



## **Bedfordshire and Luton COVID-19 Urgent Eye Care Service (CUES)**

NHS BLMK Commissioning Collaborative has commissioned a new COVID-19 Urgent Eye Care Service (CUES) for Bedfordshire and Luton, in line with the National Specification, published by NHSE/I in April 2020.

A CUES will launch on Wednesday 24<sup>th</sup> June 2020, delivered by Ocular Outcomes Ltd. (formerly Primary Eyecare North Yorkshire and Humber (PENYH) Ltd who ran the previous Minor Eye Conditions Service, MECS, in Bedfordshire). To coincide with the start of the new CUES, MECS has been decommissioned.

The COVID-19 pandemic has had an impact on the availability of a number of routine health services. The NHS is keen to ensure urgent eye care is delivered safely in the community through remote triage and consultations (by telephone or video), to minimise face to face appointments and make use of technology to reduce patient-practitioner contact time. An Urgent Eye Care Service will reduce pressure on busy GP practices and hospital eye services / ophthalmology departments by making use of the network of local opticians in our area to treat urgent and emergency minor eye care problems.

### **Aims and objectives of the service**

- The service aims to improve eye health and reduce inequalities by providing increased access to eye care in the community.
- It utilises the knowledge and skills of primary care optometrists to triage, manage and prioritise patients presenting with an eye condition whilst keeping staff and patients as safe as possible.
- Access to eye care for the conditions described as emergency or non-routine will enable more patients to receive treatment closer to their homes.
- The service is expected to reduce the number of unnecessary referrals from primary care to secondary care, supported by the provision of more accurate referral information if a referral is made.
- The CUES Telephone Assessment Service (TAS) seeks to divert patients from GP practices, hospital eye services, A&E and MIUs to ensure that patients are managed remotely where feasible or offered a face to face appointment if required in an appropriate primary care setting, following assessment from a qualified health professional.
- Relationships between optometrists, GPs, pharmacists, ophthalmologists, hospital eye services and the Clinical Commissioning Groups will be further developed.

### **Service description / care pathway**

The CUES service provides for the assessment and treatment of a number of recent onset urgent minor eye care conditions in the community. It is provided by accredited local optometrists who have a range of equipment to facilitate detailed examination of the eye, as well as the specialist knowledge and skill.

Considering the COVID 19 Virus, Ocular Outcomes Ltd takes its responsibility to patients and staff seriously. Only patients who have been assessed over the telephone by a qualified optometrist will be accepted into the service for an appointment.

The service is accessed by patients only after an initial telephone assessment:

- GP's and other healthcare professionals from the GP Practice, Opticians, NHS11, Hospital eye service or A&E can signpost patients to the Telephone Assessment Service (TAS)
- Patient self refers by calling the CUES Telephone Assessment Service (TAS) directly on **0800 316 9200**, who recommends the patient should be seen within CUES and can advise on timescales

The CUES TAS will provide daily cover and call-back **7 days per week from 8am until 8pm**.

#### STEP 1:

Administration staff at the TAS will obtain registration details from the patient, check their eligibility, screen for COVID-19, gain consent to share their details with a GP and promptly arrange a telephone or video call with an optometrist.

Each patient calling the service will be assessed against the current COVID-19 Government guidance:

1. Have you been to an affected country in the last 14 days?
2. Have you had contact with somebody with Coronavirus?
3. Do you have any of the following symptoms: cough, fever, shortness of breath, conjunctivitis?

If the answer is YES to any of these questions, the patient will be advised to contact NHS 111, to stay at home and self-isolate, and not to attend any appointment.

#### STEP 2:

An optometrist will triage / assess the patient's condition remotely by telephone or video consultation and provide advice on how to manage it, and will enable access to topical medications and an Independent Prescriber (IP) optometrist for prescriptions where appropriate. He / she will confirm if a face to face consultation with an optometrist is required. All patients will be triaged against the CUES Risk Stratification Document published by NHSE/I. Telephone and video calls are recorded following explicit consent from the patient in line with GDPR guidelines, to aid audit and learning.

More serious conditions may need referring to an ophthalmologist. If urgent onward referral to hospital eye services are required, the optometrist will liaise with the relevant hospital eye service to ensure the patient is supported to access hospital eye care without unnecessary delay. Contact will be made by telephone and a copy of the referral letter, including possible diagnosis, shall be given to the patient to present on attendance. Information will also be emailed directly to the relevant hospital eye service.

#### STEP 3:

If a face to face consultation is required the optometrist will contact the nearest participating local opticians to arrange a suitable appointment with the patient. PPE national guidance and social distancing rules will be observed at all times during the appointment. Face to face appointments will be available 7 days per week and can only be made via the TAS.

The optometrist or other responsible person will:

- Provide the patient with a paper copy of their Optometric Patient Record Card, if requested
- Send a copy of each patient's Optometric Patient Record to the patient's GP within 24 working hours

- Provide all appropriate clinical advice and guidance to the patient in respect of the management of the presenting condition
- Provide the patient with an Information Leaflet on his / her eye condition, where appropriate.

Should a patient fail to arrive for an appointment, the optometrist or other responsible person must contact the patient within 24 working hours, informing them that they have missed their appointment, and ask them to arrange a further appointment.

Should a patient fail to re-arrange an appointment within 7 working days of contact being made (or fails to attend their re-arranged appointment) then the optometrist will inform the patient's GP.

Treatments shall not routinely attract a follow-up appointment.

## **Population covered**

The service is available to all adults and children aged 2 and above registered with a GP practice located within the geographical area of Bedfordshire CCG or Luton CCG. Children between 2 and 16 years must be accompanied at their appointment by an adult. The CUES Telephone Assessment Service will ensure that the patient is eligible by verifying the patient's GP before providing the community service.

The service can also be used by patients who are not registered with a local GP but are resident and eligible for NHS care e.g. by members of the travelling community or homeless people.

## **Acceptance criteria**

This service provides for the assessment and management of patients presenting with any of the following conditions:

- A red or painful eye
- Removal of a foreign body and emergency contact lens removal (not by the fitting practitioner)
- Sudden loss or change in vision, including transient loss
- Flashes and floaters
- Dry eye or gritty and uncomfortable eyes
- Irritation and inflammation of the eye
- Significant sticky discharge from the eye
- Epiphora (watery eye)
- Trichiasis (in growing eyelashes)
- Ocular pain
- Systemic disease affecting the eye
- Differential diagnosis of lumps and bumps in the vicinity of the eye
- Recent onset of Diplopia
- Retinal lesions
- Field defects
- GP / Pharmacist / A&E / MIU referral

Such procedures will be undertaken as deemed clinically necessary by the relevant optometrist after assessment of the patient's History and Symptoms.

All tests undertaken and results obtained will be recorded on the Optometric Patient Record, even if the results are normal.

Any drugs or staining agents used during the examination or prescribed will be recorded on the Optometric Patient Record.

All advice given to the patient (verbal or written) will be recorded on the Optometric Patient Record.

All detailed retinal examinations will be undertaken under mydriasis using either 0.5% or 1.0% Tropicamide from a single dose unpreserved unit (Minim) unless this is contraindicated. The reason for not dilating will be recorded on the Optometric Patient Record.

The level of examination will be appropriate to the reason for referral. All procedures are at the discretion of the optometrist; however the following guidelines should be adhered to:

- Fundus examination should be through a dilated pupil when required or appropriate
- Examination of an uncomfortable red eye must involve a slit-lamp examination used in conjunction with a staining agent
- Visual field examination results must be in the form of a printed field plot rather than a written description
- Symptoms of a sudden reduction in vision should be investigated by the examination of the macula and retina using a Volk or similar lens
- Symptoms of sudden onset flashes and floaters should be investigated by an examination of the anterior vitreous and peripheral fundus with a Volk or similar lens and relative afferent pupil defect (RAPD) testing is essential
- Epilation of eyelash capability is essential.

### **Exclusion criteria**

The following conditions require the patient to attend a hospital eye service (ophthalmic hospital, ophthalmology department, casualty or accident and emergency department):

- Severe ocular pain requiring immediate attention
- Suspect retinal detachment
- Retinal artery occlusion
- Chemical injuries
- Penetrating trauma
- Orbital cellulitis
- Temporal arteritis
- Ischaemic optic neuropathy

The treatment of long-term chronic conditions is **not** included within the service. Conditions excluded from the service include:

- Diabetic retinopathy
- Long standing adult squints
- Long standing diplopia
- Children's squints

An NHS sight test shall not be performed concurrently with assessment or treatment for this acute service. Please note that the optometrist will need to prioritise the urgency of the conditions presented. For example, Flashes and Floaters will need to be seen within 24 hours.

## **Interdependence with other services / providers**

- Locally commissioned community eye health services such as stable glaucoma monitoring, IOP referral refinement, and pre and post cataract referral assessments.

The service will be launched on Wednesday 24<sup>th</sup> June 2020 and will be reviewed by the BLMK Commissioning Collaborative on a regular basis whilst the risk of COVID-19 is high.

The Bedfordshire & Luton Urgent Eyecare Service (CUES) is provided in partnership with Ocular Outcomes Ltd.