Evaluation of the Community Urgent Eyecare Service in Greater Manchester, including the impact of Independent Prescribing

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1 Introduction

Primary Aim: To undertake a service evaluation of Greater Manchester (GM) CUES, including assessing the embedded Independent Prescribing (IP) pathway.

- To meet rising pressures in **hospital eye services** (HES) and **general practice** (GP), community eyecare services have been introduced including the **Community Urgent Eye Service** (CUES) in England.
- CUES aims to utilise **primary care optometrists**, reducing demand on HES and GP
- While initially evaluated by Kanabar et al. (1), a post-pandemic assessment, considering service developments including the **Independent Prescribing** (IP) pathway, is warranted.

2 Methods

Sample 1
- All cases presenting to the GM CUES in 2024.

Data Reviewed
- Patient demographics
- Source of signposting, appointment types and outcome
- Patient postcode Index of Multiple Deprivation (IMD) decile

Analysis
- Descriptive statistics
- Comparison of discharge rate for IP and non-IP episodes using a Chi Squared test
- CUES attendance by IMD decile

Subgroup
- All patients from the first week of each month + all IP cases

Data Reviewed
- Diagnosed conditions
- Medications prescribed by IP optometrists via FP10 or private prescription

Analysis
- Determining which were most diagnosed conditions within CUES
- Determining common urgently referred conditions in CUES

Sample 2
- Systematic sampling of 120 patient referrals from CUES to the Eye Emergency Department (EED) in Manchester Royal Eye Hospital (MREH)

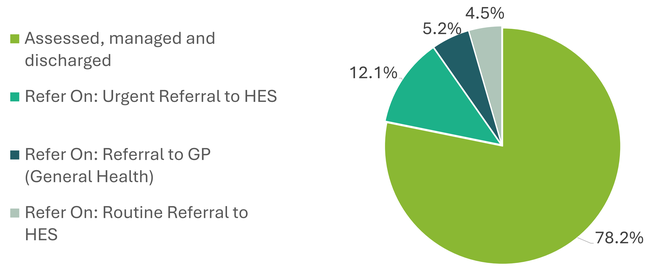
Referral Data
- CUES diagnosis
- Presenting Symptoms

EED Data
- EED diagnosis
- Management

Consensus via two optometrists plus a third clinician for disagreements
- CUES and EED diagnostic agreement
- Proportion of cases that could have been managed by an IP

3 Results

Summarised Outcomes for all CUES Episodes



- GM CUES managed 54,994 patients in 2024, with 69.9% self-referring into the service and 18.3% coming from GPs and GP staff.
- 87.3% of cases had a face-to-face appointment; 3.6% had an OCT assessment; 0.9% had an IP examination. Patients may have had more than one appointment type.
- ~16% of cases had at least one telemedicine appointment. Although, due to ambiguity in how cases were recorded on the IT system, this value had to be manually corrected and is an approximation.
- The discharge rate following IP episodes (87.5%) was significantly higher than the following non-IP episodes (78.1%) ($p<0.05$).
- Common diagnosed or tentatively diagnosed conditions included dry eye disease (15.4% of whole subgroup), vitreous conditions (11.8%) and conjunctivitis (7.6%).
- Most frequent urgently referred conditions included retinal detachment/tear/hole (10.7% of all urgent HES referrals); anterior uveitis/iritis (8.7%); corneal ulcer (6.49%); foreign body (5.81%); wet age-related macular degeneration (5.01%).
- Patients in the most deprived IMD decile attended 2.7 times more than those in the least deprived decile.
- In sample 2, the diagnostic agreement with HES was 75.0% (complete and partial agreement).
- 40.0% of sample 2 could have been managed by an IP optometrist in the community; 17.5% could not have been managed by an IP in the community and required HES referral; in 42.5% of cases an IP opinion was non-applicable.
- Of the 40.0% of potentially manageable by an IP optometrist in primary care, the most common diagnoses included marginal keratitis (14.6% of the 40%), conjunctivitis (12.5%) and anterior uveitis (14.6%).

4 Discussion

- High proportions of cases self-referred or signposted from GP suggesting **good awareness of CUES** and its success in **diverting cases from GP and HES.**
- Compared to the mid-pandemic evaluation, there has now been a shift away from telemedicine appointments and an **increase in face-to-face appointments**. (1)
- **A higher discharge rate** was reported **for IP episodes** managed by IP optometrists than for non-IP episodes - yet many cases suitable for CUES IP management were **still referred to HES.** This finding suggests a need to expand the IP workforce to further reduce HES referrals.
- Although dry eye, vitreous pathology and conjunctivitis were most commonly diagnosed within CUES, the **most frequently referred conditions** included **retinal detachment, anterior uveitis and corneal ulcer**, suggesting that the service is achieving its aims of keeping more benign cases within CUES and away from HES.
- Unlike routine GOS eye appointments, where uptake is four times higher in the least deprived than the most deprived decile (2), GM CUES found a 2.7 times higher attendance rate for the most deprived decile. Although this may simply reflect the population demographics of GM, **further work is required** to better understand the impact of deprivation on uptake of urgent eyecare services.
- Although a false negative rate has previously and reassuringly been recorded (3), reassessment of this false negative rate may be valuable given the introduction of IP optometrists and their associated higher discharge rate. Likewise, investigation on their cost effectiveness is desirable.

KEY FINDINGS:

- CUES accommodates a high volume of patients, assessing, managing and discharging a majority and decreasing pressures on HES and GP
- Increasing IP optometrist numbers could allow greater numbers of CUES patients to be retained in primary care. Further work on their cost effectiveness and false negative rate is desirable.

References:, 1. Kanabar, R., et al. (2021). 'Evaluation of the Manchester COVID-19 Urgent Eyecare Service (CUES)' *Eye*, 36 (4), pp. 850-858 https://doi.org/10.1038/s41433-021-01522-0. 2. Harper, R. A., et al. (2025). 'Deprivation and NHS General Ophthalmic Service sight testing activity in England in 2022–2023' *Ophthalmic and Physiological Optics*, 45 (1), pp. 294-300 https://doi.org/10.1111/opo.13399. 3. Williams, E., et al. (2022). "Reassurance on false negatives in the Manchester COVID19 Urgent Eyecare Service (CUES)." Eye (London) **36**(1): 12–14.