Learnings from Hertfordshire LOC: Using Local Audits to Show the Need for Urgent Eyecare Services

Audience: This case study is written for LOCs who are interested in collecting local evidence to support service development and engagement with commissioners.

At A Glance

Purpose: To test a simple process for collecting local audit data from both optometry practices and a hospital eye casualty clinic to help build a case for CUES.

Approach: Ran two audits in parallel to look at how urgent eye presentations are being managed in the area.

Learning: The approach can be used by other LOCs to gather strong local evidence to support service development.

Impact: Helped build better links with local services and gave the LOC evidence of need to take to commissioners.

Introduction

Despite over 75% of Integrated Care Boards (ICBs) in England commissioning MECS (Minor Eye Conditions Service) or CUES (COVID-19 Urgent Eyecare Service) services, Hertfordshire and West Essex ICB has historically declined to commission any enhanced services from primary care optometry, initially citing a lack of need and more recently, limited funding. This position has persisted despite repeated lobbying by Hertfordshire LOC and clear practitioner support.

Practitioners in the area have consistently expressed support for the introduction of a minor and urgent eye care service. In a survey conducted by Hertfordshire LOC last year, 75% of responding optometrists indicated that commissioning such a service should be a top priority for the LOC.

With national discourse increasingly supporting the use of primary care optometry to ease pressure on NHS services, Hertfordshire LOC saw an opportunity to develop a compelling, data-driven business case to influence local commissioning decisions.

To help make the case, the LOC carried out an audit to collect local evidence and show what is happening when people need urgent eyecare as patients with acute red eye and similar symptoms cannot be seen under an NHS sight test.

What Was Done?

The committee began by discussing a strategic approach. We engaged the support and expertise of neighbouring LOCs and our LOCSU Advancement Lead. With their help, we established that, in order to persuade the ICB of our case, we would need to develop a strong business case, built around sound data and evidence of clinical need.

Working with the Research Lead at LOCSU, the team developed a dual-audit approach to collect local evidence of how urgent eye problems are currently managed in both optometry practices and in hospital eye casualty clinics.

This process gave us a better understanding of how an audit differs from surveys and how audits can offer more robust evidence of need and strengthen our case. We also learned key principles for designing and running an effective audit.

Audits
It was agreed that the audit would be run in two parts simultaneously.

Primary Care Audit: The first part involved four optometric practices across the area recording all CUES type presentations over a four-week period in March 2025. The participating practices were carefully selected to ensure a mix of geographic locations, patient demographics and provider types – including both independent and multiple stores.

Secondary Care Audit: In parallel, the second part was led by the Hospital Optometrist who sits on our committee, recording urgent eye cases seen in an eye casualty clinic that could have been managed in primary care between January and February 2025.

To collect the data efficiently, we chose to use online Microsoft Forms, a platform the LOC were already familiar with. We used “branching logic’’ to simplify the forms for the users, so that the form only showed questions relevant to the user’s previous responses.

This made the form quicker and easier to complete, which helped reduce the burden on participating practices.

In addition to recording clinical presentations, we recognised the importance of capturing cases where patients presented with CUES type symptoms but did not proceed to see an optometrist, especially where cost was a barrier. These instances highlighted potential inequities in access to care and the emergence of a two-tier system. The practice owners, managers and the hospital optometrist, were fully involved throughout the process and played an active role in how the audits were run.

Following notification of our planned audit, the ICB responded positively, indicating that they would consider building a business case around urgent eyecare services. The LOC welcomed this as a step in the right direction.

The proposed audit forms were refined in collaboration with LOCSU to ensure they were clear, easy to use and directly aligned with our research question:

"How are patients with urgent eye symptoms being managed in an area without a commissioned CUES service?"

The LOC ran a short pilot audit across two of the participating practices over a two-day period to check for issues, test form usability and fine-tune the process. The pilot revealed a branching issue with one of the audit questions and also highlighted the need for creating a separate, simplified audit form for front-of-house staff. This additional form was specifically designed to capture the data where patients declined urgent optometrist assessments and planned to go elsewhere. Following these improvements, a start date for the full audit was confirmed.

Outcomes

The dual audits provided robust evidence of clinical need and informed Hertfordshire LOC's ongoing discussions with the ICB.

Primary Care Audit

- 67 urgent eyecare presentations were recorded across four optometric practices, over a four-week period in March 2025
- 56 patients paid privately for an urgent optometric assessment as no NHS funded service was in place – raising concerns about access and equity
- 6 patients declined private optometry care altogether and planned to seek the opinion of a GP/pharmacist, attend A&E or try another optical practice. Cost was cited as the main barrier for one patient
- A wide range of presenting symptoms were recorded. The most common presenting symptoms in primary care were ocular pain or discomfort, followed by red eye, blurry or reduced vision, watery or dry eyes, flashes and floaters, ingrowing eyelashes and foreign body sensation. These align closely with typical CUES inclusion criteria, further supporting the appropriateness of optometric management for these patients
- **63 patients out of 67 (94%)** were clinically appropriate for a commissioned CUES service (CUES criteria was met)

Secondary Care Audit

- 85 eye casualty cases were reviewed between January and February 2025
- Approximately 50% of patients self-referred to eye casualty and accessed secondary care services directly
- Ophthalmologists within eye casualty managed 80% of these 85 urgent care cases
- Presenting symptoms were consistent with those in the primary care findings
- **44 patients out of 85 (51.8%)** were found to be suitable for management in primary optometry, under a CUES service

Figure 1 below shows the spread of primary symptoms presenting in primary care across four optical practices. The most common presenting symptoms in primary care were ocular pain or discomfort, followed by red eye, blurry or reduced vision, watery or dry eyes, flashes and floaters, ingrowing eyelashes and foreign body sensation.

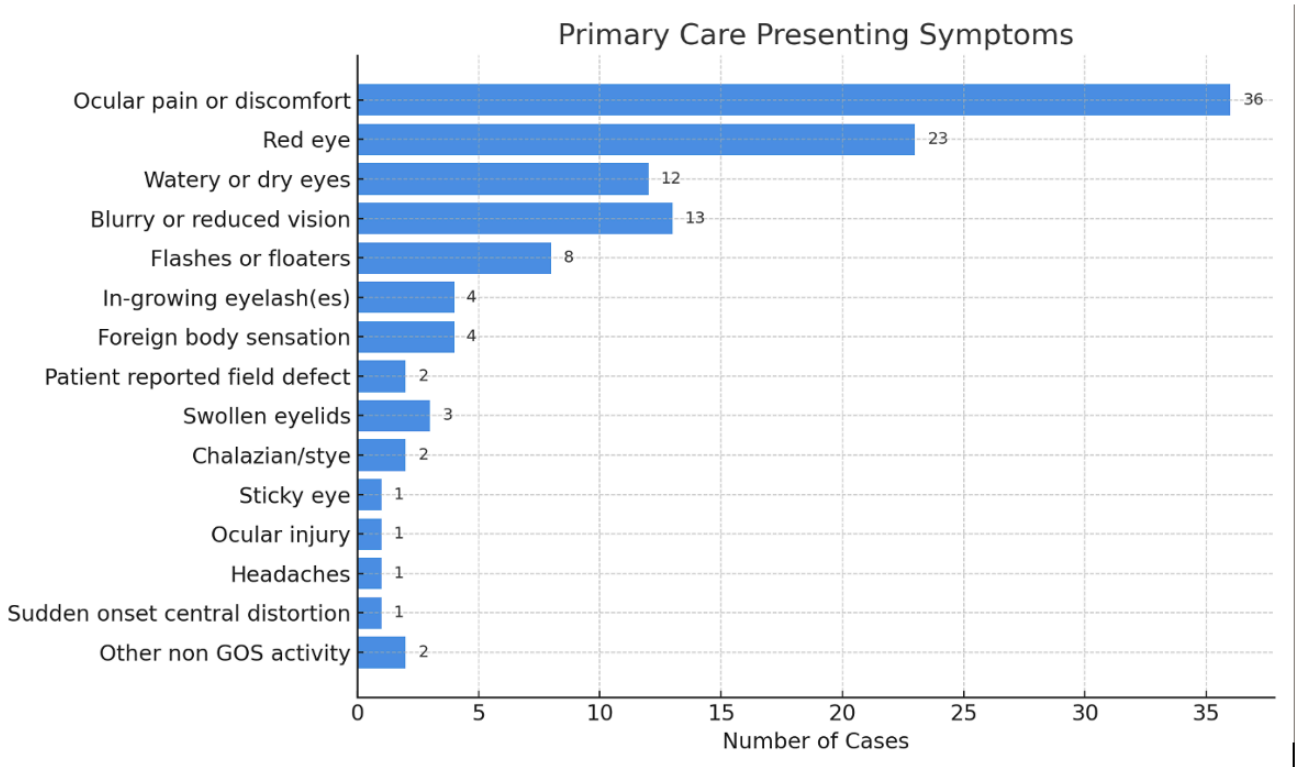


Figure 2 below shows the spread of primary symptoms presenting in secondary care within an eye casualty clinic. The most common presenting symptoms in secondary care were ocular pain or discomfort, followed by red eye, blurry or reduced vision, flashes and floaters, watery or dry eyes, swollen eyelids and foreign body sensation.

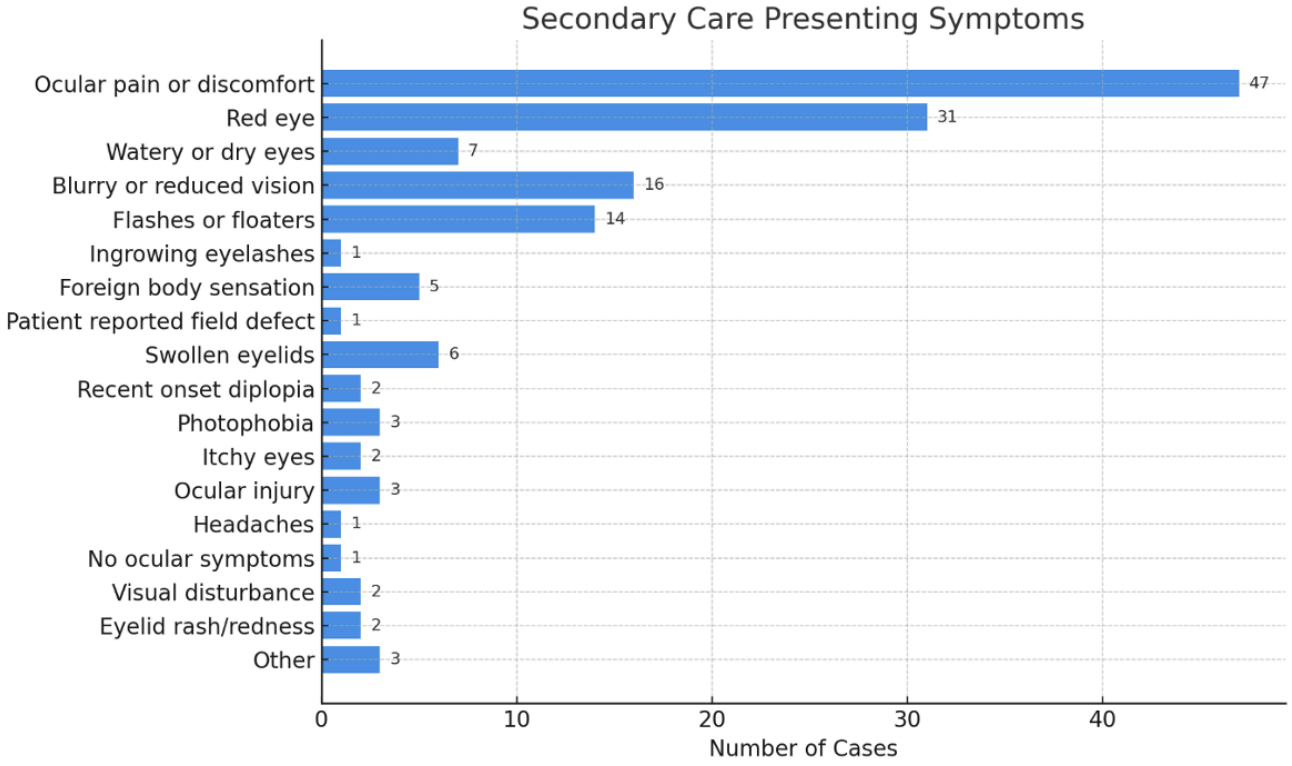


Figure 3 below shows that 63 out of 67 patients (94%) presenting to primary care with urgent eye conditions were deemed clinically appropriate for management under a CUES pathway. Only 4 patients (6%) were considered not appropriate for CUES.

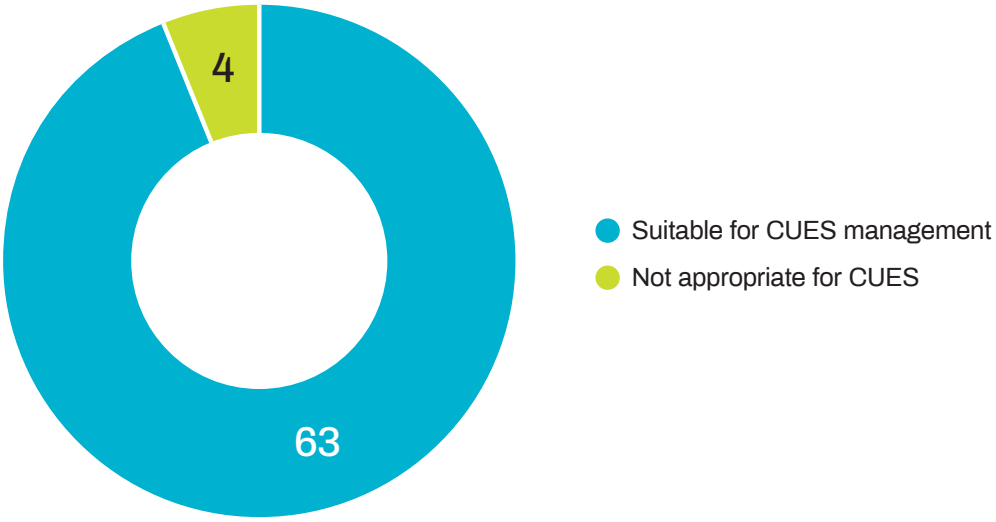
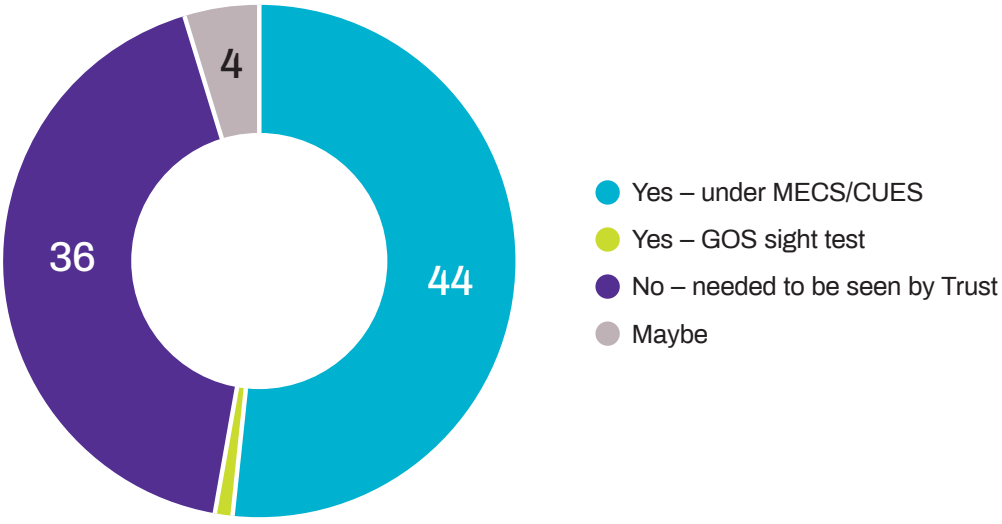


Figure 4 below shows the suitability of management of urgent care patients outside of hospital-based care based on clinical assessment. Among the 85 patients seen within secondary care, 44 patients (51.8%) were suitable for primary care management under a CUES service.



The audits highlight a clear clinical need for a funded urgent eyecare service within primary eyecare. This would ensure that patients are not required to pay privately for urgent optometric assessments, particularly those who cannot afford to pay or those that can pay but would struggle to do so. A funded service would also help reduce pressure on hospital eye departments and improve access by enabling patients to be managed closer to home.

Importantly, the project also strengthened relationships — with providers, the hospital, and the ICB — and helped build momentum for future service development.

Key Learnings for other LOCs

Planning and preparation take time – Allow more time than expected for designing a nd setting up the audit process as well as discussions and approvals within the LOC. A co-design process takes time but adds value.

Seek peer support – Talk to neighbouring LOCs, those LOCs who have successfully commissioned services, and your LOCSU Advancement Lead for insights and advice.

Understand the difference between an audit and survey – This is essential. Using existing templates and accessing audit resources helps ensure your audit is robust and fit for purpose.

Stay focused on your research question – An audit could end up involving too many questions and become too complex, making it time-consuming to complete. Keep it clear and manageable by staying focused on your research question and what you want to find out.

Value mentorship – Being guided by a mentor or experienced colleagues can save time, improve the content of the questions asked and therefore enhance the quality of the data produced.

Include support staff – Admin and support staff can play a key role in recording important episodes such as where a patient declined seeing an optometrist. Appointments may be declined due to cost, and it is vital that these episodes are captured.

Be realistic – Accept that, even with a strong, evidence-based business case built around a comprehensive audit, there is no guarantee of commissioning success. However, this work is still essential for advocating equitable patient care and representing optometrists by ensuring they are recognised and fairly reimbursed for their role in managing urgent eye cases within the community.

Conclusion

This project helped Hertfordshire LOC build a clearer picture of what is really happening locally when patients require urgent eyecare. The audits highlighted the gap left by not having a commissioned service. It has shown that in the absence of a commissioned urgent eyecare service, patients are left to either pay privately, access care via already stretched hospital services, or potentially delay seeking help altogether.

It also helped build the LOC's confidence in engaging with stakeholders, strengthen relationships between primary and secondary care providers and gave the LOC invaluable evidence to support discussions with commissioners.

The findings provided local evidence to demonstrate that a significant number of urgent eye cases can be safely managed within primary care optometry, provided there is appropriate triage, clinical governance, and collaboration with secondary care. As a result, an urgent eyecare pathway within primary optometry is now under consideration for commissioning by the ICB.

For other LOCs thinking about doing something similar, this is a simple and flexible model that can be adapted to suit local needs. It's not just about collecting numbers – it's about starting better conversations and making a stronger case for change with real examples from your area.

Supporting Information

The College of Optometrists Clinical Audit Guidelines
college-optometrists.org/clinical-guidance/supplementary-guidance/clinical-audit-in-optometric-practice

The College of Optometrists Clinical Audit in Optometric Practice Course
learning.college-optometrists.org/course/view.php?id=366

A Defining Research table – A helpful table showing the difference between research, service evaluations and audits:
hra-decisiontools.org.uk/research/docs/DefiningResearchTable_Oct2017-1.pdf

MacIsaac, J.C., Naroo, S.A. and Rumney, N.J., 2022. Analysis of UK eye casualty presentations. Clinical and Experimental Optometry, 105(4), pp.428-434.
tandfonline.com/doi/abs/10.1080/08164622.2021.1937949

LOC Case Study — Hertfordshire LOC

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