

Community Eyecare Service

Primary
+ Eyecare

NHS Vale of York CCG and NHS North Yorkshire CCG

Service commencing from December 2021

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Service details

The service will provide assessment and treatment of a range of minor eye conditions for patients aged 2 years and above who are the commissioning responsibility of the commissioned CCG areas.

The service will also provide a Glaucoma repeat testing - repeat IOP and fields.

Patients can self-present to the service or attend following signposting from other healthcare professionals.

The Referral Support Service will also deflect any ophthalmology referrals back into the service where appropriate.



Service Launch Dates...

01/12/2021 in Vale of York, Scarborough and Ryedale.

01/02/2022 in Harrogate and Rural and Hambleton, Richmondshire and Whitby.



Provider Practices

GP colleagues will be provided with regular updates of participating local practices.

However, the most accurate listing will be via our website which hosts an active practice finder tool for the service.

Using a postcode the nearest provider practices can be easily located:

[Find a Practice - Search for your nearest participating optical practice \(primaryeyecare.co.uk\)](https://www.primaryeyecare.co.uk)



Minor Eye Conditions – appropriate presenting symptoms...

- Loss of vision, including transient loss
- Red eye, or other sore eyes, **where symptoms have not improved with pharmacist advised management or the pharmacist advises more urgent optician review**
- Flashes and floaters
- Blurred vision
- Monocular diplopia
- Ocular pain and irritation
- Dry eye, **where symptoms have not improved following self-management advice either from a community optometrist or a pharmacist or self-management advice is not deemed clinically appropriate**



Continued...

- **Non-penetrating foreign body, and emergency contact lens removal**
- **Corneal foreign body sensation**
- **Eye infections that have not responded to treatment**
- **Epiphora (watery eye), where symptoms have not improved with pharmacist advised management or the pharmacist advises more urgent optician review.**
- **Trichiasis (in growing eyelashes). To include epilation of the lash and repeated treatment if the patient is not willing or fit for hospital referral to the oculoplastic clinic for more definitive treatment.**



Continued...

- Differential diagnosis of lumps and bumps in the vicinity of the eye.
- Retinal lesions. Should include photography of the lesion, if possible, (i.e. within range of the camera) to be shared with the patient in case of future concerns.
- Field defects.
- Lid disease i.e. blepharitis, entropion, Meibomian gland dysfunction. Where necessary follow up after 2/3 weeks from the time of assessment to consider alternative treatment advice if no improvement.



Exclusions from the service

- People under the age of 2 years
- Diabetic retinal screening and diabetic retinopathy
- Squints, long standing diplopia
- Cataracts (which should be managed via the existing Direct Cataract Referral Scheme)
- Basic refraction
- Meibomian cysts needing excision
- Penetrating trauma*
- Orbital cellulitis*



Exclusions continued...

- Temporal arteritis*
- Ischaemic optic neuropathy*
- Suspected retinal vessel occlusion*
- Suspected cancer 2WW referrals*
- Suspect retinal detachment*
- Sudden total loss of vision*
- Significant trauma*
- Chemical burns*
- Ongoing Contact Lens complications

*In these cases, the patient should be asked to attend the Hospital Eye Service or Accident and Emergency department (please note this may also be after an initial face to face assessment if not diagnosed at triage).



Source of referral into the service

- Patient self referrals
- GPs
- GP practice staff
- Pharmacy
- A&E
- MIUs
- Referral management services
- NHS 111
- Other Optometrists in non participating practices



Referral

Patients will be signposted into the service by GP's or GP staff.

These patients should be advised to contact their chosen optical practice via telephone.

It is essential that patients are advised to telephone the practice and do not present to practice expecting to be seen immediately. This is a service with appointment provision based on triage assessment and is not a walk in service.

Patients may not be given an appointment within the service if deemed inappropriate for the service. Patients maybe advised to self care, attend a pharmacy or to attend A&E.



Triage

A patient will be triaged within 24 hours of of patient contact.

Patients presenting with URGENT symptoms should have a clinical assessment within 24 hours.

Patients presenting with ROUTINE symptoms should have a clinical assessment within 5 working days.

Where a practice is unable to see the patient within this timeframe the patient will be referred to another CECS practice where possible. Where this is not possible, a clinical judgement will be made if it is safe for the patient to be seen out with the usual timeframe, or if referral to GP out of hours service or HES is indicated.



Assessment

Patients will be assessed for their presenting condition and the outcome will be one of the following:

Discharge (with advice)

Follow up within the service

Referral to GP for other health care needs

Referral to HES (routine)

Referral to HES (Urgent/Emergency)



Onward referral

Urgent/Emergency referrals

These will be processed directly by Opera to the appropriate email within the Trust.

Routine referrals

All routine referrals will be directed via the Referral Support Service where patient choice will be offered.



Discharge

Discharge will occur when the patient's ophthalmic issue has been resolved or an appropriate shared or self-care programme has been fully implemented.

When transferring a patient to their GP, a copy of the discharge letter including the management plan will be sent to the patient.



Glaucoma repeat testing

Patients with suspected glaucoma following a GOS or private sight test due to visual field and nerve head indications can access the service; unless:

They are identified as having other signs of glaucoma and should be referred to secondary care (via their GP or using locally agreed referral protocol as appropriate) without further refinement

This service is not for patients presenting with signs of suspect glaucoma that the Practitioner would normally refer to secondary care on the basis of the initial readings e.g. high IOP and obviously cupped discs. If the discs alone are suspicious then the patient should be referred to hospital regardless of any other parameters



Glaucoma repeat testing

1. If a patient's IOP is found to be between 24-30mmHG it should be rechecked on a separate occasion, (i.e. a different day) using an applanation method (Goldmann or Perkins type) tonometry.
2. If there is a field defect present, the practitioner should repeat the visual fields full or supra threshold technique – not Frequency Doubling Technique (although this can be done as the 'first' fields). Repeat fields should be done on a separate day.



Exclusion

Patients under the age of 18

Patients who are not the commissioning responsibility of Vale of York CCG and North Yorkshire CCG.



Urgent referrals

The following would not be eligible for the service and should be referred urgently via the locally agreed protocol.

1. Acute glaucoma (angle-closure or rubeotic) – such cases should be referred as an emergency via the accepted emergency referral method.
2. Patients with new IOPs of 45mmHg and over should be referred as an emergency. Please note IOP>31mmHG should be discussed with acute service triage and have same day emergency review.
3. Patients with pressures over 35mmHg (and less than 45mmHg) or raised pressure in the presence of active uveitis should also be considered urgent.



Time frame for repeats

Patients should be offered the initial repeat reading on the same day as their sight test.

Second repeat tests should be completed within 14 working days of the initial repeat.



Failed to attend - FTA

1. Should a patient fail to arrive for an appointment, the ophthalmic practitioner must contact the patient or parent/carer within one working day, informing them that they have missed their appointment, and asking them to arrange a further appointment.
2. Should a patient or parent/carer fail to re-arrange an appointment within 7 working days of contact being made (or fail to attend or be brought to their re-arranged appointment) then the ophthalmic practitioner will discharge the patient to the care of their GP.



Referrals from GP into the service

GP's and GP practice staff will sign post patients into the service using the "find a practice tool" [Find a Practice - Search for your nearest participating optical practice \(primaryeyecare.co.uk\)](https://www.primaryeyecare.co.uk)

Please ensure that the patient is advised to telephone the practice for initial triage. An appointment will be made based on this triage assessed need.

If a patient is not appropriate for the service, they will be directed to the more appropriate service – Self care, Pharmacy or A&E.



Support from Primary Eyecare

If any GP practice would like further training for their front of house staff this can be arranged with the support of Primary Eyecare Services.

Please contact Naomi or Angela to register your interest.



Supporting documents

Patient information leaflet

Primary Eyecare Services Website

