICOM files cannot be exported then still images/slices highlighting reason for referral episodes must be uploaded.

All referrals should include appropriate images where possible to assist hospital triage – including anterior eye images, visual field plots, fundus images or OCT scans.

CUES (Community Urgent Eyecare Service) / MECS (Minor Eye Conditions Service) Patient Pathway



Supply of Therapy

Core Formulary OTC

Following the NHS England guidance[1] regarding over the counter (OTC) medications it is expected that patients will self-fund medications for conjunctivitis and dry eye, unless one of the exempt criteria apply. Pan Mersey regulations are adhered to within CUES/MECS for Sefton. The optical practice is expected to stock a supply of core formulary items and provide these to NHS patients free of charge where the patient is unable to self-fund their medication.

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. Practitioners 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.

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
- 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
- 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

[1] https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf

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

Optical practices in some areas may be asked to stock and supply certain medications to support access to exemptions and minimise multiple points of contact.

Pan Mersey regulations are adhered to within CUES/MECS for Sefton. The optical practice is expected to stock a supply of core formulary items and provide these to Sefton NHS patients free of charge where the patient is unable to self fund their medication. There is separate guidance available to compliment this protocol document.

Independent Prescriber - FP10

Where an optometrist has independent prescriber (IP) status allowing greater management of patients in primary care as per the objectives of CUES, PES works with ICS/ICBs 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.

Record Keeping

Complete and accurate records will be held for each patient to include clinical information by the provider in either paper or electronic format and stored securely. Information within records should be processed with regard to the principles expressed in the Data Protection Act 2018.

Records will clearly state where a remote consultation (telephone or video consultation) has occurred.

All practices and practitioners must ensure they record the patient interaction via the online OPERA platform provided via Primary Eyecare Services.

The Information Commissioner's office has stated that practitioners need to consider the same kinds of security measures for home working that would be in use in normal circumstances https://ico.org.uk/for-organisations/data-protection-and-coronavirus/

Patient Information

At the end of the consultation the practitioner will summarise and discuss their findings and recommendations with the patient. Information, relevant to their condition, will be provided in order to promote their active participation in care and self-management.

A copy of the consultation report will be electronically forwarded to the patient's GP within 48 hours by the online OPERA platform. Where applicable, a copy can be sent to the original referrer and offered to the patient.

The patient will be provided with both oral and written information and offered a copy of any letters between healthcare professionals regarding their care (ideally by email, alternatively by post).

The primary source of information to support patients with their self-care and understanding will be College of Optometrist resources:

https://lookafteryoureyes.org/eye-conditions/

Clinical Governance

Workforce

The service recognises current capability in optical practice and will not require any additional accreditation for service delivery.

The initial telephone triage may be delivered by optical practice staff, working to an agreed protocol, under the supervision of an optometrist.

Remote consultation, and/or face-to-face consultation will be delivered by appropriately trained Practitioners, who have:

- Registered with the General Optical Council (GOC).
- Have an enhanced DBS check with update service.
- Have completed Safeguarding Level 2 (Adults), and Safeguarding Level 2 (Children).
- Appropriate levels of Indemnity (including Medical Negligence insurance).
- Have completed GOC Continuing Professional Development requirements to demonstrate up to date competency.

All Optometrists will be expected to:

- Recognise their own learning needs and identify appropriate resources to meet these needs. All DOCET / WOPEC distance learning remains available.
- Work within their own competency and experience.
- If required, on a case-by-case basis, make use of the mentorship and guidance available within the network of local primary care optical practices and through advice and guidance processes delivered by optometrists with higher qualifications. This may also be provided by the local Clinical Lead.
- Make use of Ophthalmology advice and guidance, on a case-by-case basis, where available.

Contact Lens Opticians (CLO)

Triaging will sign post patients with anterior eye problems to the MECS accredited CLO where available while posterior eye problems will be directed to the optometrist. In some cases, there will almost certainly be co-management of patients. For CLOs, the MECs accreditation process delivers new learning beyond core competency. MECS accredited CLO's can only provide this service when a CUES/MECS accredited optometrist is on site. This is not to provide supervision but primarily for the purpose of co-management.

The service will utilise Optometrists with higher qualifications, where available.

Premises

All participating practices need to be providers of General Ophthalmic Services.

This 'Quality in Optometry' clinical governance toolkit will be the benchmark used for the service. Each participating practitioner must adhere to the core standards as set out in the toolkit and be able to provide evidence of this to the CCG if requested to do so.

https://www.qualityinoptometry.co.uk/

All locations delivering the service should include the following:

- Enclosed reception and/or waiting facilities (provision of seating as a minimum)
- Suitable private room for assessment and treatment

Equipment

Providers delivering the service will be expected to have appropriate equipment available for the safe and effective delivery of the service. This should be used, maintained, calibrated and cleaned in line with industry standards and up to date infection control requirements

In addition to equipment already available for the delivery of GOS services, this should include:

- Access to the internet (for OPERA data reporting and referral system)
- Access to NHS.net
- Access to telephone/video consultation functionality
- 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
- Appropriate diagnostic ophthalmic drugs
    - Mydriatic / Anaesthetic / Staining agent

- Access to imaging or OCT
- Equipment for foreign body removal (e.g., PVA spears /Tweezers etc.)

Policies and Procedures

Participating practice staff are required to follow all company policies. These are available on the online platform and include (but not limited to) the following;

- Access controls and password management procedures
- Audit Plan
- Business Continuity and Disaster Recovery Plan
- Chaperone Policy
- Clinical Governance Policy
- Subcontractor & Practitioner Accreditation
- Complaints Policy
- Confidentiality code of conduct
- Counter-Fraud and Security Management Policy
- Data Breach Protocol
- Data Protection and Privacy Policy
- Data Quality and Staff Guidance on Data Quality
- Data Security and Protection Policy
- Death of a Service User
- Equal Opportunities – Equality and Diversity Policy
- Health and Safety Policy
- Infection Control Policy and Health Care Associated Infection Reduction Plan
- Information Governance and Data Management Policy
- Managing Subcontractor Performance
- Medicines Management Policy
- Meeting the CPD Requirements of Professional & Regulatory Bodies
- Organisational Plan - Making Every Contact Count
- Prescription Forms Policy and Standard Operating Procedures
- Privacy, Dignity and Respect Policy
- Psuedonymisation, Anonymisation and De-identification controls
- Publication Scheme
- Risk and Issue Management Policy
- Safeguarding Adults, Mental Capacity Act and Deprivation of Liberty Safeguards Policy Safeguarding Children Policy
- Serious Incidents and Never Events - Incident Management Policy
- Service User Consent and Engagement Policy
- Specialist Data Security and Protection Plan
- Subject Access Request SOP
- Transfer and Discharge Policy
- Whistleblowing Policy

Infection Prevention & Control

Service delivery must use robust infection control procedures, including:

- Using a breath guard on slit lamps.
- 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.
- All practices providing the service must complete the infection control audit within the Quality in Optometry website https://www.qualityinoptometry.co.uk/
- All practices providing the service must follow the college of optometrists guidelines on infection control https://guidance.college-optometrists.org/guidance-contents/safety-and-quality-domain/infection-control/

Community Urgent Eyecare Service (CUES) / Minor Eye Conditions (MECS) Triage

Px Name:	GP:
Date:	Surgery:
Address:	DoB:
Phone:	Time of Call: Taken by:
Appointment: Yes / No Time:	Referred by:
Symptoms & Comments	

If you do not have an appointment available must find the Px an appointment elsewhere.

If the patient was sent from the GP surgery please you indicate whether they did or did not see the GP

Certain conditions are not appropriate for CUES/MECS. 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 clinician advises otherwise in an individual case.
Select the primary problem from column 1 and then answer the questions in column 2.

CL related	1) Is the Px from your practice?	**Yes** - Follow own practice protocol (unsuitable for CUES/MECS)
		No – **advise contact their usual practice 1st. If cannot, ask question 2 and continue**

Problem with eye - painful, sore, red, sticky, watery, itchy or irritated *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, contact us again.* **Referral to Pharmacy/Self Care** ONLY applies to SELF-REFERRALS and OVER 2s and MUST be entered as a patient contact on OPERA	2) Is it painful?	**Yes – Book CUES***
		No (ask question 3)
	3) Is there any light sensitivity?	**Yes – Book CUES***
		No (ask question 4)
	4) Is there a change in vision?	**Yes – Book CUES***
		No - Book for MECS appointment (Telemed or Face-to-face)

*Discuss with CUES/MECS clinician to see if Patient should have telemedicine/ face-to-face consultation at your practice or have a telemedicine/face-to-face with an Independent Prescribing Optometrist (if available)

Problem with vision (including problem with field of vision and sudden onset double vision) *If patient reports field loss and sudden onset double vision: Book CUES telemedicine and inform clinician.*	5) Is the vision distorted / wavy in the central part of vision?	**Yes – Book CUES with OCT**
		No (ask question 6)
	6) Has it come on suddenly?	**Yes – Book CUES**
		No (ask question 7)
	7) If gradual, when did it start?	**< 6 weeks – Book for MECS**
		> 6 weeks? - Book sight test

Foreign Body (Something in the eye)	8) Was it high velocity / speed or chemical foreign body?	**Yes – speak with clinician to see whether should go straight to hospital eye service**
		No – Book CUES

Flashes and/or floaters	9) Do you have a large curtain or veil in your vision?	**Yes – Book CUES (dilated Face-to-face appt required)**	
		No – (ask question 10)	
	10) When did it start or when did it last change or get worse?	**< 6 weeks**	**Book for CUES (dilated Face-to-face appt required)**
		6 – 12 weeks	**Book for MECS (dilated Face-to-face appt required)**
		> 12 weeks	**Not suitable for CUES/MECS**

Lumps and Bumps **(in the Vicinity of the Eye or Eyelids)** Please ask the patient to try and take a photograph of this and email it to the Practice. This will aid the MECS Clinician whether the patient needs either a telemedicine or face-to-face appt within 24 hours or 5 days	11) Is it painful?	**Yes – Book for MECS 24 hours**
		No – Book for MECS 5 days

Those patients eligible for the CUES will have either a telemedicine consultation arranged within 24 hours with a CUES clinician or a face-to-face assessment within 24 hours based on clinical need using the clinician's judgment.

Patients who are triaged and found to be more suitable for MECS will be offered a face-to-face or telemedicine assessment within either 24 hours (urgent) or 5 days (routine) depending on the clinician's judgement

The patient understands and consents to the following:

Primary Eyecare Service clinicians can access eye care records in order to deliver direct care	Yes / No
That Primary Eyecare Clinicians may contact the patient via text message, email, letter or telephone call regarding their direct care	Yes / No
That Primary Eyecare Clinicians 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

Please note that if the patient **does not consent to clinical information sharing within Primary Eyecare Clinicians then they cannot access the CUES or MECS services.**

The above questions concerning consent **are important**. The patient must be asked if they give 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

Tell patient: You have been booked into a CUES/MECS appointment; you may be dilated and should not drive afterwards until you are happy your vision is OK. If your symptoms get considerably worse before your appointment call the optometry practice again or, if unavailable, your GP or GP Out-of-Hours service. If no other advice is available go to A & E.