

What to do on Opera when a Telemedicine appointment is not required for a CUES Patient

There will some occasions where it will not be appropriate to see a patient for a telemedicine assessment - either you know they will need to attend for F2F assessment (in the case of more severe symptoms) or, the patient has physically attended the practice under the assumption of a routine sight test and as History and Symptoms commence, it becomes clear that a CUES assessment is more appropriate.

On Opera, you will still need to go through the Telemedicine system before you can access the Face to Face element as Opera won't allow you to bypass this. The following guide will show you how best to populate this in these circumstances.

Complete your triage as normal – even if the patient has presented to you physically, still ask them how they've found their way to you, have they self referred or have they been asked to come by GP reception staff, pharmacy etc. It is best not to put “referred from GOS/Private test” even if they've come physically under the guise of a sight test as this indicates that you have already performed the sight test element and are performing a CUES at the same time. A CUES assessment should take the priority and the sight test element if required should be rebooked for a later date when symptoms have resolved.

Date of Screening *
27/11/2021

Time of Screening *
10:00

Your Name (completing form) *
Optical Admin
First Name Last Name

Source of referral *

- ✓ 111 Service
- Accident & Emergency
- Minor Injuries Unit
- GP (after seeing a GP)
- GP staff (not seen a GP)
- GP out of hours service
- Hospital Eye Clinic
- Other optometrist
- Pharmacist
- Referred**
- Community ophthalmology clinic
- Referral following a GOS sight test at this practice
- Referral following a private sight test at this practice
- Other

The above questions concerning consent are important. The patient must be asked if they given permission to view a summary of their GP record, which, if available, will show their current prescriptions, allergies and other information on relevant medical history. If they consent the information will only be viewed by clinicians with a legitimate relationship to the patient - i.e. providing direct care. This will include clinicians who are providing telemedicine or remote advice services. You can learn more about Summary Care Records [here](#).

Please note that if the patient does not consent to clinical information sharing within PES then they cannot access the CUES service.

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Complete the usual questions about access to the patient's summary care record and allowing PES clinicians to share eye care records and allow PES to contact patients regarding feedback on their experience.

Date of Screening *

Time of Screening *

Your Name (completing form) *
 Optical
First Name Last Name

Source of referral *

The patient understands and consents to the following - note that consent to eye care record sharing is essential to access CUES *

☒ **Select All**

- ☒ PES clinicians can access eye care records in order to deliver direct care
- ☒ That PES may contact the patient via text message, email, letter or telephone call regarding their direct care
- ☒ That PES can contact the patient via text message, email or letter regarding their experience of the services provided

Does the patient give their explicit Permission to View their Summary Care Record? They must consent to the record being available for all clinicians involved in their direct care to have access to these records. *

☒ Yes - the patient provides explicit permission to view their Summary Care Record

☐ No - the patient does not want their Summary Care Record to be used within the CUES pathway

The above questions concerning consent are important. The patient must be asked if they given permission to view a summary of their GP record, which, if available, will show their **current prescriptions, allergies and other information on relevant medical history**. If they consent the information will only be viewed by clinicians with a legitimate relationship to the patient - i.e. providing direct care. This will include clinicians who are providing telemedicine or remote advice services. You can learn more about Summary Care Records [here](#).

Please note that if the patient does not consent to clinical information sharing within PES then they cannot access the CUES service.

After clicking [Next] fill in the rest of the triaging symptoms, if the patient has attended physically, still treat this triage as you would a paper triage; ask all the questions and fill in appropriately. You can also fill out a separate paper triage for your physical patient records if you wish.

Does the patient have a painful, sore, red, sticky, watery, itchy or irritated eye(s)

☒ No

☐ Yes

Does the patient have a foreign body in their eye?

☒ No

☐ Yes

Does the patient have a problem with their vision? Including field of vision and sudden onset double vision?

☒ No

☐ Yes

Does the patient have a problem with flashes and or floaters in their vision?

☐ No

☒ Yes

Does the patient describe a large curtain or veil in their vision *

☐ No

☒ Yes

After clicking [Next] ask your COVID screening questions, which should be no if the patient has already attended your practice and select the outcome as [See at Practice] – [In Practice – Telemedicine Appointment]. You'll note in the list there is no option for an immediate F2F option, you must select Telemedicine. Continue to put a brief summary of the triage symptoms in the free text box.

Is the patient self-isolating due to having COVID linked symptoms or due to living with someone with COVID linked symptoms? *

☐ Yes

☒ No

Is the patient shielding (vulnerable patients) without COVID linked symptoms ? *

☐ Yes

☒ No

Please select an outcome or action for this patient *

Click to Select

Discharge - completed

Discharged - signposted to Self Care / Pharmacy

Discharged - Advice and Guidance Provided

Discharged - No appointment not suitable for CUES

Discharged - Directed to GP

Discharged - Patient directed to A&E for other healthcare

Discharged - Requires emergence HES - local SOP followed outside of OPERA

Refer Onwards

Refer to - Refer to - OCT Optometrist on DOS (Telemedicine)

Refer to - Prescribing optometrist on DOS

Refer to - CUES Provider on DOS (Telemedicine) - unable to manage within 2 hours

See at practice

In Practice - Telemedicine Appointment

In Practice - Telemedicine with OCT

In Practice - Telemedicine with Prescribing

Any notes, comments or observations to assist further clinical assessment - these comments will be passed to optometrist, GP or HES *

Sudden onset floater RE past two days

Then, going back to your manage referrals page, find your patient again in the list and click the yellow tab for [Telemedicine].

Referral Management

Page 1

All Errors Only ☐

URN I#	GOC	Forenames	Surname	Provider	Referral Status
OPR00656958					See at practice: In Practice - Telemedicine Appointment

Telemedicine

Complete the first page, when asked if the time exceeded two hours, select “No” and where you are asked how the telemedicine was carried out, select [other] and type in “F2F Booked” or “Px physically present” or something similarly appropriate.

The time of the screening was reported as:

The date of the screening was reported as

27/11/2021

Please enter date of follow on / telemed appointment *

27/11/2021

Please enter time of follow on / telemed appointment *

11:00

11

↑

↓

:

00

↑

↓

Did the time between initial contact and telemed appointment exceed two hours? *

☒ No

☐ Yes

Was this telemedicine consultation carried out by *

☐ Telephone

☐ Telephone with sight of pictures from patient

☒ F2F booked

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On the Consultation Details you can populate this as follows:

- Visual Acuity RE and LE – you can either select “Not Assessed” or if the patient has reported in their initially triage that the vision is affected/not affected, you can select “Same” or “Worse”.
- For the (Provisional) Diagnosis, you can put something appropriate for the triaged symptoms, i.e. if the patient has floaters it would be apt to put PVD, or if the patient thinks something has gone into the eye you may choose to put “Foreign body – Corneal”. This is not your final diagnosis, only a provisional one.
- For Eye, you can select RE, LE or both appropriately.
- In clinical signs and symptoms type “No telemed performed – F2F booked immediately” or similar.

Consultation Details

Visual Acuity (RE) *

Same

Visual Acuity (LE) *

Same

(Provisional) Diagnosis associated with presenting problem *

PVD - Posterior Vitreous Detachment

Eye (Condition 1) *

- ☒ RE
☐ LE
☐ Both

Action

- ☐ Add another condition
☐ Remove following condition

Clinical signs, symptoms and observations *

no teledem - booked straight for F2F

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After selecting [Next] on the following screen, put the outcome as “Face to Face at this practice” and select [Next]

Please select the outcome of the assessment *

Face to Face at this practice

Any other comments on this episode of care, information for actions for GP or additional details if referring to hospital. If you are making an emergency referral please state the actions taken here.

booked straight for F2F no teledem req'd as requires dilation

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Following the completion of the next screen, the patient will be refreshed in your manage referrals page and you can access the core assessment and complete your F2F assessment either immediately if the patient is already present or later when the patient attends for their F2F appointment. Remember to include your history and symptoms and clinical findings in your Clinical Signs and Symptoms for the core assessment as this was not done in the telemedicine stage.

URN Search

URN

Q



URN ID	GOC	Forenames	Surname	Provider	Referral Status	
OPR00656962	01-27198	REBECCA	IRELAND	CUES Service at - SPECSAVERS /STN/VANDT1 - TDEVV	See at practice: Face to Face at this practice	<div>Core Assessment</div>

