



Community Minor and Urgent Eye Care Service Supporting Case

Supporting Case

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Introduction and Purpose

In February 2024, LOCSU and the Clinical Council for Eye Health Commissioning (CCEHC) published the Community Minor and Urgent Eye Care Clinical Specification. While the specification outlines the details of how the Community Minor and Urgent Eye Care Service will operate, this supporting case aims to:

- ◆ Provide information to local optical committees and local commissioners to inform their local discussions relating to planning and implementing a community minor and urgent eyecare service
- ◆ Evidence potential outcomes for patients and the healthcare system
- ◆ Highlight advantages such as efficiency, standardised care, and improved coordination among healthcare providers
- ◆ Showcase data and evidence supporting the implementation
- ◆ Engage stakeholders to implement

These aims look to build a comprehensive supporting case that not only justifies the implementation of the specification but its integration into the healthcare system. In addition to this, the supporting case provides additional justification and context for the implementation, helping with:

- ◆ Stakeholder buy-in
- ◆ Understanding quality improvements and patient outcomes
- ◆ Understanding of alignment with strategic goals
- ◆ Understanding of how to meet community health needs
- ◆ Understand risk of implementation and management of risks
- ◆ How to ensure long term viability
- ◆ Public relations and communications



This national service specification provides for a Community Minor and Urgent Eye Care Service delivered from a network of optical practices, to assure, support and enhance access to minor and urgent eye care locally. The service aims to reduce pressure on General Practice and Hospital Eye Service (HES) and help meet the growing eye health need by delivering more care locally through existing expertise in primary eye care.

Key areas of consideration within the specification include:

Sector Collaboration and Endorsement:

The specification was developed through wide sector collaboration with clinical endorsement by the College of Optometrists and Royal College of Ophthalmologists.

Service Availability:

As of May 2024, 76% of the population of England has access to minor and urgent eye care through local optometric practices. This access has been stable since 2021, following increased commissioning in response to the pandemic.

Technology Integration:

Improved connectivity between primary eye care and ophthalmology is needed to enable direct referral, remote consultation, advice and guidance and clinical co-management with a view to streamlining and enhancing patient care.

Greener NHS:

Efficiency is associated with low carbon care - ensuring the right care is delivered at the right time in the right place is key to reducing carbon emissions associated with health care.

Patient Benefit:

The approach outlined aligns with the NHS Long Term Plan and is expected to reduce the burden on patients, improve service availability, and deliver timely accessible care locally.

In summary, the initiative represents a comprehensive strategy to address minor and urgent eye care needs in the community, leveraging collaboration, technology, and regional coordination to ensure standardised and accessible services for the population.

The national service specification has been developed through wide-sector collaboration and aims to improve consistency and reduce unwarranted variation across England. The pathway guideline provides information to help inform service implementation and local delivery and should be considered alongside the service specification.

Service Outline

The service will provide assessment and management of recent onset symptomatic minor and urgent ocular presentations.

The service will deliver optimal first contact care locally, through a network of optical practices, by:

- ◆ Triage to the most appropriate clinician/practice if a face to face appointment is indicated.
- ◆ Adopting remote consultation where it is clinically appropriate.
- ◆ Optimising the consultation with ophthalmologist, or optometrist with independent prescribing advice and guidance, where appropriate.
- ◆ Providing follow-up assessment, when clinically indicated.
- ◆ Delivering personalised care, assurance and support for patient self-management (selfcare) as appropriate.

The full pathway guideline is available to download here, and covers:

- ◆ Inclusion criteria
- ◆ Care pathway, triage and consultation
- ◆ Use of medicines
- ◆ Days and hours of operation
- ◆ Records and Patient Information
- ◆ Clinical Governance
- ◆ Workforce
- ◆ Premises and Equipment
- ◆ Policies and procedures
- ◆ Service Evaluation and Audit

Key Resources

- ◆ [Clinical specification](#)
- ◆ [Patient pathway diagram](#)
- ◆ [Risk stratification conditions and service pathway table](#)
- ◆ [Competencies and Qualification Summary Table](#)

Within the standard specification there's an emphasis on providing service users with support to help ensure they feel fully informed about their condition and, where appropriate, able to self-care. There are many sources of excellent patient information relevant to this service. The list below offers useful links for common conditions that might present to Community Minor and Urgent Eye Care Service. This list is not exhaustive.

In providing this list LOCSU is not making any recommendation and reminds LOCs that it is good practice to consider which resources are most useful when implementing a local service, reviewing periodically.

The list includes resources developed by the College of Optometrists for patients to access directly ([Look After Your Eyes](#)), alongside patient leaflets members can access in both digital and hard copy ([College of Optometrists](#)). A summary of the information included for members is below.

- ◆ Blepharitis
- ◆ Dry Eye
- ◆ Flashes and Floaters
- ◆ Glaucoma
- ◆ Macular Degeneration.

[AOP](#) has advice and information for patients with patient leaflets and posters also available to members. [ABDO](#) and [FODO](#) both provide patient information on a range of conditions.

The Royal College of Ophthalmologists have worked with RNIB to create [information booklets](#).

There is lots of information for patients on common eye conditions on the [NHS website](#).

As a specialist eye hospital [Moorfields Eye Hospital provides a host of patient information on eye conditions](#). Many local hospital trusts may have their own tools for local adoption.

There are several organisations within the third sector such as the [Macular society](#), [RNIB](#), [Glaucoma UK](#) and [Fight for Sight](#) who provide information and support to patients.

Allergic conjunctivitis	Allergic conjunctivitis - AOP
AMD	AMD Look After Your Eyes- College of Optometrists
	Age-related macular degeneration - Macular Society.
	Macular degeneration: what you need to know - ABDO
	Age-related macular degeneration - AOP
Blepharitis	Blepharitis - Look After Your Eyes, College of Optometrists
	Blepharitis - NHS
	Blepharitis: what you need to know - ABDO
	Blepharitis: what is it and how do i treat it? - AOP
	What is Blepharitis? - Glaucoma UK
Chalzion	Chalazion (meibomian cyst) - Look After Your Eyes, College of Optometrists
	Eyelid problems - NHS
Conjunctivitis	Conjunctivitis - NHS
	Bacterial and viral conjunctivitis - AOP
Corneal Problems - Herpes Simplex	Herpes simplex keratitis - Look After Your Eyes, College of Optometrists
	Herpes simplex eye infections - NHS
Corneal Scratch	Scatched cornea - AOP
	Eye injuries - NHS
Dry Eye	Dry eyes - NHS
	Dry eye - Look After Your Eyes, College of Optometrists
	Dry eye syndrome symptoms, causes and treatment - AOP
	Dry eye: what you need to know - ABDO
Eyelid Twitching	Twitching eyes and muscles - NHS
Flashes and Floaters	Floaters and flashes - Look After Your Eyes, College of Optometrists
	Floaters and flashes in the eyes - NHS
	Flashes and floaters - AOP

Links correct at time of publishing (June 2024)

Glaucoma	Glaucoma - NHS
	Glaucoma symptoms and treatment - AOP
	About Glaucoma - Glaucoma UK
	Primary Angle Closure Glaucoma - Glaucoma UK
Itchy Eyes	Itchy eyes (pruritus) - Look After Your Eyes, College of Optometrists
	Eyelid problems - NHS
Lid Disorders	Ectropion - NHS
	Eyelid problems - NHS
MGD	Meibomian gland dysfunction (MGD) symptoms and treatment - AOP
PVD	Posterior vitreous detachment - RNIB
	Floaters and flashes in the eyes - NHS
	Living with Posterior Vitreous Detachment - Guide Dogs
Red Eye	Red eye: what you need to know - ABDO
	Red Eye - NHS
Retinal Detachment	Retinal Detachment - ABDO
	Detached retina (retinal detachment) - NHS
	Detached retina - Look After Your Eyes, College of Optometrists
Retinal Vein Occlusions	Retinal vein occlusion (RVO) - Macular Society
	Retinal vessel occlusion RNIB
Shingles	Shingles - NHS
Stye	Stye - NHS
Uveitis	Uveitis - Look After Your Eyes College of Optometrists
	Uveitis - NHS
Visual Disturbance / Migraine	Visual disturbance (visual aura, migraine aura) - Look After Your Eyes College of Optometrists
	Retinal migraine - NHS
Watering Eyes	Watering eyes - NHS

Links correct at time of publishing (June 2024)

Areas	Measure	Achievable Standard
Access (access to the service in a timely way)	Number and percentage of people triaged within 4 hours of presentation (within usual working hours, Monday to Saturday)	80%
	Number and percentage of people seen in accordance with triage outcome timescales	
Activity	Number of people presented to the service	
	Number and percentage of people care navigated to another service / selfcare at triage	
	Number and percentage of people per consultation type (remote/in-person)	
	Number and percentage of people DNA (including those who cancelled) for their initial consultation	<20%
	Number and percentage of people required follow-up assessment (remote/in-person)	
Outcomes	Number and percentage of people managed within the service	
	Number and percentage of people referred urgently (GP/ HES)	
	Number and percentage referred routinely (GP/HES)	
Patient satisfaction/ PROMs	e.g. Friends and Family test	

Retrospective audit examples for local consideration:

- ◆ Where would the patient have gone if this service had not been available?
- ◆ How was the patient directed into the service?
- ◆ Outcome of the referral to GP
- ◆ Outcome of the referral to HES, to include percentage of patients referred back to CUES for management following initial HES appointment.
- ◆ Presenting symptoms and clinical diagnosis
- ◆ Outcome of the follow-up assessments by diagnosis
- ◆ Audit of clinical appropriateness for service/hospital urgent care service
- ◆ Overall patient experience and satisfaction e.g. % of patients who received information about their condition, reported that they found this information helpful to
 - o better understand their condition and the service pathway delivering its management
 - o manage their condition when directed to self-care
- ◆ Audit of people “fully managed” within the service but who return to the service or elsewhere (e.g. HES ED) within 3 months.

Local service evaluations and case studies can be found here.

Summary of Published Papers

A literature search was done to identify published research and case studies on urgent and emergency eyecare services in England. Key documents are detailed here and will be updated regularly.

Please contact LOCSU by emailing info@locsu.co.uk if you are aware of other published research or case studies that should be considered for inclusion.

Published Paper	Summary points of interest
<p><u>Evaluation of the Manchester COVID-19 Urgent Eyecare Service (CUES)</u></p> <p><i>Kanabar, R., Craven, W., Wilson, H. et al. Evaluation of the Manchester COVID-19 Urgent Eyecare Service (CUES). Eye 36, 850–858 (2022). https://doi.org/10.1038/s41433-021-01522-0</i></p>	<p>Pressure on capacity in ophthalmology alongside the COVID-19 pandemic led to the development of the COVID-19 Urgent Eyecare Service (CUES), allowing patients to receive a prompt ophthalmic consultation, including remotely. The aim of this study was to conduct a service evaluation of CUES in Manchester.</p> <p>This evaluation of CUES demonstrates a high level of primary care activity alongside a sustained reduction in Emergency Eye Department (EED) cases. The case-mix of patients seen within EED following referral appears to be of a less benign nature than those cases seen prior to the introduction of CUES.</p> <p>Contemporaneously, the main provider EED attendances were reduced by 37.7% per month between April and December 2020 inclusive, compared to the same months in 2019.</p>
<p><u>Development and implementation of a Greater Manchester COVID19 Urgent Eyecare Service.</u></p> <p><i>Harper, R.A., Dhawahir-Scala, F., Wilson, H. et al. Development and implementation of a Greater Manchester COVID19 Urgent Eyecare Service. Eye 35, 705–708 (2021). https://doi.org/10.1038/s41433-020-1042-6</i></p>	<p>In response to COVID-19, NHS England (NHSE) set out that urgent eye care would need to be commissioned and delivered through a contract with local commissioners.</p> <p>CUES was commissioned in Manchester for six months. They believe that a key strength of the development and implementation described is stakeholder engagement in an increasingly complex NHS commissioning landscape. NHSE have proposed a number of expected benefits of CUES, not least safe and effective reduction in ophthalmology attendances. An evaluation across primary and secondary care is planned to address the all-important question of whether CUES will reduce the queues.</p>

<p><u>Reassurance on false negatives in the Manchester COVID19 Urgent Eyecare Service (CUES)</u></p> <p><i>Williams, E., Craven, W., Wilson, H. et al. Reassurance on false negatives in the Manchester COVID19 Urgent Eyecare Service (CUES). Eye 36, 12–14 (2022). https://doi.org/10.1038/s41433-021-01774-w</i></p>	<p>This evaluation of a non-referred population seen in primary care CUES supports the view that the service is clinically safe.</p> <p>False-positive rate of 0.23% for moderate-to-high risk of sight loss cases.</p> <p>They believe that this additional analysis and our earlier evaluation strongly supports the ongoing commissioning of CUES in primary care.</p>
<p><u>A Catalyst for change</u></p> <p><i>Desai, P., Parkins, D. & Richmond, Z. A catalyst for change. Eye 35, 1037–1040 (2021). https://doi.org/10.1038/s41433-020-01176-4</i></p>	<p>Discussion paper following the introduction of CUES.</p> <p>The key principles for the delivery of a CUES service are collaborative, co-management of patients between primary eye care and specialist ophthalmic (hospital based) professionals, based on clinical risk stratification of the patient’s presenting condition; supported by the establishment of regular advice and guidance processes to aid clinical decision-making and remote management.</p> <p>As demonstrated by its uptake, CUES has met its service objectives, and through its service principles and service enablers it has been a catalyst for change. The processes established by the principles for service delivery not only built on existing good practice, but notably encouraged professional confidence to participate in service provision where this had previously not been forthcoming.</p>

Clinical safety of a minor eye conditions scheme in England delivered by community optometrists.

Konstantakopoulou E, Harper RA, Edgar DF, et al Clinical safety of a minor eye conditions scheme in England delivered by community optometrists BMJ Open Ophthalmology 2018;3:e000125. doi: 10.1136/bmjophth-2017-000125

Aim to monitor safety within a commissioned MECS in Lambeth and Lewisham, London.

The findings of this study indicate that optometrists are in a good position to work very safely within the remits of the scheme and to assess risk.

A total of 2123 patients (mean age 47 years) were seen over 12 months. Two-thirds of the patients (67.3%) were referred by their GP. The most common reasons for patients needing a MECS assessment were 'red eye' (36.7% of patients), 'painful white eye' (11.1%), 'flashes and floaters' (10.2%); 8.7% of patients had a follow-up appointment. Of the patients seen, 75.1% were retained in the community, 5.7% were referred to their GP and 18.9% were referred to the HES. Of the HES referrals, 49.1% were routine, 22.6% urgent and 28.3% emergency. Of the records reviewed, 94.5% were rated as appropriately managed; 89.2% of the HES referrals were considered appropriate.

The Lambeth and Lewisham MECS demonstrates clinical effectiveness, reduction in hospital attendances and high patient satisfaction and represents a successful collaboration between commissioners, local HES units and primary healthcare providers.

Evaluation of a minor eye conditions scheme delivered by community optometrists

Konstantakopoulou E, Edgar DF, Harper RA, et al Evaluation of a minor eye conditions scheme delivered by community optometrists BMJ Open 2016;6:e011832. doi: 10.1136/bmjopen-2016-011832

Aim to evaluate the clinical effectiveness, impact on hospital attendances and patient satisfaction with a minor eye service provided by community optometrists.

A total of 2123 patients were seen over 12 months. Approximately two-thirds of patients (67.5%) were referred by their GP and a total of 64.1% of patients were managed in optometric practice and 18.9% were referred to the HES; of these, 89.2% had been appropriately referred. First attendances to HES referred by GPs reduced by 26.8% (95% CI -40.5% to -13.1%) in Lambeth and Lewisham compared to Southwark.

The Lambeth and Lewisham MECS demonstrates clinical effectiveness, reduction in hospital attendances and high patient satisfaction and represents a successful collaboration between commissioners, local HES units and primary healthcare providers.

Analysis of UK eye casualty presentations

Maclsaac, J. C., Naroo, S. A., & Rumney, N. J. (2021). Analysis of UK eye casualty presentations. Clinical and Experimental Optometry, 105(4), 428–434.
<https://doi.org/10.1080/08164622.2021.1937949>

Analysis highlights the value of commissioned local optometric community services to address acute ocular symptoms and the value of an independent prescribing qualification in helping to further alleviate the burden on hospital emergency eye services.

The records of 421 patients were organised by the source of referral and condition diagnosed by the hospital practitioner. 33% of optometrist referrals could have been managed by an independent prescribing optometrist. 92% of patients presenting from general practitioner referrals and 83% of self-referrals could have been assessed via the local optometric scheme. 66% of patients attending hospital for follow-up could have been seen within the community.

Acute community ophthalmology services provided by independent prescribing optometrists supporting hospital eye services during the COVID-19 outbreak

Ejaz Ansari, Manish Patel, Deacon Harle, Acute community ophthalmology services provided by independent prescribing optometrists supporting hospital eye services during the COVID-19 outbreak, Journal of Optometry, Volume 15, Issue 2, 2022, Pages 175-178, ISSN 1888-4296,
<https://doi.org/10.1016/j.optom.2021.01.002>

Specialised Independent Prescribing (IP) community optometrists provided acute eye care during the COVID-19 crisis, ensuring that over-stretched hospital emergency eye care was supported and therefore local overall urgent eye care provision was not affected. Most cases managed in community with 4% referral rate to hospital rapid access clinic.

Ophthalmology services delivered by IP specialised optometrists can safely and efficiently treat and manage the vast majority of urgent cases and mitigate the reduced capacity within hospital emergency eye clinics. Their experience provides insights into care pathways for urgent eye cases in the future.

Effect of the COVID-19 Urgent Eyecare Service on patient referrals to general practitioners and Hospital Eye Service

Amjad, H., & Rumney, N. Effect of the COVID-19 Urgent Eyecare Service on patient referrals to general practitioners and Hospital Eye Service, Eye News; 2023(4)

The study contributes a clearer understanding of the positive impact of CUES to managing acute eye conditions in community practice. The importance of IP in the evolution of optometry is clear, especially as the NHS recovers from the aftermath of COVID-19. CUES steers patients away from secondary care and increases the responsibilities of community optometrists.

Optometry practice in the UK in 2020 during the COVID-19 pandemic: initial response and ongoing clinical implications

Allen, P. M., Beukes, E., Smith, L., Nagra, M., Norgett, Y., Bowen, M., & Vianya-Estopa, M. (2021). Optometry practice in the UK in 2020 during the COVID-19 pandemic: initial response and ongoing clinical implications. Optometry in Practice, 22(2).

The article recognises that the pandemic acted as a catalyst for improving some aspects of eyecare (e.g. streamlining services and improving communication with secondary care colleagues). Steps for a more proactive, rather than reactive, approach are recommended.

Key guidance requirements include:

- Continued evidence-based revision of guidelines and protocols for triaging to new pathways and remote consultations

LOCSU regularly works with LOCs across England to co-design and develop local audits on LOCSU pathways into case studies. A summary of LOC case studies and local audits relating to the community minor and urgent eye care provision is provided below.

Please contact LOCSU if you are aware of any other case studies that could be included, or ideas of case studies to be developed, by emailing info@locsu.co.uk.

Case study	Summary
<p><u>Referral Feedback Within CUES in Manchester</u></p>	<p>Example of effective collaboration between Optometry and Ophthalmology.</p> <p>Feedback on referrals helps to improve skills and clinical confidence in referral decision making. Provides case examples.</p>
<p><u>CUES in action – rising to the challenge of Covid-19 in Oldham</u></p>	<p>Discussion piece explaining how decisive commissioning led to CUES implementation at a time of need.</p>
<p><u>CUES established in Bath and North East Somerset, Swindon and Wiltshire in record time</u></p>	<p>85% of patients have been fully managed in the service with excellent service user experience and positive feedback. 150 face-to-face appointments avoided with 22% managed entirely through the virtual service, ensuring patient and practitioner safety.</p> <p>COVID-19 Urgent Eyecare Service (CUES) established in Bath and North East Somerset, Swindon and Wiltshire in record time - implementation took just 6 days.</p>
<p><u>Improving IP Optometrist access to FP10's</u></p>	<p>In April 2021 only 27% of IP Optometrists reported having access to FP10 pads.</p> <p>2021-22 saw a significant shift in the access to FP10's for IP optometrists in areas that have CUES or MECS commissioned. Implementation of the National Eye Care Recovery and Transformation Programme (NECRTP) guidance on optimising current contracts should continue to see access improve. Allowing more patients to be fully managed in primary care supports the NHS Long Term Plan aims of delivering care closer to home and out of hospital.</p>

Case study	Summary
<p><u>Primary Eye Care Service Improves Patient Experience in Morecambe Bay</u></p>	<p>There was a rising demand for ophthalmology services; lack of coordination between primary and secondary care and fragmented primary care delivery of locally commissioned services.</p> <p>Following patient consultations, an integrated eye service was commissioned.</p> <p>Patient feedback on the Minor Eye Conditions Service, collected through PROMS is highly positive and urgent and non-urgent cases are being seen in an appropriate and timely way. 99% of patients with urgent symptoms seen within 48 hrs. 94% of non-urgent cases seen within 5 days and 98% of service users likely to recommend the service.</p>
<p><u>Introduction of Electronic Triage in a Minor Eye Conditions Service in Devon</u></p>	<p>Introduction of electronic triage within an established MECs service and support for patient self-care.</p> <p>The introduction of the primary care MECS service in October 2018 led to a significant reduction in demand for the walk-in urgent care service delivered by the hospital and so MECS delivered in its aim to ease the workload at the local hospital's urgent care department.</p> <p>By introducing the electronic triage system approximately 20% of people presenting to MECS were care navigated to another service or managed with very simple advice and guidance to enable self-care to take place.</p> <p>The introduction of the electronic triage system within the primary care service did not result in an increase to activity in the acute sector.</p>

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