

# Sefton Launch CUES/MECS and GECF

Primary  
**+**eyecare

Rebecca Ireland & Sarah Lowry – Clinical Leads  
12<sup>th</sup> September 2023

# Housekeeping

- **Cameras are currently off**
- **Mics are currently muted**
- **This presentation is being recorded - you have been warned!**
- **Please use the chat functions if you have any questions**
- **These will be answered within the presentation and there will be an opportunity for live questions at the end**



# Agenda

- Introduction by the LOC – Paul Newell
- Primary Eyecare Services Overview
- New services in Sefton CUES/MECS and GECF
- Service accreditation
- Q&A



# Primary Eyecare Services



Single provider company formed by LOCs and supported by LOCSU.



Provide extended primary eyecare service via networks of established optical practices



'Optometry Federation' (Akin to GP Federation)



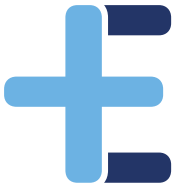
Provides services for 70 commissioners, ~250 service pathways across a network of ~1500 optical practices.



Strong clinical leadership, CQC registered



'High Quality Patient Centred Eye Services in Primary Care'



# Services – Sefton localities

**These cover South Sefton and Southport & Formby localities – referred to as “Sefton”**

## **Current services**

- Enhanced cataract referral service (Pre Cat)
- Glaucoma Repeat Readings service including visual fields (GRR)
- Community Urgent Eyecare Services (CUES)
- Post Cataract with certain providers (SpaMedica / Aintree / St Paul's)

## **Launching 13<sup>th</sup> September**

- MECS within CUES provision
- Glaucoma Enhanced Referral Service (GECF)



# Community Urgent Eyecare Service (CUES)

- For patients presenting with acute eye symptoms
- Not appropriate for GOS1/Private sight test
- Can be referred from:
  - 111
  - GP Surgery
  - A&E
  - Hospital Eye Service
  - Pharmacist
  - Other Optometrists



- Network of Optical Practices working together

## The service will typically include people presenting with:



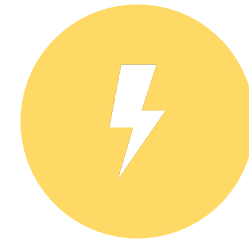
A RED OR PAINFUL EYE



FOREIGN BODY OR LIKELY  
CORNEAL ABRASION



SUDDEN CHANGE IN VISION  
/CENTRAL DISTORTION OR  
PATCHES IN VISION



FLASHES AND FLOATERS



# Service Delivery



No age restrictions



Utilise telemedicine where appropriate



Face to Face appointments where necessary



Initial Telemed/F2F within 24 hours



If F2F is required after Telemed, see within 24 hours or 5 days.



# Clinical Protocol

Triage form completed for every contact for possible CUES. (non-chargeable)



Stream to most appropriate clinician for first appointment



Red flag, straight to HES

Not suitable for CUES

telemedicine/face to face appointment at core practice

telemedicine/face to face OCT practice

## Who is not suitable for referral into CUES?

- Patients suffering with headaches and no other visual symptoms – these patients may be more appropriately asked to have a sight test (Private/GOS if eligible)
- Patients who are additionally feeling unwell, querying other issues such as TIA, stroke
- Contact Lens patients with anterior eye problems already under your contact lens care.
- Patients with more chronic symptoms – longstanding dry eye symptoms, chronic lid lumps, non acute and non s/t related eye queries.

..... UNTIL NOW



# Minor Eye Conditions (MECS)

- We've all had patients who haven't fit into the neat categories of sight test (GOS/Private) and CUES (urgent attention)
- These patient have had to seek alternative care, either in the guise of a private appointment where they need to pay, or sometimes (unfunded) goodwill by a practice. Neither of which are suitable
- Common symptoms may be:
  - Lid lumps (longstanding/painless?)
  - Floaters (over 12 weeks old)
  - Mildly irritable ocular issues that have been ongoing for months
  - Recurrent ingrowing eyelashes
- MECS and CUES compliment each other to provide an all-encompassing service of eye care



# CUES & MECS

- A change in pathway to ensure all eye care needs are met, whether acute or chronic
- A new triage form to help guide which patients are appropriate for CUES and which are best suited to MECS
- CUES patients will use the CUES module
- MECS patients will use the MECS module
- CUES and MECS appointments receive the same cost
- OCT / IP episodes remain CUES only





**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?	<b>Yes</b> - Follow own practice protocol (unsuitable for CUES/MECS) <b>No</b> – <b>advise contact their usual practice 1st. If cannot, ask question 2 and continue</b>
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<b>Problem with eye - painful, sore, red, sticky, watery, itchy or irritated</b> <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?	<b>Yes – Book CUES*</b> No (ask question 3)
	3) Is there any light sensitivity?	<b>Yes – Book CUES*</b> No (ask question 4)
	4) Is there a change in vision?	<b>Yes – Book CUES*</b> <b>No - Book for MECS appointment (Telemed or Face-to-face)</b>

\*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)

<b>Problem with vision (including problem with field of vision and sudden onset double vision)</b> <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?	<b>Yes – Book CUES with OCT</b> No (ask question 6)
	6) Has it come on suddenly?	<b>Yes – Book CUES</b> No (ask question 7)
	7) If gradual, when did it start?	<b>&lt; 6 weeks – Book for MECS</b> <b>&gt; 6 weeks? - Book sight test</b>

<b>Foreign Body (Something in the eye)</b>	8) Was it high velocity / speed or chemical foreign body?	<b>Yes – speak with clinician to see whether should go straight to hospital eye service</b> <b>No – Book CUES</b>
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<b>Flashes and/or floaters</b>	9) Do you have a large curtain or veil in your vision?	<b>Yes – Book CUES (dilated Face-to-face appt required)</b> No – (ask question 10)
	10) When did it start or when did it last change or get worse?	<b>&lt; 6 weeks</b> <b>Book for CUES (dilated Face-to-face appt required)</b>
		6 – 12 weeks <b>Book for MECS (dilated Face-to-face appt required)</b> > 12 weeks <b>Not suitable for CUES/MECS</b>

<b>Lumps and Bumps (in the Vicinity of the Eye or Eyelids)</b>	11) Is it painful?	<b>Yes – Book for MECS 24 hours</b>
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		<b>No – Book for MECS 5 days</b>

**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:

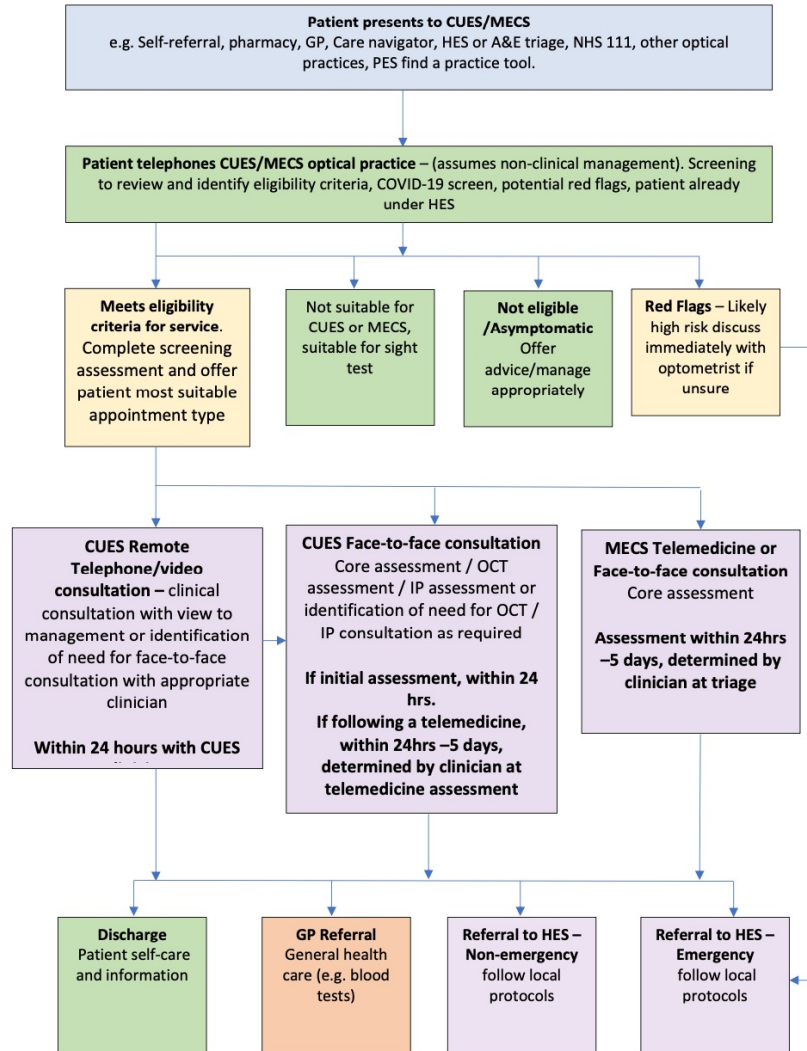
Primary Eyecare Service clinicians can access eye care records in order to deliver direct care	Yes / No
That Primary Eyecare Clinicians may contact the patient via text message, email, letter or telephone call regarding their direct care	Yes / No
That Primary Eyecare Clinicians can contact the patient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

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



# Using the CUES module on OPERA

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

## CUES (Urgent Eye Care Service)









A selection of quick videos and guides to CUES function in OPERA

8 articles

## CUES (Urgent Eye Care Service)

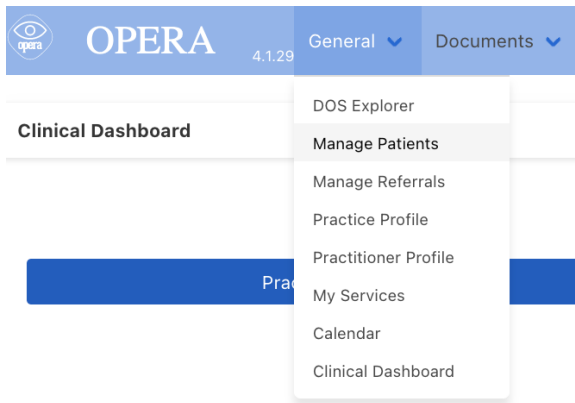
Sort by Popularity ▾

A selection of quick videos and guides to CUES function in OPERA

-  [Search add and screen a patient for CUES](#)
-  [Completing a face to face assessment \(Core\) with an onwards referral to HES](#)
-  [Complete a telemedicine assessment, produce a written order and discharge](#)
-  [Sending a CUES referral to hospital](#)
-  [CUES Pathway Protocols & Posters](#)
-  [How to complete a telemedicine form with onwards referral to an OCT provider](#)
-  [How to refer a patient to another CUES provider](#)
-  [MECS/CUES sight test guidance](#)



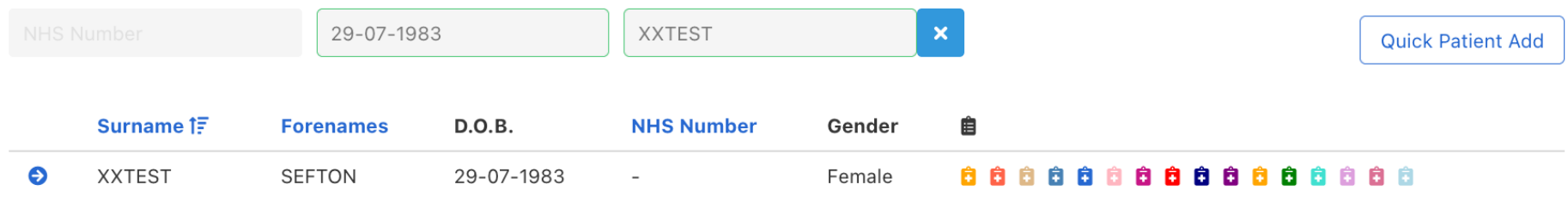
# Using the MECS module on OPERA



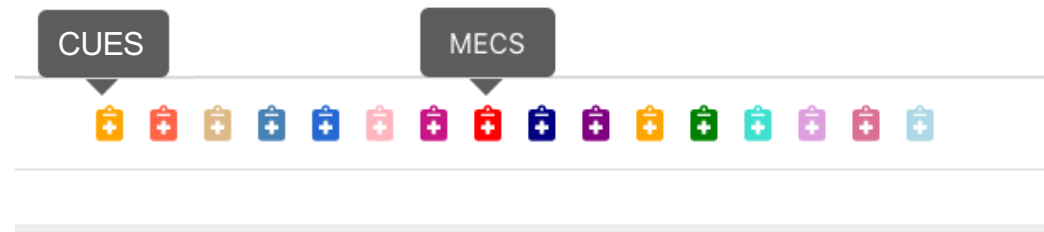
Bring up the patient as you would in General > Manage Patients

Remember, if the patient is registered with a GP they will always be on the Spine. Do not use manual add unless it is an emergency.

<https://help.optom-referrals.org/article/233-create-a-new-patient-record>



CUES is the yellow clipboard and MECS is the red clipboard. Hover over the icon to see the service





# Using the MECS module on OPERA

## MECS Initial Screening Process I - Patient Demographics

MECS Screening Form Version 1 - Production



**Patient First Name \*** WESTESSEX **Patient Second Name \*** XXTEST **Patient NHS Number** Waiting for population **Patient Date of Birth \*** 28-10-1982 **Patient Telephone Number \*** 999999999999

**Patient Address \***  
XXXXXXXXXXXXXX  
Street Address

Waiting for population  
Street Address Line 2

Waiting for population Waiting for population  
City State / Province

RM4 1UH  
Postal / Zip Code

**Patient GP Code \***  
F81184  
If no GP enter 'None'

**Patient GP Practice Name**  
ABRIDGE SURGERY

**Patient GP Practice Address**  
THE SURGERY, 37 ONGAR ROAD, ABRIDGE, ROMFORD, ESSEX, RM4 1UH

**User GOC Number**  
01-00038

**GOCName \***  
REBECCA IRELAND  
First Name Last Name

**User GOC ODS**  
AFW

**User GOC Practice**  
PRIMARY EYECARE SERVIC

Next



# Using the MECS module on OPERA

## MECS Initial Screening Process I - Timing and Consent

MECS Screening Form Version 1



Preferred Contact Number \*

9999999999999999

Maybe mobile or landline

Carer Name

First Name

Last Name

If applicable carer contact number

Date of Screening \*

06/09/2023

Time of Screening \*

15:09

Source of referral \*

GP staff (not seen a GP)

Consent to Access Eye Records \*

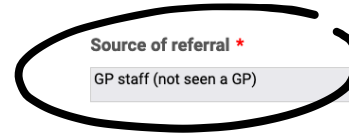
- PES clinicians can access eye care records in order to deliver direct care
- PES may contact the patient via SMS, email, letter or phone regarding their direct care
- PES may contact the patient via SMS, email, letter or phone regarding their service experience

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. It is not necessary for a patient to consent to SCR access to secure care via MECS \*

- Yes - the patient provides explicit permission to view their Summary Care Record
- No - the patient does not want their Summary Care Record to be used within the MECS pathway

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# Using the MECS module on OPERA

## MECS Initial Screening Process I - Description of Presenting Complaint

MECS Screening Form Version 1

Primary  
Eyecare



This patient's presenting symptoms or findings suggest that they may be treated by self care, pharmacy or regular eye test. Consider if they are suitable for MECS.

Painful, red, sticky, watery, itchy or irritated eyes.

Does the patient have a painful, sore, red, sticky, watery, itchy or irritated eye(s) ?

- No  
 Yes

Foreign Body Present

Problems with vision

Flashes and floaters

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# Using the MECS module on OPERA

## MECS Initial Screening Process I - Description of Presenting Complaint

MECS Screening Form Version 1

Primary  
Eyecare



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.

Painful, red, sticky, watery, itchy or irritated eyes.

Foreign Body Present

Problems with vision

Does the patient have a problem with their vision? Including field of vision and sudden onset double vision?

- No
- Yes

Does the patient report sudden absolute field loss and / or sudden onset double vision ? \*

- Yes
- No

Is the vision distorted / wavy in the central part of vision? \*

- No
- Yes



# Using the MECS module on OPERA

## MECS Initial Screening Process I - Description of Presenting Complaint

MECS Screening Form Version 1



This patient is currently classified as routine within MECS based on their presenting symptoms. They should be appointed within five days.

Painful, red, sticky, watery, itchy or irritated eyes.

Does the patient have a painful, sore, red, sticky, watery, itchy or irritated eye(s) ?

- No  
 Yes

Are the symptoms associated with contact lens wear? \*

- No patient does not wear contact lens  
 No patient wears contact lens but symptoms are not associated  
 Yes

Problem with eye - painful, sore, red, sticky, watery, itchy or irritated - symptoms \*

- Painful  
 Light sensitivity  
 Change in vision  
 Nausea  
 None of the above

Duration of symptoms \*

- Started less than 5 days ago  
 Not resolved after 5 days or getting worse  
 Other



# Using the MECS module on OPERA

## MECS Initial Screening Process I - Description of Presenting Complaint

MECS Screening Form Version 1



Is the patient self-isolating due to having COVID linked symptoms or due to living with someone with COVID linked symptoms? \*

- Yes
- No

Is the patient shielding (vulnerable patients) without COVID linked symptoms? \*

- Yes
- No

Please select an outcome for this patient - the suggested outcome is pre-selected based on your entries \*

Routine MECS Appointment

Appointment must be on or before:

17-09-2023  
Date

Booked appointment time \*

17-09-2023 15 : 17  
Date Hour Minutes

Would you like to send a text message to the patient with details of their appointment?

- Yes
- No

Mobile telephone number to receive appointment details

07999999999

Any notes, comments or observations (including reason for discharge if appropriate) \*

Text area for notes, comments or observations.

Appointment must be on or before:

17-09-2023  
Date

Booked appointment time \*

19-09-2023 15 : 17  
Date Hour Minutes

Please type a justification for the appointment being beyond the recommended time \*

- Patient choice
- Time scale includes bank holiday or weekend
- Patient wanted next available appointment at this practice
- Practice factors
- Other

Click submit to finish the triage

Submit



# Using the MECS module on OPERA

## Referral Status



ROUTINE MECS APPOINTMENT - APPOINTMENT BOOKED - 12-09-2023 15:17

MECS Assessment



### Appointment Details

Reporting appointment times versus target



Please enter date of current assessment / follow up \*

12/09/2023

Please enter time of MECS appointment / followup \*

15:21

Scheduled date and time was

12-09-2023 15:17

Was the patient seen within 30 minutes of scheduled appointment \*

- Yes  
 No

Was this consultation or follow up carried out by \*

- Face to Face  
 Telephone with sight of pictures from patient  
 Other
- Telephone  
 Video Consultation

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Next

You will be able to select whether this MECS appointment was a Telemed or a F2F assessment from the first assessment



# Using the MECS module on OPERA

## Consultation Details

Please complete relevant clinical findings

Primary  
Eyecare

### Visual Acuity Type \*

Corrected

### Visual Acuity (RE) \*

6/6

### Visual Acuity (LE) \*

6/6

DRY|

- DRY EYE SYNDROME
- RIGHT DRY EYE SYNDROME
- DRY EYE DUE TO LASIK-LASER IN SITU KERATOMILEUSIS
- LEFT DRY EYE SYNDROME
- DRY EYE SYNDROME OF RIGHT EYE
- DRY EYE DUE TO LASER IN SITU

46152009 Blank +

is followed by any supplemental conditions. Please enter Unexplained Visual Loss.

### Clinical signs, symptoms and observations \*

c/o intermittent red eye for the last 3 months. Has spoken to Pharmacy and GP care navigator who has recommended to come for a CUES/MECS appointment. Finds it worse in the evenings, especially after a day on the VDU.  
GH: RA - treated with methotrexate  
OH: No HES FH: no GH or OH disease  
Examination shows vh 4/4 OU IOPS are 13mmHg R+L @ 15:00 Fundus checks unremarkable  
NaFL shows superficial staining - discussed dry eye disease and advised about use of lubricant drops  
poss related to patient's VDU use and exacerbated by rheumatoid arthritis.

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Next

This is called a SNOMED box and lists all conditions akin to what's used in hospitals. Start typing the condition and select nearest diagnosis in the list provided

Include as much information as you can in the Clinical signs box. It can be helpful to copy and paste what you have written in your optical practice record if this is electronic.





# Using the MECS module on OPERA



## Outcome and actions

Record the outcome of the referral and next stages

Primary  
Eyecare

Please select the outcome of the assessment \*

Select one

### Discharge

- Discharge with self-care advice
- Discharge with advice
- Discharge - no pathology identified
- Discharged with therapeutic recommendation
- Discharge after foreign body removal
- Discharge after epilation
- Discharge with SOS advice

### Refer On

- Emergency Referral to HES
- Urgent Referral to HES
- Routine Referral to HES
- Referral to GP (General Health)

### Follow Up

- Self-care advice and follow-up arranged
- Therapeutic recommendation and follow-up arranged
- Follow-up arranged

Please add any additional comments here to be added to the referral letter to either GP or HES in addition to the MECS forms.

Outcome select as appropriate

Don't forget PROMS, there are paper forms available in the help section

Please select the PROMS, PREMS survey option \*

- Send survey via SMS text message to patient
- Send survey via email to patient
- Patient does not consent to PROMS / PREMS

Mobile Phone number to send text message for survey \*

# Referring CUES/MECS to another Provider

## MECS Initial Screening Process I - Description of Presenting Complaint

MECS Screening Form Version 1

Is the patient self-isolating due to having COVID linked symptoms or due to living with someone with COVID linked symptoms? \*

- Yes
- No

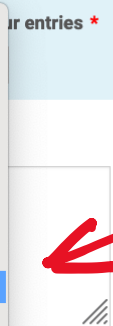
- ✓ Discharged - signposted to Self Care / Pharmacy
- Discharged - Advice and Guidance Provided
- Discharged - No appointment not suitable for MECS
- Discharged - Directed to GP
- Discharged - Patient directed to A and E for other healthcare
- Discharged - Requires emergency HES - local SOP followed outside of OPERA
- 
- Refer to - MECS Provider on DOS - unable to manage within required timeframe**
- 
- Urgent MECS Appointment
- Routine MECS Appointment

1) Following Triage in your outcome menu select:

Refer to: MECS Provider on DOS

2) Find your patient in the manage referrals tab and click the red refer to MECS button

Refer to MECS



# Referring CUES/MECS to another Provider

Provider

Interpreter language (if required) ▾

Primary Care Services ▾ ROUTINE ▾ CUES Provider ▾

CP CCG: NHS CHESHIRE CCG, Patient Age: 30

These are the nearest four services to your patient based on travel time:

Provider	Priority	Travel Time	Travel Dist.
<input type="checkbox"/> OPERA NEAREST OPTICAL PRACTICE OPTION ONE	URGENT & ROUTINE	3 min.	1.0 Miles
<input checked="" type="checkbox"/> OPERA NEAREST OPTICAL PRACTICE OPTION TWO	URGENT & ROUTINE	14 min.	8.4 Miles
<input type="checkbox"/> OPERA NEAREST OPTICAL PRACTICE OPTION THREE	URGENT & ROUTINE	14 min.	8.4 Miles

These are additional services that meet your criteria.

Provider	Priority	Travel Time	Travel Dist.
<input type="checkbox"/> OPERA MORE OPTICAL PRACTICES IN THIS LIST	URGENT & ROUTINE	14 min.	6.9 Miles

3) Select the following options from the provider page:

4) Select the Optical practice you have spoken to, and click the RHS arrow, and confirm the referral on the following page.



The patient will disappear from your manage referrals page and transfer to the selected Optical Practice.

**Remember to call the Optical Practice first and ensure they are able to take your referral. This also means they will know to expect your incoming referral on OPERA.**

# Practice Fees



**CUES / MECS  
Services**



**£53.50 per patient episode**



**+£26.00 for OCT when  
clinically indicated  
within CUES only**



## OPERA IT Platform

### Onboarding/Registration Requirements for Practices and Practitioners

The following documents will need to be uploaded to the OPERA platform as evidence that Practices and Practitioners are compliant with NHS requirements.

All documents will be required in pdf format.

Please note that many documents are a Mandatory Requirement and you will be unable to complete the OPERA registration process without uploading the relevant documentation.

#### Mandatory Practice Documentation

Document required	Terms
QIC GOS Contract Checklist	Must have been completed within the last 3 years
QIC NHS Standard Contract Checklist	Must have been completed within the last 3 years
DSPT Toolkit	Must have been completed within the last 12 months
Completed QIC Infection Control Audit	Must have been completed within the last 3 years

#### Practitioner Documentation

Document required	Requirement level
Safeguarding Level 2 Adults Certificate (must have been completed within last 3 years)	Mandatory
Safeguarding Level 2 Children Certificate (must have been completed within last 3 years)	Mandatory
An enhanced DBS Certificate with adults and children barred lists and registered with the DBS update service	Mandatory
Appropriate WOPEC and other high qualification certificates <b>ie</b> WOPEC Low Vision; WOPEC MECS; WOPEC Cataract; WOPEC Glaucoma Level1; WOPEC Glaucoma Level 2; College Prof Cert Glaucoma; College Higher Cert Glaucoma; College Diploma Glaucoma	Mandatory if you wish to deliver specific services

# OPERA/Service accreditation

- Optical practices must hold an NHS GOS contract
- **Practice & Practitioner accreditation is required.**
- **Level 2 Adults Safeguarding**
- **Level 2 Children Safeguarding** (both available on DOCET)
- **DBS check** (we recommend the annual update service)
- Certificates need to be uploaded onto a practitioner's profile before practitioners have access to OPERA and can provide services
- WOPEC MECS/PEARS accreditation is recommended but **NOT mandatory** at this time
- Practices & Practitioners agree to work in accordance with Primary Eyecare policies

# Points to note

- The paper triage form will help guide clinicians and non-clinicians towards the best type of appointment.
- Generally urgent will go into CUES, and minor will go into MECS, however there may be some crossover – patients may not offer other symptoms until they are in your chair!
- Use of CUES for MECS and vice versa is accepted as the fee for both services is the same
- Remember that OCT (and IP) is only indicated with CUES however
- Pause for questions re: CUES/MECS



# Glaucoma Enhanced Case Finding (GECF)

Primary  
**+yecare**

Rebecca Ireland & Sarah Lowry - Clinical Leads  
12<sup>th</sup> September 2023

# Glaucoma Repeat Readings Service

- Glaucoma Repeat Readings Service (GRR)
  - To reduce referrals by Optometrists to secondary care for raised pressures or suspect visual fields.
  - All repeat tests completed within 4 weeks
- WOPEC Level 1 glaucoma certificate required (online lectures)
- General expectation that all practices participating in enhanced optical services deliver this service





# IOP repeats

- IOP repeat reading for all IOPs 24-31mmHg
- Repeat with Goldmann/Perkins
- If under 24mmHg discharge
- If 24mmHg or over = Repeat on second occasion
- If 24mmHG or over at 2<sup>nd</sup> visit = Refer
- If IOP over 31mmHg on any occasion refer urgently

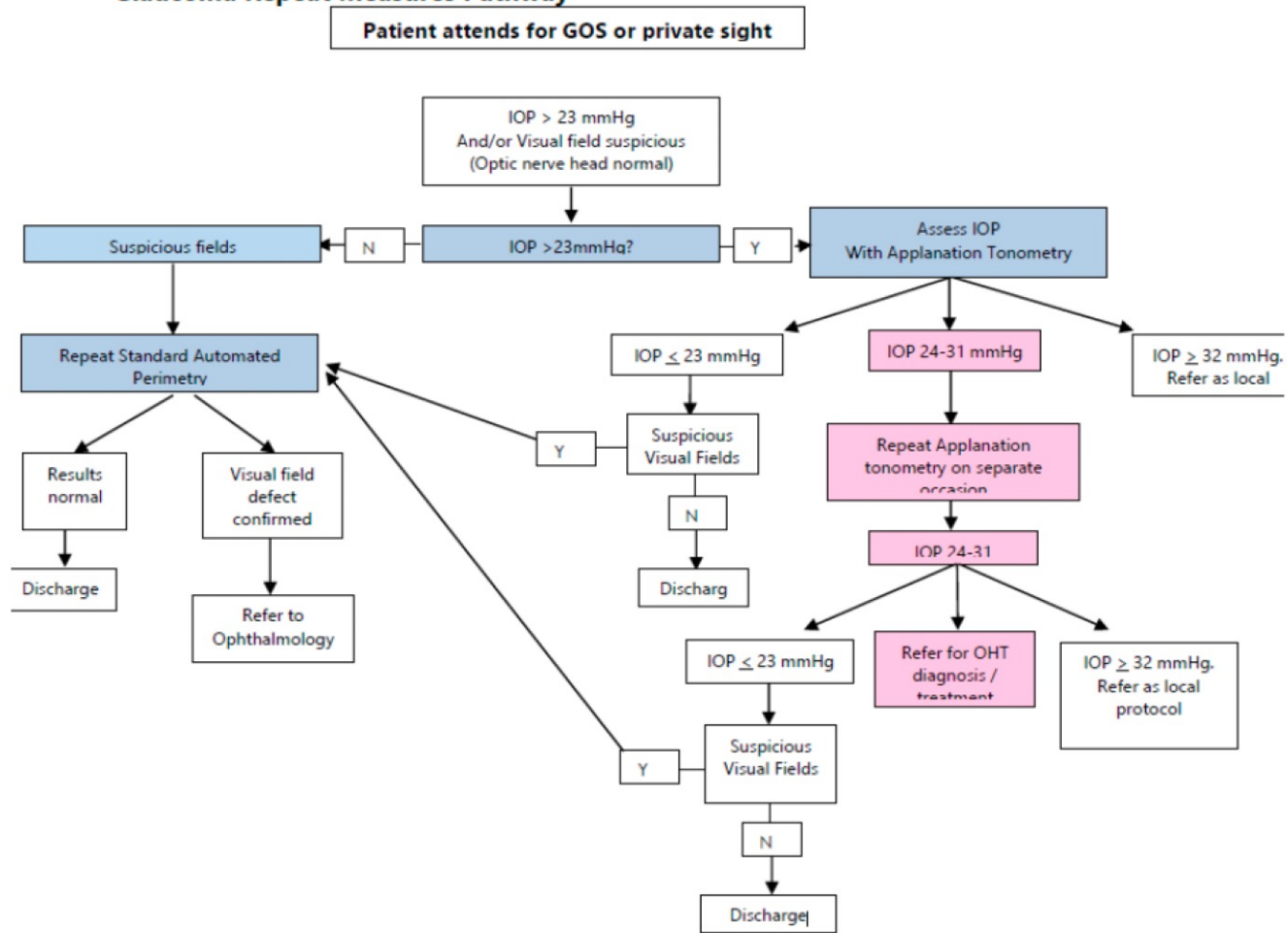


# Visual Field repeats

- Visual field repeat reading
- Threshold visual fields with printable report (not FDT)
- If new suspect visual field defect repeat on a separate occasion
- If repeatable = Refer
- If not repeatable –i.e. gone or small and in different place- discharge or monitor at appropriate intervals.



## Glaucoma Repeat Measures Pathway



## GRR Pathway

Eye test finding	GRR 1 finding	Outcome of GRR 1	GRR 2 finding	Outcome of GRR 2
High IOP	Normal	Discharge		
High IOP	over 23mmHg	book GRR 2	Normal	Discharge
High IOP	over 23mmHg	book GRR 2	over 23mmHg	Refer to HES
Suspect VF	Normal	Discharge		
Suspect VF	abnormal	Refer to HES		
High IOP and suspect VF	IOP normal and fields normal	Discharge		
High IOP and suspect VF	IOP normal and visual fields abnormal	Refer to HES		
High IOP and suspect VF	IOP abnormal and visual fields normal	book GRR 2 to repeat IOP only	Normal	Discharge
High IOP and suspect VF	IOP abnormal and visual fields normal	book GRR 2 to repeat IOP only	over 23mmHg	Refer to HES
High IOP and suspect VF	IOP and VF abnormal	Refer to HES		

## **Non-Participating Practice Referral** (Practices do who not deliver the services)

For areas without Glaucoma Enhanced Case Finding (GECF),  
a non-participating practice refers into Glaucoma Repeat  
Readings (GRR service)

**Where a (GECF) is commissioned, patients should be  
referred directly into GECF rather than the GRR service.**

Primary  
**+ Eyecare**

# Glaucoma Enhanced Case Finding

- Comes under the branch of services known as Referral Refinement services. Other services include:

- ❖ GERS (Glaucoma Enhanced Referral Service)
- ❖ GRF (Glaucoma Referral Filtration)
- ❖ GECF (Glaucoma Enhanced Case Finding)

Because of this, you'll note GECF is actually referred to on OPERA as GERS!

- GERS has been in place with Manchester and MREH for many years. Historically this involved optometrists with the higher qualifications (College of Optometrists' Professional Glaucoma) and involved pachymetry and mandated an OCT scan
- GECF has been shown to be core competency (WOPEC 2 Glaucoma) and does not require the need for OCT or pachymetry, but these things can be utilised where the optometrist has these skills and wants to use them to help their decision making
- Can reduce onward referrals for glaucoma by up to 50%



# Glaucoma Enhanced Case Finding (GECF)

- For any patient displaying glaucomatous signs, not just IOPs >23mmHg or suspicious fields - includes disc anomalies and anterior segment signs.
- Requires anterior segment check, dilated disc assessment, contact tonometry, threshold visual field testing.
- Practitioners require WOPEC Glaucoma level 2 accreditation – which is the online lectures (level 1) and the OSCE (level 2) or any other higher qualification such as the Professional Certificate in Glaucoma.
- A practice should still do GRR if no disc/anterior issues found and refer to HES from this service if required. GRR does not need to refer into GECF.



# Glaucoma Enhanced Case Finding (GECF)

- Be mindful of the new PACS guidance:
- [https://www.college-optometrists.org/clinical-guidance/clinical-management-guidelines/primaryangleclosure\\_primaryangleclosureglaucoma\\_pa](https://www.college-optometrists.org/clinical-guidance/clinical-management-guidelines/primaryangleclosure_primaryangleclosureglaucoma_pa)

## PACS

**B1:** routine referral to ophthalmologist (no intervention) only if limbal anterior chamber depth is <25% or an anterior segment OCT showing ITC, PLUS at least one of the following criteria:

- people with only one 'good' eye
- vulnerable adults who may not report ocular or vision symptoms
- family history of significant angle closure disease
- high hypermetropia (> +6.00 dioptres)
- diabetes or another condition necessitating regular pupil dilation
- those using antidepressants or medication with an anticholinergic action (see <http://www.acbcalc.com/> for details of drugs with anticholinergic properties)
- people living in remote locations where rapid access to emergency ophthalmic care is not possible.

If an individual has the angle-characteristics specified above but none of the above additional criteria, and does not meet NICE glaucoma referral guidelines (based on IOP  $\geq$ 24mm Hg or presence of signs of glaucoma) they should be advised to seek an annual examination.

Narrow angles ONLY without any of the signs/symptoms in the list are advised NOT to be referred





# Glaucoma Enhanced Case Finding (GECF)

- Non-GECF practices wanting to refer into GECF should **telephone the GECF optical practice first** and check they are able to receive the referral. Then once confirmed the practitioner should send a GOS18 referral to the practice on OPERA including images and fields where possible

**Priority:**

Routine  Urgent  Emergency

14L - PATIENT AGE - YEARS - POSTCODE -

Specialty	Clinic Type	Providers	Time in minutes	Distance in miles
<input type="text" value="Search"/>	<input type="text" value="Search"/>	<input type="text" value="Search"/>		
Advice & Guidance	Cataract Services	PRACTICE A	1.20	0.50
Children's & Adolescent Services	CES	PRACTICE B	1.20	0.50
Emergency Eye Services	Clinical Audit	PRACTICE C	1.70	0.60
Ophthalmology	CUES Provider	PRACTICE D	1.70	0.60
Primary Care Services ✓	GERS ✓	PRACTICE E	3.90	1.60
Private Ophthalmology Referral	Glaucoma Monitoring			
Shared Care Services	GRR			



- A list of GECF providers will follow and will be available on the LOC website

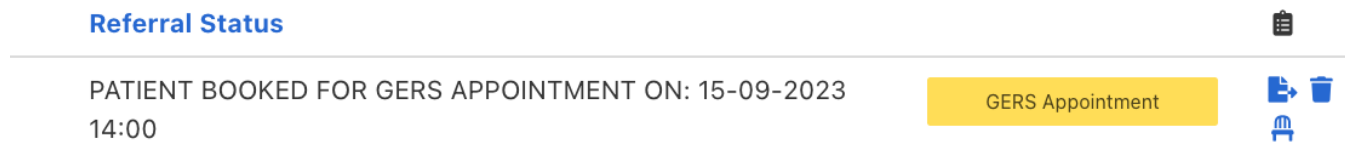
# Glaucoma Enhanced Case Finding (GECF)

- On OPERA the internal referral is accepted (if applicable)
- A new episode is created by bringing up the patient again via the General > Manage patients option and created a GECF/GERS episode:



Note GECF is referred to on OPERA as GERS!

- OPERA then leads you to make an appointment for the patient:



- On the day of the GECF appointment, the module will take you through each step



# Glaucoma Enhanced Case Finding (GECF)

- Assessment consists of:
  - History and Symptoms taking to ascertain risk factors
  - Anterior chamber assessment
  - Contact tonometry
  - Threshold visual field assessment (not FDT)
  - Dilation
  - Optic Nerve assessment and fundus photography
  - Decision making as to referral or discharge back to the referring optometrist for s/t
- Other assessments can be carried out at the optometrist's discretion but are not mandatory:
  - OCT examination
  - Pachymetry
  - Gonioscopy



# Further Guidance

Note GECF is referred to on OPERA as GERS!

## Referral Status

INTERNAL REFERRAL FROM: PRIORITY: ROUTINE FOR: GERS CLICK DOC ICON TO VIEW

Referral Requiring Action

- Timescales

- Upon receipt of referral, the GECF Practice should contact the Patient within one week.
- The GECF assessment should be carried out within 4 weeks of receiving the referral

- Following the GECF assessment, it is best practice to send a copy of the results back to the referring optical practice (if not your own patient) to allow them to be notified of the outcome. This can be done via nhs mail or by letter depending on the practice preferences



# Fail to engage & Fail to attend protocol

If a patient fails to engage or attend appointment, follow FTE and FTA protocol (in Primary Eyecare Transfer & Discharge Policy) and let the referring practice know that the patient has failed to engage or attend.



## Failed To Engage (FTE)

- 1st Attempt - direct contact by telephone, where contact is not made the clinician / staff must leave a message for the patient to contact the service and document this on the patient's record
- 2nd Attempt - direct contact by telephone, where contact is not made the clinician / staff must leave a message for the patient to contact the service and document this on the patient's record
- 3rd Attempt – letter to be sent to patient's home address requesting patient to contact the practice and book in for an appointment, a copy of the letter and date of posting should be retained in the patient's record. If the patient does not engage within 7 days, the practitioner should close the patient's record on the IT system
- Should a patient fail to attend the 3rd time, contact the original practice to advise.



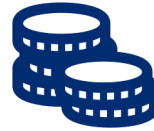
## Failed To Attend (FTA)

- 1st FTA - Attempt direct contact by telephone on the same day to ascertain the reasons and assess clinical risk. Where the patient has been contacted and wishes to proceed, rebook the patient as clinically appropriate.
- The practitioner should close the patient's record on the IT system and make notes on both the OPERA record and the clinical record in practice
- Should a patient fail to attend, contact the original practice to advise.

# Practice Fees



**First GRR**  
**Second GRR**



**£26 per repeat**



**£71 for GECF**



## OPERA IT Platform

### Onboarding/Registration Requirements for Practices and Practitioners

The following documents will need to be uploaded to the OPERA platform as evidence that Practices and Practitioners are compliant with NHS requirements.

All documents will be required in pdf format.

Please note that many documents are a Mandatory Requirement and you will be unable to complete the OPERA registration process without uploading the relevant documentation.

#### Mandatory Practice Documentation

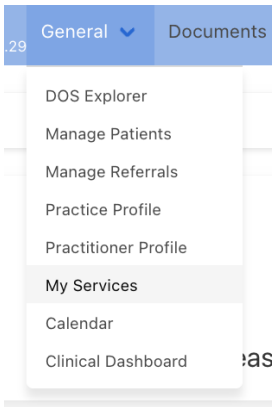
Document required	Terms
QIQ GOS Contract Checklist	Must have been completed within the last 3 years
QIQ NHS Standard Contract Checklist	Must have been completed within the last 3 years
DSPT Toolkit	Must have been completed within the last 12 months
Completed QIQ Infection Control Audit	Must have been completed within the last 3 years

#### Practitioner Documentation

Document required	Requirement level
Safeguarding Level 2 Adults Certificate (must have been completed within last 3 years)	Mandatory
Safeguarding Level 2 Children Certificate (must have been completed within last 3 years)	Mandatory
An enhanced DBS Certificate with adults and children barred lists and registered with the DBS update service	Mandatory
Appropriate WOPEC and other high qualification certificates ie WOPEC Low Vision; WOPEC MECS; WOPEC Cataract; WOPEC Glaucoma Level1; WOPEC Glaucoma Level 2; College Prof Cert Glaucoma; College Higher Cert Glaucoma; College Diploma Glaucoma	Mandatory if you wish to deliver specific services

# OPERA/ Service accreditation

- Optical practices must hold an NHS GOS contract
- Practice & Practitioner accreditation is required.
- GRR Practitioner profile must include WOPEC Glaucoma level 1. Email your LOC for WOPEC code: [Sefton.loc@gmail.com](mailto:Sefton.loc@gmail.com)
- GECF requires WOPEC level 2 glaucoma (or higher)
- Accreditation has to be completed before practitioners have access to OPERA and can provide services
- Practices & Practitioners agree to work in accordance with Primary Eyecare policies



# Countdown Checklist

## My Services

✓ CUES/MECS/CES OCT Service

✓ Cataract Referral Service

✗ Community Eye Service (CES)

✗ Community Glaucoma (OHT)

✓ Glaucoma Enhanced Referral Service (GERS)

✓ Glaucoma Repeat Readings (GRR)

✗ Independent Prescriber Service

✗ Integrated Childrens Service

✗ Low Vision Service

✗ Minor Eye Conditions (MECS)

- Thanks to everyone for responding to our emails and phone calls already.
- 1. Ensure your practitioners have uploaded their accreditations and certificates for the services you're providing
- 2. Ensure the practice has its GOS / NHS governance up to date on the Practice Profile
- 3. Ensure you have requested to deliver the relevant services on My Services

Request to deliver service





# Help Me!

## Queries about OPERA accreditation/ onboarding and using OPERA

- Help centre on OPERA <https://help.optom-referrals.org/>
- Ask through the blue help bubble on OPERA or email helpdesk & central team [hello@referral.support](mailto:hello@referral.support)

## General and service queries

- [Rebecca.Ireland@primaryeyecare.co.uk](mailto:Rebecca.Ireland@primaryeyecare.co.uk)
- [Sarah.Lowry@primaryeyecare.co.uk](mailto:Sarah.Lowry@primaryeyecare.co.uk)



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

Sefton LOC - <https://www.loc-online.co.uk/sefton-loc/>

**Thank You**

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**Questions?**

**Primary  
+ Eyecare**

[info@primaryeyecare.co.uk](mailto:info@primaryeyecare.co.uk)