

# Community Urgent Eyecare Services

The **Community Urgent Eyecare Service (CUES)** represents a significant step forward in transforming eye care and health across England. This case study explores the challenges and illustrates how a CUES service provides impact and benefit. The service aims to reduce the burden on hospital eye services (HES), A&E, and GP appointments while providing timely and effective care for patients with urgent and/or minor eye conditions in locations closer to home.

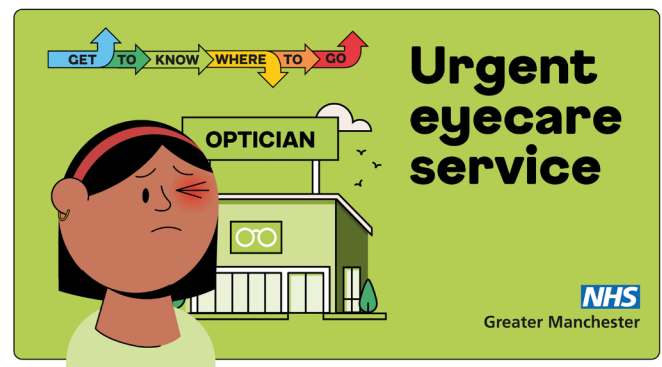
The CUES service is one of four key interventions recommended in a recent report by PA consulting [‘Key Interventions to Transform Eye Care & Health’](#)<sup>1</sup> for roll out across England.

## Background

Ophthalmology is the single biggest cause of outpatient attendance in England. However, eye problems are also a significant contributor to attendance at A&E and General Practice.

The CUES service provides remote and/or face to face urgent assessment, treatment, or referral for sudden onset eye problems such as flashes, floaters, vision loss, red eyes, and minor eye injuries.

Implemented in 18 ICB areas, across 31 places, the service allows patients care closer to home via optometry practices in local neighbourhoods supporting capacity challenges in Hospital Eye Services, A&E and General Practice. CUES also utilises Independent Prescribing Optometrists and Ocular Coherence Tomography (OCT) diagnostic imaging, allowing clinicians to work at the top of their license.



## Key Benefits

### Benefits to Patients

- Faster access to care, with same-day appointments available where required, compared to longer waits in A&E, or GP surgeries
- More convenient access, as services are available on the High Street closer to home
- Higher chances of faster resolution with treatment provided during the first visit

### Benefits to the NHS

- Reduced pressure on A&E and GP services from eye care complaints
- Decreased activity in hospital eye services due to fewer onward referrals

### Benefits to Staff

- Optometrists can offer a wider range of clinical services, enhancing job satisfaction, recruitment and retention
- Optimal utilisation of specialist Hospital Eye Services (HES) staff



## Benefits to Wider Society

- Reduced productivity loss from inactivity due to eye complaints
- Supportive of the local economy and employment through care on the High Street

## Implementation and Feasibility

The success of CUES relies on several essential pre-requisites, including the ability to scale up activity via optometry practice engagement and patient awareness of the service. Public Awareness campaigns such as the Greater Manchester 'Get to Know Where to Go' campaign have been supportive in a system wide approach to raising the profile of CUES alongside other services in the community. In addition, development of clear pathways from NHS111 is critical to support accurate deflection to the telemedicine aspect of the service.

CUES is a highly feasible intervention due to its foundation on existing good practice and proven technologies, along with low upfront costs for the NHS and other stakeholders.

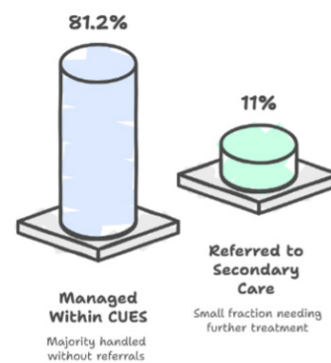
Primary Eyecare Services as the largest not for profit primary care provider at scale has experience of scaling up CUES at pace, with delivery in place across 18 ICBs areas covering 31 places (with a further 11 ICBs with a similar Minor Eye Conditions Service).

## Impact<sup>2</sup>

In 2022/2023, there were 292,322 CUES episodes delivered across England (where commissioned), with 81.2% managed exclusively within the CUES service and only 11% of patients needing to be referred to secondary care. This demonstrates the significant impact of CUES reducing the burden on secondary care and enhancing patient access to urgent eye care.

Regarding patient satisfaction, 99% of patients who use CUES would recommend the service to a friend or family member. When asked where they would have gone in the absence of the service being available 28% said they would have accessed A&E.

Community Urgent Eye Care Activity 2022/2023



## Evaluation

Various evaluations of the service have been carried out across England, including those published in the Royal College of Ophthalmologists Journal, Eye. These have considered the impact on secondary care and safety of the services.

An evaluation in 2022 by Manchester Royal Eye Hospital, University of Manchester and other partners concluded 'This evaluation of CUES demonstrates a high level of primary care activity alongside a sustained reduction in EED cases. The case-mix of patients seen within EED following referral appears to be of a less benign nature than those cases seen prior to the introduction of CUES.'<sup>3</sup>

An analysis of false negatives in 2022 concluded that 'of a non-referred population seen in primary care CUES supports the view that the service is clinically safe. The false-negative rate of 0.23% for moderate-to-high risk of sight loss cases in the cohort reviewed is reassuringly low'.<sup>4</sup>

## Financial Impact

The PA Consulting Report modelled the economic and activity impact of CUES if rolled out nationally. This used a principle of shifting activity into community eye care from (sometimes) higher-cost and (always) more under-pressure services – including hospital eye care services, GP surgeries and A&E Departments; AND/OR removing activity from those same, other services.

# Case Study Community Urgent Eyecare Services



The analysis demonstrates that the potential impact of rolling out the CUES service across England would result in reduced demand across Hospital Eye Service, A&E and GP by ~876,460 and a potential net benefit of £30million.

Using this model shows that through the services currently commissioned via Primary Eyecare Services we are already realising approximately 43% of this net financial potential and reduced demand by ~462,000 across Hospital Eye Services, A&E and GP.

Cost of the intervention (annual)	Reduce demand for under-pressure services (annual, vs baseline)			Financial benefit from reduced demand (annual, vs baseline)			Anticipated annual net benefit (modelled, rounded)
	Reduced HES demand	Reduced A&E attendances	Reduced GP attendances	Reduced HES demand	Reduced A&E attendances	Reduced GP attendances	
£60.78 million	209,000	242,713	424,747	£36.6 million	£35.3 million	£17.8 million	£30.07 million

**“CUES provides patients accessible urgent eye care in the community, meaning patients can see an eye care specialist right away and reduce pressure on GPs and hospitals.”**

**Manisha Kumar, Chief Medical Officer, NHS Greater Manchester**

## Commissioner Review

Manisha Kumar, Chief Medical Officer, NHS Greater Manchester, said: “CUES provides patients accessible urgent eye care in the community, meaning patients can see an eye care specialist right away and reduce pressure on GPs and hospitals. The service shows the difference collaborative working across primary and secondary care can make, allowing us to treat residents with timely, high-quality care in the community.”

## Conclusion

The roll-out of CUES demonstrates a highly effective approach to managing urgent and minor eye conditions within the community supporting a key objective to shift from hospital to community. By utilising the skills of primary eye care practitioners, CUES provides faster, more convenient care, reduces unnecessary hospital referrals, and alleviates pressure on A&E and GP services. This service benefits local NHS systems but ultimately benefits patients.

<sup>1</sup> Key Interventions to Transform Eye Care & Eye Health, PA Consulting, October 2024.

<sup>2</sup> Analysis based on activity and outcomes from CUES as delivered via Primary Eyecare Services Ltd (Not for profit primary care provider at scale).

<sup>3</sup> Kanabar, R., Craven, W., Wilson, H. et al. Evaluation of the Manchester COVID-19 Urgent Eyecare Service (CUES). *Eye* 36, 850–858 (2022).

<sup>4</sup> Williams, E., Craven, W., Wilson, H. et al. Reassurance on false negatives in the Manchester COVID19 Urgent Eyecare Service (CUES). *Eye* 36, 12–14 (2022).