



COVID-19 Urgent Eyecare Service (CUES) established in Bath and North East Somerset, Swindon and Wiltshire in record time

At a glance

Challenges

Against the backdrop of COVID-19, hospital eye departments were stretched. At the same time, patient anxiety meant many with potentially damaging eye problems were reluctant to visit GP or hospital. NHSE recommended that urgent eyecare should be delivered locally.

Objectives

Reduce the number of patients presenting at hospital eye departments. Provide urgent eye care in the community and reduce patient anxiety and the need for long journeys to eye casualty departments.

Solution

The COVID-19 Urgent Eyecare Service (CUES) was implemented in just 6 days, delivering urgent eye care through primary care optical practices.

Outcomes

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.

Introduction

In response to the pressures exerted by the pandemic on secondary care services, NHS England recommended that commissioners explore innovative ways to deliver patient services in primary care. As a result, the Bath, North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (CCG) commissioned the COVID-19 Urgent Eyecare Service (CUES) with the aim to provide urgent eye care in the community and reduce numbers of patient presentations within the hospital eye services.

CUES commenced on 18th May 2020 and is provided by Primary Eyecare Services (PES) via a network of optometry practices. Presenting symptoms will typically include a red or painful eye, foreign body in the eye, sudden changes in vision, or flashes and floaters which might suggest a retinal detachment.

The patients that have used the service have ranged in age from 14 months old to 94 years.



Solution

Acting rapidly to meet patient needs, local partners developed their accessible urgent eyecare service in just six days. This is an astonishing feat of efficient project management and collaboration between the CCG, Local Optical Committee and Primary Eyecare Services. CUES is best placed to provide urgent eye care close to patients' homes preventing the need for them to travel into the hospital.

The service aims to reduce anxieties for people presenting with new and serious eye conditions, whilst at the same time eliminating long (and stressful) journeys to hospital eye casualty units.

Patients accessing the service received a telemedicine consultation with an optometrist within 2 hours and a face-to-face appointment (where indicated) within 48 hours to allow for swift diagnosis and management of their urgent symptoms.

Results

Between 18th May 2020 and 30th June 2020, a total of 411 patients presented to the 29 BSW CUES provider practices and were screened for CUES eligibility. Of these, 369 were eligible and went on to receive clinical care under the urgent eyecare service.

The 42 patients who were triaged and found not to be eligible for CUES were given appropriate advice e.g. self-care advice, directed to pharmacy, or advised that an essential or routine sight test was more appropriate. This advice and signposting to an appropriate service provides an additional level of patient care at no additional cost to the CCG.

Many patients, particularly more vulnerable patients, have been worried about attending hospital and without the CUES service these patients may not have sought help for their potentially sight-threatening symptoms.

"I awoke to strange white flashes in my vision to the side of my eye (periphery vision). This really worried me as I am nearly 60 and I thought that something was wrong with my brain. I didn't have any pain but felt lightheaded. I called my GP and was told they couldn't see me but could recommend me contacting the new eye care service, which I did and was able to be seen within two hours. I was told that the flashes were to do with my retina and not to worry but could be treated by my optometrist. I live in Devizes and if this service did not exist, I would have had to travel one and half hours to the nearest hospital and because I do not drive, I would have had to find someone to take me and wait around until I could be seen – which could take hours. I am very grateful and pleased with the service."

Service User

"Since inception, the service has received excellent feedback from service users. Impact on hospital eye casualty is difficult to analyse due the way that data is collected, however, due to the rigorous entry requirements, it is safe to assume that patients presenting to CUES are very likely to have sought medical treatment from primary or secondary care."

Commissioner



Further examples of early CUES appointments

- A patient presenting with patchy central vision was found to have a central retinal vein occlusion (a blockage of the main retinal vein) leading to bleeding across the back of the eye. This patient was referred both to the hospital eye department and to his GP to find the underlying health problem that may have caused the occlusion. He was very impressed and grateful that he was dealt with so quickly and reassured under an NHS service.
- A patient presenting on the request of the hospital with reduced vision thought likely due to longstanding dry eye was found to have extremely elevated pressure in the eye. This could have led to vision loss without timely referral and treatment.
- A child whose parent knocked on the door of a practice was seen under CUES and had a tick removed from the margin of the eye.
- Patients have had foreign bodies removed from their eyes, including pieces of metal, avoiding an emergency trip to an eye hospital.
- In the first few months, a single practice identified 3 new cases of wet Age Related Macular Degeneration, a condition that needs urgent treatment if any vision is to be preserved.

"It has been so rewarding to be involved with a brand-new service right from the outset. CUES has offered patients in BSW a safe, local service for their urgent eyecare needs at a time when they have needed it most. I am so proud of what we have achieved working with a committed and forward-thinking commissioner and a network of practices who have embraced a new service and put the needs of patients at the forefront through some very challenging times. I hope the CUES services across the country, and the development of the Opera platform with all its connectivity and capability to really change community eyecare services for the better, will be a real positive to come out of a difficult year."

Amy Hughes, Clinical governance and performance lead for CUES is proud of her involvement and the local leadership

Outcomes

CUES is now a well-established and essential service, delivering urgent eyecare locally seven days a week across Bath, North East Somerset, Swindon and Wiltshire (pop size c. 950k).

The outcomes below are for the most recent quarter from 1st October until the 31st December 2020, inclusive, a total of 684 patient episodes.

- Most patients self-presented directly to optical practice (60%) with 34% being signposted from primary care (GP, pharmacy or non-CUES optometric practice).
 - 85% of patients entering CUES have been assessed and / or treated without the need for onward referral.
 - The most commonly diagnosed conditions within the CUES service are posterior vitreous detachment (PVD) or vitreous floaters, accounting for a third of all episodes.
 - 150 face to face appointments were avoided, with 22% of patients being fully managed remotely within the service.
 - 8% of care episodes resulted in an urgent referral to the Hospital eye service.
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Conclusion

The rapid establishment of CUES ensured patients could get easily accessible urgent care and avoid the need to travel to hospital eye services. In turn this reduced pressure on secondary care services. The majority of patients were fully managed in primary care and feedback has been very positive.

The speed at which the service was commissioned and implemented is testament to the strong collaborative working relationships that exist between all the key stakeholders in the region. It sets a blueprint for further engagements to expand the role of the primary eye care sector in delivering patient care.