

## Lancashire and South Cumbria Tier 1 Ophthalmology Service CUES

CUES (Community Urgent Eyecare Service) enables patients to be seen in community optical practice for urgent assessment of acute ocular presentations.

Requirements are as follows:

Optometrists – core competency i.e. no accreditation required.

Contact Lens Opticians – ABDO MECS

For CLOs to examine patients an optometrist also needs to be present on site at the time of the examination in case any prescribing is required or in case of posterior segment issues identified during the episode. The accreditation can be uploaded in [Practitioner Profiles - OPERA \(optom-referrals.org\)](https://www.referrals.org)

Pre-Reg Optometrists – we would encourage pre-reg optometrists to be exposed to CUES patients. While pre-reg optometrists should assess and examine CUES patients the patient would also need to be directly examined by and have the Opera clinical record completed by an accredited practitioner.

### **Eligibility:**

Patients must be registered with a GP practice within Lancashire and South Cumbria, including members of travelling and homeless communities.

Temporary residency registrants for CUES Assessments

No age restrictions, young or old.

Patients may self-refer or may be referred by another optical practitioner, NHS 111, General Medical Practice, A&E, Urgent Treatment Centres, Minor Injury Units, Hospital Eye Clinics, Pharmacies, Social Services, or voluntary/independent organisations.

Adult patients who self-refer with new, recent-onset, mild ocular redness, stickiness, or grittiness should not enter CUES but be redirected to self-care and community pharmacy. CUES may be accessed if symptoms persist.

CUES can address the following presentations:

- Acute visual changes – flashes and floaters, visual distortion, sudden or transient vision loss/reduction, field loss, and diplopia.
- Ocular discomfort – painful, red, sore, sticky, watery, itchy, dry, or irritated eye(s) or eyelid(s).
- Abrasions and foreign bodies – known history of low velocity, non-penetrating, and non-chemical injury.
- Other presentations requiring urgent clinical investigation but not suitable for GOS and not appropriate for eye casualty.

CUES is not optimal for the following presentations:

- Sudden and sustained loss of vision, or vision loss with malaise
- Chemical or high velocity/penetrating eye injuries
- Post-operative complications from recent eye surgery
- Sudden onset diplopia
- Headaches with no visual symptoms

Patients should be redirected to a more appropriate setting unless,

- they have already been redirected into CUES from elsewhere.
- they are unable to access alternatives within suitable timescale.

### **IP & OCT**

Optical practices should work as a collaborative network, directing patients to sites with Independent Prescribing and OCT scanning facilities where triage indicates this is likely to be beneficial to diagnosis or management. Please note that OCT can only be claimed for patients with a sudden drop in vision with central distortion and not for any other presentations.

Optical practices will provide CUES screening/triage immediately upon patient contact to establish service eligibility and suitability. Screening/triage will assist in risk stratification, indicating the required timescale for clinical assessment and the appropriate appointment type (telemedicine / face-to-face). Initial clinical consultations (telemedicine or face-to-face) will be offered based on clinical need but no later than 24 hours from presentation at a location within the service. Following telemedicine an additional face-to-face assessment may be indicated and will be booked according to clinical need, up to a maximum of 5 days later.

While it is ideal to perform a live screening on the Opera platform it is also handy to have a paper copy of the triage sheet, a copy of which is attached. This can be used if required and the patient can subsequently be added to Opera if necessary.

### **Fees**

Fees for CUES are:

Telemedicine and / or Face To Face (single fee, not a fee for each): £50.00

OCT uplift (to be claimed for those with a sudden drop in vision with central distortion only)  
£25.00

IP uplift: £35.00

**Bypassing the telemedicine form if initial assessment is face to face:**

If the initial assessment of the patient is face to face then please “change the status of the referral” and select “Face to face” instead of undertaking the telemedicine episode using the method in the following guide: [Editing the outcome of a form - OPERA \(optom-referrals.org\)](https://www.optom-referrals.org)

Once updated, please click the yellow tab and enter the clinical information.

