



**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 <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, contact us again.</i>	2) Is it painful?	Yes – Book CUES*
		No (ask question 3)
	3) Is there any light sensitivity?	Yes – Book CUES*
		No (ask question 4)
Referral to Pharmacy/Self Care ONLY applies to SELF-REFERRALS and OVER 2s and MUST be entered as a patient contact on OPERA	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) <i>If patient reports field loss and sudden onset double vision: Book CUES telemedicine and inform clinician.</i>	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.