Community Minor & Urgent Eye Care Service (CUES) V2: Risk Stratification, Conditions and Service Pathway (V6.3 Jan 2024)
Overarching principles

RISK STRATIFICATION			SERVICE PATHWAY				
RISK Category	**Possible SYMPTOMS**	**Possible CONDITIONS**	**The patient contacts CUES optical practice to arrange an appointment**	**REMOTE Telephone / Video consultation**	**F2F CONSULTATION**	**REFERRAL to Ophthalmology Service /eye casualty or Accident and Emergency**	**COLLABORATIVE management options**
The service pathway provides a structure for practitioners to use their professional judgement, considering local referral guidance, accessibility to ophthalmology/secondary care and jointly agreed local protocol arrangements. **It does not remove from practitioners their professional responsibility to each patient, who should be dealt with on an individual basis.** **Patients with only one eye or those who have multiple ocular co-morbidity in only one eye may constitute a higher risk.**			The receptionist takes the call usually by telephone. Short initial assessment to identify eligibility criteria, potential red flag checklist, and if the patient is already under HES. Direct clinical concerns to the most appropriate practitioner. Signpost to relevant patient information and support where possible with no further input.	To be indicated when telemedicine may be utilised following locally agreed protocols co-developed. Patients presenting with symptoms suggestive of posterior eye disease or requiring in-person diagnostic assessment bypass this step.	Face-to-face consultation by CUES practitioner if self-care management options are not appropriate or have not been effective.	The decision to refer. Referral following local referral pathway. Referral information is sent via secure email, NHS.net, ERS, or a similarly secure advice and guidance route. *(NB This requires direct communication links between primary care and HES to be established.)*	Ophthalmologists and optometrists discuss arranging specific investigations or support care and prescribing if possible, and where helpful, use virtual assessment of images. OR Collaborative management with optometrist with independent prescribing/ higher qualifications† Results/outcomes of management are to be communicated via secure email, NHS.net, ERS, or a similarly secure advice and guidance route.

Community Minor & Urgent Eye Care Service (CUES) V2: Risk Stratification, Conditions and Service Pathway (V6.3 Jan 2024)
Minor eye care (Low risk)

RISK STRATIFICATION			SERVICE PATHWAY				
RISK Category	**Possible SYMPTOMS**	**Possible CONDITIONS**	**The patient contacts CUES optical practice for triage to appropriate appointment**	**REMOTE Telephone / Video consultation**	**F2F CONSULTATION**	**REFERRAL to Ophthalmology Service/eye casualty**	**COLLABORATIVE management options**
MINOR EYE CARE **(LOW RISK)** **TRIAGE WITHIN 4 WORKING HOURS WITH FACE-TO-FACE REVIEW WITHIN 5 WORKING DAYS**	Typical symptoms: dry eye, gritty eye, red eye (when isolated symptom), mildly blurry vision, non-specific irritation, watery eye,	Examples: dry eye/ stye/ blocked tear duct/ red eye/ conjunctival cyst/ chalazion/ subconjunctival haemorrhage/ pinguecula/pterygia/ concretions/ allergies/ vitreous floater/ conjunctivitis/ blepharitis/ meibomian gland dysfunction/ entropion/ ectropion/ episcleritis/ molluscum contagiosum/ early cataract/ ocular migraine/ physiological pupil defects/ clinically significant headache referred by other appropriate clinician		Options: 1. Exclude high-risk conditions 2. Provide self-care or management advice 3. Arrange a CUES follow-up review 4. Discharge	Review, manage and treat	Not required	Not required

Community Minor & Urgent Eye Care Service (CUES) V2: Risk Stratification, Conditions and Service Pathway (V6.3 Jan 2024)
Urgent eye care (medium risk)

RISK STRATIFICATION			SERVICE PATHWAY				
RISK Category	**Possible SYMPTOMS**	**Possible CONDITIONS**	**The patient contacts CUES optical practice for triage to appropriate appointment**	**REMOTE Telephone / Video consultation**	**F2F CONSULTATION**	**REFERRAL to Ophthalmology Service /eye casualty**	**COLLABORATIVE management options**
URGENT EYE CARE **(MEDIUM RISK)** **TRIAGE WITHIN 4 WORKING HOURS WITH FACE-TO-FACE REVIEW WITHIN 48H**	Typical symptoms: Red eye with pain/ photophobia, painful eye, flashes & new floaters, blurry vision, diplopia, distorted vision, sudden loss of vision, mild trauma (superficial, blunt, non-penetrating injuries)	**Required primary care review for differential diagnosis and treatment when indicated** Possible high-risk but uncertain Examples: contact lens keratitis, headache, possibly Giant Cell Arteritis / symptomatic Posterior Vitreous Detachment, possible retinal breaks or detachment / Floaters + tobacco dust / suspect uveitis/suspect wet Age-related Macular Degeneration / intermittent diplopia / episcleritis / occlusive disease / worsening diabetic retinopathy/ Branch Retinal Vein Occlusion	Patients presenting with symptoms suggestive of posterior eye disease or requiring in-person diagnostic assessment bypass this step	If it is a likely high-risk diagnosis, refer the patient to an eye casualty or A&E	Provide reassurance (eg PVD), provide care or medications (e.g. uveitis) (written order, IP or via HES) Book review via face-to-face or video as clinically required.		CUES practitioner phones through following local protocols. (with or without the patient present) to discuss the case with ophthalmology (+ share images where appropriate) and arrange a prescription or appointment if necessary. If required, referral is sent via secure email, NHS.net, ERS or similar secure advice and guidance mechanism OR Collaborative management with optometrist with independent prescribing/ higher qualifications
		Optometric treatment considering collaborative management options Examples: corneal foreign body / mild microbial keratitis / anterior uveitis / herpetic keratitis/episcleritis/mild chemical injury/ mild-moderate blunt trauma / mild-moderate preseptal cellulitis / suspicious disc/vernal and atopic keratoconjunctivitis / sudden visual loss unknown cause (<24 hrs)			Provide reassurance, care or medications (written order, IP, or via HES). Book review via face-to-face or video as clinically required. Advise the patient to get back in contact immediately if symptoms worsen.		

Community Minor & Urgent Eye Care Service (CUES) V2: Risk Stratification, Conditions and Service Pathway (V6.3 Jan 2024)
Emergency eye care (high-risk)

RISK STRATIFICATION			SERVICE PATHWAY				
RISK Category	**Possible SYMPTOMS**	**Possible CONDITIONS**	**The patient contacts CUES optical practice for triage to appropriate appointment**	**REMOTE Telephone /Video consultation**	**F2F Consultation**	**REFERRAL to Ophthalmology Service /eye casualty**	**COLLABORATIVE management options**
EMERGENCY EYE CARE **(HIGH RISK)** **TRIAGE WITHIN 4 WORKING HOURS WITH IMMEDIATE ONWARD REFERRAL**	Typical Red Flag symptoms: sudden onset of a red and painful eye which may be associated with photophobia or nausea, severe reduction or loss of vision, recent onset of shadows or 'curtaining' in the field of vision, sudden onset ptosis and diplopia.	Examples: acute angle closure, proliferative retinopathy (any cause), wet AMD, anterior ischaemic optic neuropathy / orbital cellulitis / serious chemical Injury / severe keratitis/ Central Retinal Artery Occlusion <4 hours old / endophthalmitis / hypopyon / definite papilloedema / penetrating injuries / third nerve palsy (acute) with pain / vitreous haemorrhage / white pupil in a child / retinal detachment/ macula off detachment /severe blunt trauma - hyphaemia with / high Intraocular Pressure /giant cell arteritis / recent surgery & risk of endophthalmitis / High-risk headache (such as presenting with diplopia and nausea) / recently acquired/recent onset diplopia	**The receptionist identifies a red flag symptom and arranges optometric callback, triage and referral.**	If the receptionist receives an initial call, the CUES practitioner may request an urgent telephone/video call with the patient if uncertainty from reported symptoms			N/A

Community Minor & Urgent Eye Care Service (CUES) V2: Risk Stratification, Conditions and Service Pathway (V6.3 Jan 2024)
Acute worsening of existing or known conditions under the hospital eye service

RISK Category	Possible SYMPTOMS	Possible CONDITIONS	The patient contacts CUES optical practice for triage to appropriate appointment	REMOTE Telephone /Video consultation	F2F Consultation	REFERRAL to Ophthalmology Service /eye casualty	COLLABORATIVE management options
ACUTE WORSENING OF AN EXISTING OR KNOWN CONDITION **TRIAGE WITHIN 4 WORKING HOURS WITH CLINICALLY APPROPRIATE ONWARD REFERRAL**			Check if HES have made arrangements for this patient scenario with helplines and contact details for advice and support. If the patient is unable to make contact, refer to secondary care with a discussion if new symptoms .				Possible co-management - optometrist and ophthalmologist - arranged on a case-by-case basis.

Other relevant guidance: please check for updates

- College of Optometrists, Clinical Management Guidelines, evidence-based management and treatment tool https://www.college-optometrists.org/guidance/clinical-management-guidelines.html
- All conditions listed in the CMGs can be managed and treated by the optometrist as part of the CUES service. Additionally, the CMGs set out possible management by ophthalmologists and advanced scope clinicians when indicated. When a non-medical prescriber is required, this may be completed remotely in conjunction with the CUES optometrist and patient at the face-to-face appointment or by remote consultation when clinically indicated and emergency care is not required.
- College of Optometrists, guidance for non-medical prescribers https://www.college-optometrists.org/clinical-guidance/guidance-for-therapeutics
- Royal College of Ophthalmologists guidance Standards & Guidance | The Royal College of Ophthalmologists (rcophth.ac.uk)
- Conditions for which over-the-counter items should not routinely be prescribed in primary care otc-guidance-for-ccgs.pdf (england.nhs.uk)
- ABDO Extended services for contact lens opticians https://www.abdo.org.uk/extended-services-for-contact-lens-optician/

This document is to be used in conjunction with the CUES standard clinical specification

To be reviewed by April 2027

Developed by Local Optical Committee Support Unit, the Clinical Council for Eye Health Commissioning, The College of Optometrists, and The Royal College of Ophthalmologists.

Clinically endorsed by: The College of Optometrists and The Royal College of Ophthalmologists