

# COVID Urgent Eyecare Service (CUES)

- Developed by LOCSU, NHE E/I and the Clinical Council (Endorsed by RCoO and CoO)
- Symptom led service for urgent and emergency eyecare, to overtake MECS
- Eligibility screening conducted when patient contacts the practice – may wish to check each case with an optom first
- Contact with optometrist within 2 hours of eligibility screening
- Telemedicine is the first port of call
- Minimises patient contact where possible
- For sight threatening symptoms – see face to face on same day or within 24 hours
- Initially for the COVID/recovery period
- May be extended due to additional benefits and future possibilities
- CUES went live on Friday 24<sup>th</sup> July
- MECS will be suspended on Friday 31<sup>st</sup> July – these service cannot run side by side

## CUES vs MECS

- Similar to MECS but not covering the more minor symptoms such as mild irritation/mild grittiness
- Remote telephone/video consultations
- Imaging and OCT scans: secure data transfer
- Refer to IP optom for advice and guidance and/or remote prescribing
- Advice and guidance from hospitals
- Timely feedback from hospitals
- Fast, trackable and secure NHS referrals
- Option to add additional services to support secondary care

## CUES vs MECS

1) Do you want to participate in CUES but haven't registered?

Please let us know

2) My practice will not be participating in CUES

Please let us know why so we can understand any issues and help support you

# FAQs

1) *Can a non MECS accredited practitioner participate in CUES?*

Yes, it is classed as core competency and no accreditation exams are required

2) *What happens to Optomanager?*

Opera = CUES. Optomanager = pre-op/post-op cataract, GRR/GERS

3) *Which areas provide CUES?*

All of HOWM, Hereford & Worcestershire are live, Stafford are due early August. Not Shropshire, Coventry & Warwickshire. You can therefore see any px with a GP registered in these areas, so can still register for CUES in order to participate.

4) *I need help with Opera!!*

Help videos: <https://help.optom-referrals.org/> Raise an issue via the speech bubble on Opera or email [hello@referral-support.org](mailto:hello@referral-support.org)

5) *Can dry/gritty eyes be booked in for telemedicine?*

CUES is symptoms based – if the symptoms are eligible for CUES and imply there is an **urgent and recent problem** then yes. Look at the symptoms, not the condition. If the patient is then diagnosed with dry eyes, you can treat and manage accordingly. Signpost to [www.lookafteryoureyes.co.uk](http://www.lookafteryoureyes.co.uk)

# Modified Ocular Surface Disease Index (OSDI) score

<b>Have you experienced any of the following <u>during the last week</u>?</b>	<b>All of the time</b>	<b>Most of the time</b>	<b>Half of the time</b>	<b>Some of the time</b>	<b>None of the time</b>
1. Eyes that are sensitive to light? ..	4	3	2	1	0
2. Eyes that feel gritty? .....	4	3	2	1	0
3. Painful or sore eyes? .....	4	3	2	1	0
4. Blurred vision? .....	4	3	2	1	0
5. Poor vision? .....	4	3	2	1	0

Subtotal score for answers 1 to 5

(A)

Moderate/severe symptoms > score of 11

# FAQs

6) *Can pre-reg optoms participate in CUES if they are working under the supervision of an accredited CUES supervisor?*

NO – they need a performers list number. They can examine to get experience and be able to log episode but supervisors must also directly examine px and sign off on their number.

7) *Do we have to do telemedicine when patient obviously needs F2F?*

Yes but use clinical judgement, treat the telemedicine as the history and symptoms for F2F to minimise the in practice time to ensure patient safety. Also saves time as you have completed the main sections before the patient arrives and leaves a small amount of information left to complete on F2F. If a patient walks in with urgent symptoms/at start of sight test px says has recent FnF (**only** likely time ST converts to CUES) – can do F2F only but still need to complete telemedicine on system

8) *Can CLOs participate in CUES?*

CLOs need MECS accreditation as not it is not core competency. But can participate if an optometrist is on the premises for support if needed.

9) *What are the fees?*

Core CUES £50 per episode (Telemedicine and/or F2F) + OCT/IP £25. Max fee £75 to practice per episode.

# FAQs

10) *There were a lot of concerns about practices no longer being able to manage minor conditions?*

MECS catered for a lot of low level complaints which affected its reputation with some hospitals and commissioners. Seeing only those with urgent symptoms will ensure appropriate activity. GPs also have to signpost more to selfcare

11) *How can I assess the vision/visual acuity via telemedicine?*

You should make some attempt to record the vision R & L separately e.g. use of an online VA chart such as the College of Optometrists offering. If they have email you can send a snellen chart with instructions. The important thing is to stress the importance that they cover each eye properly and tell you what they see.

12) *What do I with a red eye but with no symptoms?*

The important thing to remember when eligibility screening is that it is signs and symptoms led not outcome. If no pain/photophobia/vision loss and self referred – obtain advice from optometrist and use clinical judgement. If classed as low risk – deflect to self care BUT advise if no improvement in symptoms or if they worsen after 5 days, to return. If referred into CUES then arrange telemedicine.

## FAQs

13) *Will Opera hold the list of pharmacies?*

No, the list of participating pharmacies has been sent out via email on Tuesday – you will need to keep that document for reference and manually input the nhs.net email address. LOCs will also share this

14) *Email addresses for hospitals*

Referrals will be automatically sent by Opera but we will work with LOCs to share this information

15) *What is the timeframe before a patient can return if getting same symptoms?*

Within 3 months – follow up but as it is an urgent service we expect fewer follow ups compared to MECS

16) *How do we know which practices have OCT? Or IP?*

Opera will show you a list in order of locality to the first (contacted) practice

17) *What's the benefit of sending a Wet AMD px to an OCT practice? They are not going to be able to treat the px?*

Advice from medical retina consultants has been enthusiastic about receiving referrals with OCT which enables treatment options to be planned accordingly. If barndoor wet AMD and you are certain – can refer direct to hospital. If suspect – refer for OCT. If you are an OCT practice please learn how to export a DICOM file...ask your supplier.

## FAQs

18) *Will the hospital re-do the OCT anyway?*

Depends on the local hospital but if it's good quality why would they?

19) *We don't have time to phone around to find another appointment within 2 hours.*

We would advise calling 3 practices to find the px an appointment. Please consider buddying up with a couple of other practices. If you cannot find availability and the px is able and willing to find an appointment themselves – please direct the patients to the 'Find a practice' on the PES website ([www.primaryeyecare.co.uk](http://www.primaryeyecare.co.uk))

40-50% of appointments should be able to be dealt with via the telemedicine (remote telephone/video consultations) so there should be less need for finding F2F appointments. For example, if you have been successfully involved in your MECS scheme – this should prove easier.

20) *Patient with very mild symptoms deflected to self care. If after 5 days the severity of symptoms are unchanged, with px compliance of self care. Do we telemedicine or F2F?*

You would need to complete another eligibility /triage form and reassess if nothing has changed then they may need to try a different product certainly front of house staff should be discussing this with an optometrist if patient has made contact twice. Remember: **CUES is NOT for chronic etc conditions** – mild dry eye is self care or private dry eye assessment. Optometrists and pharmacists can offer advice on which products to purchase

# FAQs

21) *What if a patient with a red, itchy eye is referred into CUES by pharmacy?*

<p><b>Problem with eye - painful, sore, red, sticky, watery, itchy or irritated</b></p> <p><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 or symptoms get worse, contact us again.</i></p> <p><b>Referral to Self-care / Pharmacy ONLY applies to SELF-REFERRALS and OVER 2s and MUST be entered as a patient contact on IT system.</b></p>	2) Is it painful?	<p><b>Yes (ask question 3)*</b></p> <hr/> <p>No (ask question 3)</p>
	3) Is there any light sensitivity?	<p><b>Yes (ask question 4)*</b></p> <hr/> <p>No (ask question 4)</p>
	4) Is there a change in vision?	<p><b>Yes (see below outcome)*</b></p> <hr/> <p><b>See below**</b></p>

This patient is eligible to enter CUES

22) *When we do paper triage, what is the time limit to then put it onto Opera?*

Record time of contact and needs to be uploaded onto OPERA before telemedicine so say 1 hour 59 minutes

# FAQs

23) *A patient called up with eye pain and performed a telemedicine and decided it wasn't urgent and they could self treat. The patient was given some advice and we did not see them face to face. The next day the patient phoned again complaining the pain had got worse even with the advice. What should I do?*

We suggest to do it as a follow up but do it F2F. Can't claim for new fee especially as TM was done the day before and a fee is already claimed - just like with MECS, once fee claimed, can't claim for same issue again within 3 months

- It will create a new form
- If go in to view, can see both forms

## Editing the outcome of a form

There are times you may wish to alter the status of a CUES episode - for example:

You may have selected the wrong outcome, you may have already referred to hospital outside of the system, or maybe the patient failed to attend?

The new edit system allows you to:

- **Complete an episode of care**
- **Change the outcome - for example reopen a closed case for a followup or onwards referral**
- **Close a case that is open**

Please note that you cannot, for medico-legal reasons, edit a submitted form, but can you reset the referral and repeat a form if you wish. Please enter appropriate comments in the free text box to explain if you are doing this.

# FAQs

24) *How should the deflect to self care px be recorded in practice?*

As a patient contact under the screening section (like MECS) – it is essential to show that we are not just seeing everyone and are adherent with the protocols of the service.

25) *My DBS certificate hasn't arrived yet, can I still register for Opera?*

Yes, you can declare you are in the process of applying for this

26) *I haven't received my contract/registration details from PES yet*

Please check your junk mail and email [onboarding@primaryeyecare.co.uk](mailto:onboarding@primaryeyecare.co.uk) ASAP if nothing has been received

27) *What is the procedure for DNA?*

Try 3 times and then select on Opera patient DNA – if no telemedicine done, no fee will be paid

28) *What if the eye clinic doesn't pick up the phone?*

For all urgent referrals, you must call the hospital to inform them that an urgent referral has been sent to them. If no answer - keep trying or get your support staff to keep trying.

# FAQs

29) *If px contacted within 2 hours can they then be seen via telemedicine later on that day say after clinic hours or next day.*

**The TM should ideally be within 2 hours of the initial patient contact but definitely within 4 hours** in case you need to bring the patient in for a F2F same day. *If px calls at 5pm, and you close at 5.30, call at 9am day after or next day*

30) *Do we get paid the same fee for face to face and for telemedicine?*

Yes

31) *What needs to go on the practice answer phone message?*

Advise people of your opening hours and if urgent use website to identify alternative site that is open or go to urgent A&E <http://primaryeyecare.co.uk/wp-content/uploads/2020/04/COVID-19-Communication-checklist-v41.pdf>

32) *Px are used to coming in if sore, irritable eyes, so if we cant do CUES, or an NHS test, px won't be happy to see pharmacist?*

CUES is Symptom based, if mild symptoms, should be first directed to self care, if no improvement, can access service after 5 days of trying treatment

## FAQs

33) *If your practice has more than one optom, will the same optom that does the triage have to see the patient for the telemedicine/face to face appointment?*

Not necessarily, that may be an ideal but you may be referring to a practice with OCT after the telemedicine call. You may have an optom on a morning shift doing the telemedicine with another optom doing the late shift seeing the face to face cases

34) *What are our Opera log-in details?*

Please ask your practice owner or manager. Your practice must have registered for an nhs.net email address too – if you're not sure about the status of the nhs email application, please contact Simone

35) *What happens if the px does not consent to the questions on OPERA?*

They can't access the service. Summary care record – **explicit** consent needed to access these

36) *What is onboarding?*

The practice and practitioners registering on Opera (IT platform)

37) *The call back to the patient within 2 hours. Does that need to be done by an Optometrist?*

Yes, 2 hours by an optometrist via telemedicine.

# FAQs

38) *Is this to only complete the triage/screening form?*

No – that will be the first point of contact.

39) *Then the remote consultation/telemedicine is done within 24/48hrs?*

No. The telemedicine consultation will need to be done ideally within 2 hours and then the F2F booked if needed within 24hrs if urgent /48hrs if non-urgent.

40) *What is eRS?*

Electronic referral service - trackable and auditable referral service - for referrals from practice to HES to be set up in the near future hopefully (sent automatically from OPERA)

41) *What platform can be used for telemedicine?*

AccuRX called Fleming – needs nhs.net email address. Can use WhatsApp or Facetime - you may wish to block your number to the patient.

42) *Is CUES open to all ages?*

Yes

43) *Can I use Optos wide field imaging in place of an OCT?*

No. OCT – only for patients with vision loss/distortion, NOT for FnF

44) *Practice staff take call from px but optom not available in the practice what are requirements for the practice?*

They should complete the screening triage and enter onto Opera and find a practice if that is the outcome of triage

45) *Could we have a list of practices that are registered for CUES open on a Sunday for Urgent F2F ?*

You can always view the website [www.primaryeyecare.co.uk](http://www.primaryeyecare.co.uk). Opening hours will be on the website (coming soon).

46) *Can you manually print referrals sent by Opera?*

Yes

47) *Will the contact numbers for the eye clinics be shared for when notifying them of an urgent referral this is sent?*

Yes, we will liaise with the LOCs in due course

48) *If I see a patient for a "routine" sight test and detect wet AMD do I refer via the normal Fast Track wet AMD pathway or do I have to refer to a CUES OCT practice?*

A normal sight test will result in normal protocols - fax track wet AMD referral as normal. Only if a px reports vision loss/distortion and you only do a CUES with OCT referral if required

49) *Optom: I work over 2 practices I have registered on Opera at the first practice. How can I register at the second practice?*

The link for existing OPERA users to add additional practices to their login is: <https://bit.ly/3fh41eD>

You will need the ODS code of the second practice to complete this

# Thank you

## Q+A

### Emails

[onboarding@primaryeyecare.co.uk](mailto:onboarding@primaryeyecare.co.uk)  
[wasim.sarwar@primaryeyecare.co.uk](mailto:wasim.sarwar@primaryeyecare.co.uk)  
[simone.mason@primaryeyecare.co.uk](mailto:simone.mason@primaryeyecare.co.uk)  
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