

CUES Eligibility Screening/Triage

Px Name:	GP:	(check eligible)
Date:	Surgery:	
Address:	DOB:	
Phone:	Time of call:	Taken by:
Appointment: Yes / No Time:	Referred by:	
Symptoms & Comments:		

Certain conditions are not appropriate for CUES. Please ensure that you are familiar with these and ask your optometrist if in doubt. If the patient is feeling generally unwell ask them to seek medical advice or discuss with your optometrist at the time of booking.

The following guidance should be followed unless the CUES practitioner advises otherwise in an individual case. Select the problem from below sections (patients' symptoms may fall into multiple sections)

from	1) Is the Px	Yes - follow own practice protocol (unsuitable for CUES)
	from your practice?	No – advise contact their usual practice 1st. If cannot contact due to being closed, ask question 2 and continue
Problem with eye - painful, sore, red,	2) Is it painful?	Yes (ask question 3)*
sticky, watery, itchy or irritated		No (ask question 3)
Recent onset slightly red, sticky or itchy eyes will often resolve in a day or two. Advise the patient	3) Is there any light	Yes (ask question 4)*
that the NHS recommends seeing a pharmacist / self-care. If no improvement after 5 days or	sensitivity?	No (ask question 4)
symptoms get worse, contact us again.		Yes (see below outcome)*
Referral to Self-care / Pharmacy ONLY applies to SELF-REFERRALS and OVER 2 years old and MUST be entered as a patient contact on IT system.**	4) Is there a change in vision?	See below**

Commented [ah1]: **DELETE IF NOT APPLICATBLE TO LOCAL SERVICE SPEC

*If yes to all questions 2, 3 and 4 – discuss with CUES practitioner to see whether patient should have telemedicine/face-to-face consultation with your practitioner or have a telemedicine/ face-to-face consult arranged at a practice with an IP optometrist / access to IP remote prescribing.

*If yes to one or two of questions 2, 3 or 4 – arrange telemedicine assessment, or arrange face-to-face appointment if advised by CUES practitioner.

**If no to all questions 2, 3 and 4 and Fx solf-referred and over age of 2 ** and started less than 5 days ago signpost to self-care / pharmacy and advise to contact you again if not resolved after 5 days or gets worse, if started more than 5 days ago arrange telemedicine/face-to-face.

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See Next Page

Foreign Body	velocity / speed or	Yes – speak with CUES practitioner to see whether should go straight to hospital eye service
(Something in the eye)	chemical foreign body?	No – arrange face-to-face appointment

Problem with vision (including problem with field of vision and sudden onset double vision)	6) Is the vision distorted / wavy in the central part of vision?	Yes – arrange face-to-face appointment at practice with an OCT No – (ask question 7)
If patient reports field loss and sudden onset double vision: Book CUES telemedicine and inform clinician.	7) When did the vision problem start?	< 1 month – arrange telemedicine (or face-to-face appointment if advised by CUES practitioner) > 1 months – discuss with optometrist and consider if essential sight test required.

Flashes and/or Floaters	8) Do you have a large curtain or veil in your vision?	Yes – speak with optometrist to see whether should go straight to hospital eye service No – (ask question 9)
	9) When did it	< 8 weeks – arrange face-to-face appointment***
	start or when did it last change or get	8 - 12 weeks with worsening symptoms - arrange face-to-face appointment***
	worse?	> 12 weeks - Not suitable for CUES

COVID- 19 Screening	
Are you self-isolating due to having COVID linked symptoms or due to living with someone with COVID linked symptoms?	Yes
	No – Go to next question
Are you are shielding without COVID linked symptoms and if yes, are you happy to come in for appointment if required, despite the	Yes
higher risk of exposure to COVID-19?****	No

^{***} If flashes and/or floaters confirmed at screening/triage, face-to-face appointment will be required with dilation.

Please ask the below questions to aid the practitioner if a face-to-face appointment needs to be considered.

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The practitioner should offer the patient a telephone or video consultation (see additional guidance) so that a detailed remote consultation can be carried out to ascertain next steps in patients care.

****Patient in at risk group **must** be made aware that they will be exposing themselves to an increased risk of exposure to COVID-19 before you arrange an appointment for them.

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

PES clinicians can access eye care records in order to deliver	Yes / No
direct care	
That PES may contact the patient via text message, email,	Yes / No
letter or telephone call regarding their direct care	
That PES can contact the patient via text message, email or	Yes / No
letter regarding their experience of the services provided	

Does the patient give their explicit Permission to View their	Yes / No
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.	

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: https://help.optom-referrals.org/article/237-summary-care-record

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