



Referral Feedback Within CUES in Manchester

At a glance

This study considers the additional benefit that referral feedback brings to the CUES service.

Challenge

COVID-19 significantly impacted on patients access to eyecare.

Objective

- Reduce the need for patients to travel to a hospital setting
- Manage presentations through to resolution in primary eye care, aided by consultant opinion and feedback where needed

Solution

The introduction of CUES, supported by ophthalmology feedback, ensured more patients had access to urgent eye care within primary care, delivered in a COVID-safe way, without the need to travel to a hospital.

Result

Optometrist skills and confidence grow through validation of their clinical decision making. The ability for direct feedback to the referring optometrist, from the ophthalmologist in secondary care has improved referral quality and allowed more patients to be fully managed within primary care. Reduced referral activity is anticipated as confidence grows thus releasing capacity in secondary care.

Introduction

The COVID pandemic caused a significant disruption to how patients accessed eyecare. In April 2020 the COVID-19 Urgent Eyecare Service (CUES) was developed and recommended for implementation across England by NHS England and NHS Improvement (NHSE-I), the Local Optical Committee Support Unit (LOCSU) and the Clinical Council for Eye Health Commissioning (CCEHC).

CUES delivered assessment of patients with urgent symptoms by optometrists in primary care. This enabled prompt access to remote consultation and where necessary face to face assessments, with the aim to provide care closer to home and an easing of capacity pressures in secondary care.



One of the first areas to commission CUES, Manchester CCG, launched their service in May 2020. The national specification recommended the inclusion of advice and guidance (A&G) and referral feedback, where possible. At the time of inception, the service was not able to provide A&G prior to referral, although it is hoped this will develop in time. However, the system was able to deliver feedback following referral from the outset. Manchester LOC alongside Manchester Royal Eye Hospital (MREH) and the provider company Primary Eyecare Services (PES) worked together to consider the potential to improve outcomes if feedback on referrals was also implemented locally. It was identified that feedback could further reduce secondary care presentations through co-management of the patient; by redirecting the referral back into primary care for assessment and management within CUES.

For patients who require specialist intervention, the service ensures that patients are seen within an appropriate timescale, in the most appropriate clinic or directly listed for treatment.

What was done?

The IT system used in Manchester for the provision of CUES integrates with NHS e-Referral Service (e-RS), which is a national digital platform typically used to refer patients from general practice into elective care services.¹ This integration enables the utilisation of an e-RS's "Referral Assessment Service" (RAS) within primary eye care, which allows (secondary care) providers to:²

1. Assess the Clinical Referral Information from the referrer without the need for an appointment being booked.
2. Decide on the most appropriate onward clinical pathway.
3. Contact the patient to discuss choice.
4. Arrange an appointment, where needed.
5. Return the triage request to the original referrer with advice, if an onward referral isn't needed.

Where appropriate the referring optometrist may send supporting information including additional diagnostics such as OCT, Visual field plots or retinal images, with the referral to aid the decision making.

Referral feedback from MREH is sent directly to the referring primary care clinician via the e-RS/local IT platform integration. This feedback has proved invaluable to optometrists for both patients that are being solely managed in primary care as well as those that proceed for hospital treatment. The optometrist can follow the outcome of each referral and use this learning for future referrals.

¹ england.nhs.uk/digitaltechnology/connecteddigitalsystems/nhs-e-referral-service/

² digital.nhs.uk/services/e-referral-service/document-library/referral-assessment-services



Results / Benefits / Outcomes

Referrals from the below cases were all sent to MREH e-RS RAS for referral feedback with supporting imaging where appropriate.

Case Summary 3785

Presentation	MREH Feedback
<ul style="list-style-type: none">• Vertical lines appearing wavy in LE, for 48 hours• No headaches• No flashing lights or floaters <p>Preliminary diagnosis: Wet AMD</p>	<p>“Thank you for this referral I agree appears to be wet AMD I will book the patient into a treatment clinic. Thanks again”</p>

Case Summary 11296

Presentation	MREH Feedback
<ul style="list-style-type: none">• 2-week history of ‘insects in front of eye’• Unsure which eye affected• Single episode of ‘pin prick flashes’• No cobweb or curtain seen <p>Preliminary diagnosis: White without pressure’ with new onset Posterior Vitreous Detachment</p>	<p>“Imaging seen by consultant. Confirms the area of concern in the right eye is white without pressure and therefore no need for referral at this time. Optometrist should give the patient advice to return asap if any flashes/floaters/curtain seen.”</p>

Case Summary 11187

Presentation	MREH Feedback
<ul style="list-style-type: none">• Existing Glaucoma patient• Recent onset of bilateral redness and puffiness to eye lids• Recent change to a new glaucoma drops treatment• No cobweb or curtain seen <p>Preliminary diagnosis: Allergic reaction to eye drops</p>	<p>“Thank you, almost certainly a reaction to brimonidine. Please stop brimonidine. Please continue other drops. I have made a glaucoma appointment for her within 6 weeks in consultant glaucoma clinic. Many thanks.”</p>



These examples demonstrate how use of referral feedback can:

- Confirm diagnosis and provide management plan
- Eliminate the need for a secondary care appointment.
- Enable direct booking into a treatment clinic
- Reducing number of hospital visits for the patient
- Reduce the number of diagnostic tests in secondary care
- Provide immediate support and advice
- Eliminate the need for an appointment in eye casualty
- Ensure patients are seen in the most appropriate clinic within the most appropriate timescale
- Validation of optometrist's management plan builds confidence

“The team at MREH provide invaluable feedback on every referral. Their comments are both supportive and educational. It has given me the confidence to ask questions and I've learned so much.”

Linda Crossley, from Manchester LOC

Conclusion

CUES has demonstrated significant benefits to the local system. It has been well received by patients who are often assessed closer to home in a familiar environment with a clinician who is known to them.

For years optometrists have expressed a need to know the clinical outcome of patients they refer. Nationally many optometrists report little or no feedback following referral into the hospital eye service³, A recent study reports 72% of optometrists are unaware of the outcome of referral⁴. This completion of the feedback loop allows the optometrist to use the ophthalmologist response when considering a future patient with similar clinical presentation.

Collaborative working across professions and primary and secondary care is a key objective of the NHS Long-Term Plan. Manchester's referral feedback is an excellent example of the benefits of collaboration to clinicians, patients and the system as a whole. Referral feedback and co-management will in turn lead to more complex patients being managed entirely in primary care. As the workforce in primary care become more confident there will be a decrease in secondary care referrals, thus easing pressures on emergency eye departments and allowing resources to be diverted to manage chronic conditions and true emergencies in the hospital eye service.

³ aop.org.uk/ot/professional-support/health-services/2018/06/12/ophthalmologist-says-providing-referral-feedback-is-a-no-brainer

⁴ doi.org/10.1111/opo.12948