Community Minor and Urgent Eye Care Service

Frequently Asked Questions

June 2024
Version 1

FAQs

1. Has the new specification been published and shared with commissioners?

2. What are the recommended next steps for LOCs?

3. What are the next steps to ensure England-wide adoption?

4. Is LOCSU doing anything to help promote the standard specification at ICB level?

5. Should practitioners automatically adopt the new standard specification and does the new specification automatically supersede our local service?

6. How does the new pathway for community minor and urgent eyecare fit with Optometry First and is Optometry First still the ultimate vision for the sector?

7. If the service can be modified for local innovation, does this not negate the purpose to improve consistency of care?

8. Our LOC really welcomes the inclusion of headaches as a presenting symptom but why does this require a referral from a healthcare professional?

9. Why did the DHSC ask for a national standard specification if commissioning remains local?

10. This is a great resource to inform local commissioning. How will LOCSU now deliver the evidence base to support our local discussions with commissioners?

11. Can LOCSU support with local discussions where the commissioners are considering services which differ from the standard specification?

12. Our commissioners are proposing an adults-only service. Can LOCSU support the LOC in raising a challenge?

13. What are the competency requirements for the service?

FAQs

1. Has the new specification been published and shared with commissioners?

The standard specification for Community Minor and Urgent Eyecare Service has been developed through sector wide collaboration, all involved worked collaboratively and swiftly with resources published in February 2024.

NHS England has shared with all ICBs in England. It can also be found on the LOCSU and CCEHC websites via the links below:

LOCSU: Community Minor and Urgent Eye Care Specification
CCEHC: Standard specification to enhance access to minor and urgent eye care

2. What are the recommended next steps for LOCSU and LOCs?

With the new resources now available to LOCs and commissioners, the LOCSU team have turned our focus on understanding LOC needs and what further information and support LOCSU can provide to assist LOCs in the local discussions with ICBs. We recognise that this will be different for each LOC and so we will tailor our support as required.

LOCs with established services should assess their local service against the standard specification, to understand the local scope for improvement. The LOCSU clinical team are on hand to support this exercise and, if needed, help develop a local case for change.

For LOCs without a service, LOCSU will assist the LOC in using the new framework to engage their ICB in a discussion on how capacity and capability in primary eyecare might be better utilised to alleviate pressures on general practice and secondary care.

Please contact LOCSU at info@locsu.co.uk

3. What are the next steps to ensure England-wide adoption?

The primary aim of the service is to ensure people can access minor and urgent eyecare within primary care, utilising the established trained workforce and specialist equipment in optical practices. However, this is not a nationally mandated service and needs to be commissioned locally.

The specification provides the national quality and clinical standards for the provision of minor and urgent eyecare from optometric practice. Through this standard specification it's hoped that LOCs can work with their local commissioners to adopt the national standard, adapting their local provision as needed, with the aim to improve consistency, reduce unwarranted variation and ultimately improve patient access. By delivering greater consistency across England, removing the post code lottery, we aim to make it easier for the public to navigate their care pathway.

4. Is LOCSU doing anything to help promote the standard specification at ICB level?

In December 2023, the Department of Health and Social Care and NHS England hosted a commissioner engagement event, with LOCSU and the Clinical Council for Eye Health Commissioning. The event was designed to give eye care commissioners the opportunity to comment on the draft specification and to discuss what evidence base would be helpful to support local cases for implementation. The event was well attended. In February, NHS England wrote to all ICBs signposting them to the new resources available on the LOCSU website.

The LOCSU team will now support LOCs to engage their commissioners locally, tailoring support depending on LOC needs.

5. Should practitioners automatically adopt the new standard specification and does the new specification automatically supersede our local service?

No, local services are not automatically superseded by the new national standard specification, practitioners should continue to deliver the locally commissioned service, defined by their local specification.

The standard specification is provided to support local commissioning decisions and LOCs are invited to consider the scope for improvement and discuss this with their local commissioners. The LOCSU team are on hand to assist as needed – please contact info@locsu.co.uk.

6. How does the new pathway for community minor and urgent eyecare fit with Optometry First and is Optometry First still the ultimate vision for the sector?

Optometry first is a service commissioning and design principle to help manage growing demand in a sustainable way by establishing a co-ordinated and comprehensive primary eye care service as part of the wider eye care delivery system, reducing pressure on the hospital eye service (HES) and benefiting patients and the wider NHS.

A comprehensive Optometry First service is the ultimate vision and aims to improve the efficiency and accuracy of case-finding, reduce the need for hospital attendances and improve patient experience and opportunity for selfcare.

The community minor and urgent eye care pathway aligns to this model.

7. If the service can be modified for local innovation, does this not negate the purpose to improve consistency of care?

The standard specification effectively sets the minimal quality and clinical standards our patients should be able to expect of their local minor and urgent eye care service. However, this should not limit local innovation and service development. A cycle of continuous improvement, with audit and evaluation embedded as part of that process, is encouraged.

8. Our LOC really welcomes the inclusion of headaches as a presenting symptom but why does this require a referral from a healthcare professional?

A number of LOCs asked for the inclusion of headaches as a presenting symptom within the standard specification. Across England there was considerable variation in the approach taken to patients presenting with headaches, highlighting an opportunity for greater consistency in service delivery.

Many patients presenting with headaches will be appropriately signposted to optometric practice for a sight test, to rule out a refractive issue, and this remains the expectation, these patients will not be eligible for the minor and urgent eye care service.

Inclusion within the community minor and urgent eye care pathway is restricted to patients presenting with a clinically significant headache referred by another appropriate clinician. In most instances the other appropriate clinician will be the patients GP following an assessment in general practice. By requiring a referral, the intention is to include people who have been assessed, with self-care options appropriately explored and exhausted, and are now on a headache pathway requiring an ophthalmic assessment and differential diagnosis.

Further work to consider how the community minor and urgent eye care pathway interacts with local headache pathways is ongoing and will be led by the College.

9. Why did the DHSC ask for a national standard specification if commissioning remains local?

The service is not commissioned by NHS England centrally and will require local commissioning and implementation, enabling ICBs to ensure the service meets the needs of their local populations.

In September 2023, LOCSU and the Clinical Council for Eye Health Commissioning (CCEHC) received a ministerial request to work together and develop a specification for minor and urgent eyecare for England.

The request helpfully recognised the great work going on in primary care and acknowledged that making better use of the wider eye care workforce will be important in delivering sustainable eye care services for the future.

Working collaboratively, inviting wide sector engagement and using an evidenced-based approach, LOCSU and the CCEHC were asked to develop a national specification to inform local commissioning, with a view to improve consistency and reduce unwarranted variation by setting out the quality and clinical standards all services should be able to achieve.

10. This is a great resource to inform local commissioning. How will LOCSU now deliver the evidence base to support our local discussions with commissioners?

The LOCSU team will work with LOCs with established and successful services to further develop the national evidence base. Through the usual process of sharing learning from local service provision and audit we aim to enhance the evidence which supports the view that this is a clinically valuable service to the NHS.

Further work is needed to identify areas willing and able to perform a deep dive and deliver a whole system impact assessment to more clearly demonstrate that the service does indeed help to alleviate pressures within general practice, hospital eye services and A&E.

11. Can LOCSU support with local discussions where the commissioners are considering services which differ from the standard specification?

Yes, the LOCSU team are happy to support local discussions. The specification has been developed by LOCSU in partnership with the Clinical Council for Eye Health Commissioning (CCEHC), and through wide-sector collaboration including the College of Optometrists and the Royal College of Ophthalmologists, who also provided their clinical endorsement.

The clinical endorsement and strong sector support should provide local confidence in the standard specification and any suggested variation from the standard specification should be fully explored.

12. Our commissioners are proposing an adults-only service. Can LOCSU support the LOC in raising a challenge?

Yes, LOCSU will provide support as needed to bring experience from other services which safely deliver care to whole populations, without any age restriction. The introduction of an age restriction arguably introduces an inequality of access for patients.

As part of our work in developing the new standard specification, LOCSU reviewed local specifications. We noticed local variation relating to age criteria within existing services; most services did not have any age restriction and services that did offered no consistency. A couple of contracts restricted the service to age 2 and over whilst others use ages 4 years, 5 years, 7 years and even 16 years as their cut-off.

The clinical oversight group considered whether an age restriction should be applied to the service and concluded that there was no evidence to support this approach.

13. What are the competency requirements for the service?

The service can be delivered through existing capability in optometric practice, workforce requirements will be set out in the supporting pathway guideline.

The community minor and urgent eye care service should recognise current capability in optical practice and will not require any additional accreditation for service delivery. NHS England has published a competencies and qualification summary table to help local commissioners and all those involved in planning care to better understand what each profession is able to do within their core competency. This includes Contact Lens Opticians (CLOs) with additional qualifications.

It is a practitioner's professional responsibility to maintain their core competency and experience. LOCs can support local practitioners who have identified a gap in their training to access suitable Continued Professional Development (CPD); the WOPEC/LOCSU training modules remain a good means to achieve this.

However, the service should also recognise the added value optometrists and dispensing opticians with higher qualifications can bring. And so, the service aims to utilise opticians and optometrists with higher qualifications, where available, with the aim to broaden the scope of care delivered within primary care, improve access to treatment, provide peer support and advice and guidance.

For further advice on contents of this document please contact info@locsu.co.uk

2 Woodbridge Street,
London EC1R 0DG
e info@locsu.co.uk
t 020 7549 2051
locsu.co.uk

 Version 1: 06/24

LOCSU