



**Bedfordshire, Luton
and Milton Keynes**
Integrated Care Board



Community Urgent Eye Service (CUES)

Resident survey and proposals following resident feedback

Planned & Specialist Care Team 02/11/23

Introduction

The Community Urgent Eye Service (CUES)

The Community Urgent Eye Service (CUES) provides urgent assessment and treatment for sudden onset eye problems, such as flashes, floaters, vision loss or minor eye injuries, for residents of Bedfordshire, Luton and Milton Keynes (BLMK). The service was established during the COVID Pandemic to provide urgent eye care to the residents of BLMK, with a key emphasis on delivering care remotely, during those times. The service enables anyone needing urgent eye care to be assessed by an Optometrist by telephone or video consultation.

Post pandemic, there is a requirement for all Integrated Care Boards (ICBs) to continue to provide community based urgent eyecare services, given the benefits they delivered during the pandemic, which are:

- Provide timely access to urgent eye care outside of a hospital environment
- Remote triage and consultations to reduce the need for patients to travel,
- Virtual (telephone /video) consultations and thus a reduction in the need for face to face appointments
- Utilisation of technology to improve the patient journey
- Reduced pressure on primary care (GP practices) and on ophthalmology departments within secondary care
- Provided high quality eyecare services for local the population

The contract is due to end in March 2024, so earlier this year we ran a survey to find out from residents who have used it within the last 12 months (post covid) to find out whether it continues to meet their needs. The responses to the survey will help us to shape the service model to ensure it meets the needs of residents.

Resident Survey

The survey was open for 8 weeks, running from 2 June 2023 to 31 July 2023.

During this time the online survey was promoted on the ICB's social media channels. Patient Participation Groups (PPGs) were invited to feedback on the service. Promotional materials were also shared with local optical and GP practices.

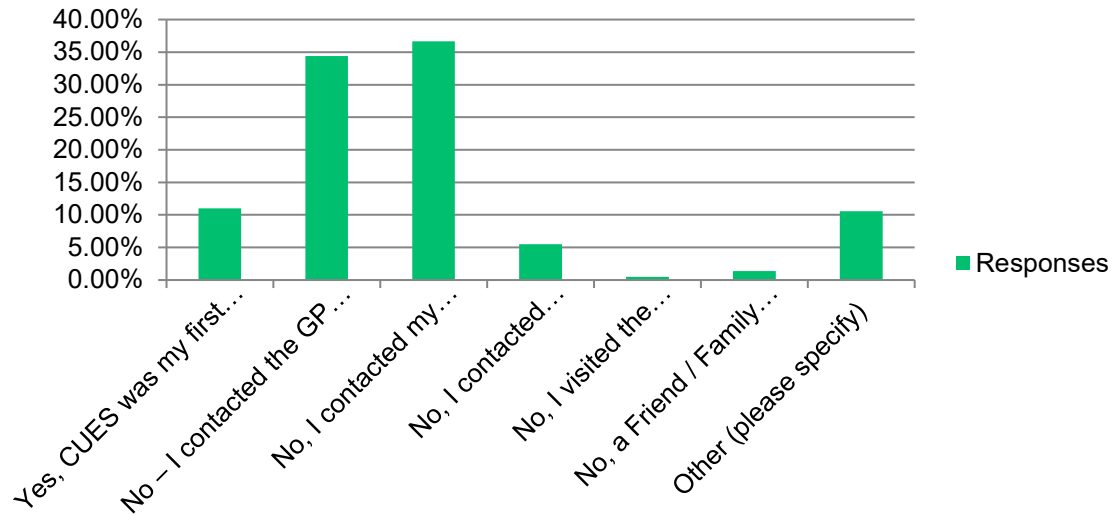
Ocular Outcomes Ltd, the current provider supported us to target engagement with residents who had accessed the service within the past 12 months, by sending a text with a link to the survey to over 2000 service users.

The online survey was completed by 218 residents

This report outlines the responses to the resident survey, and the key findings. Pages 21 and 22 detail proposals for consideration following resident feedback.

Q1 - When you had your eye problem, was CUES the first service you contacted?

When you had your eye problem, was CUES the first service you contacted?



Answer Choices	Responses	
Yes, CUES was my first point of contact	11.01%	24
No – I contacted the GP who advised me to contact CUES	34.40%	75
No, I contacted my Optician who advised me to contact CUES	36.70%	80
No, I contacted NHS111, who advised me to contact CUES	5.50%	12
No, I visited the Pharmacist who advised me to contact CUES	0.46%	1
No, a Friend / Family advised me to use CUES	1.38%	3
Other (please specify)	10.55%	23
	Answered	218
	Skipped	0

Q1 - When you had your eye problem, was CUES the first service you contacted?

What residents said is working well:

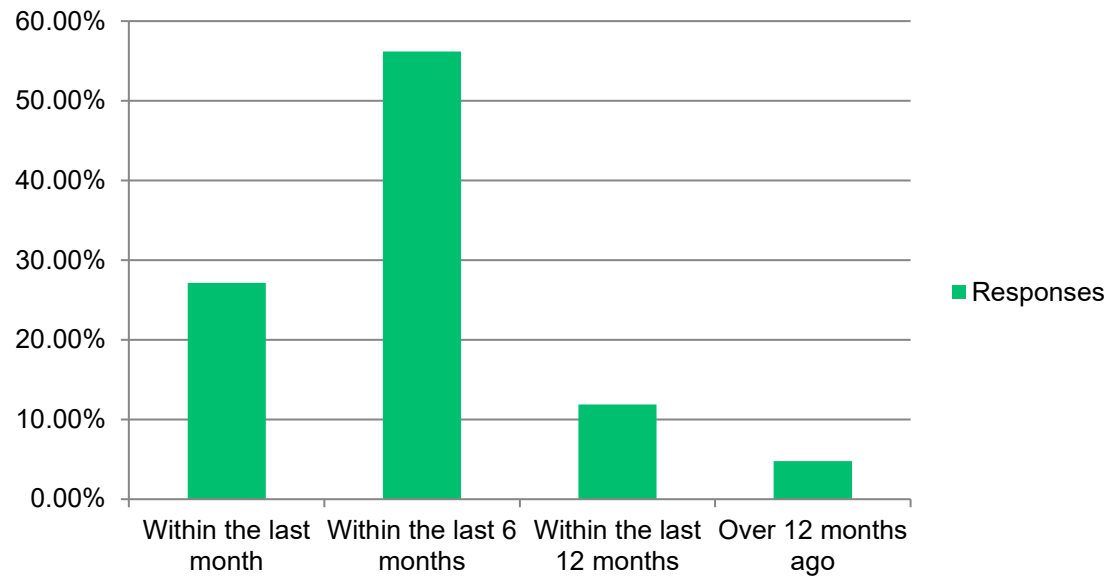
- 11% of residents contacted the service directly

What residents said isn't working well:

- 70% of respondents are contacting their GP or Optician in the first instance, to then be advised to call the CUES service.
- Several comments from residents querying why the GP or Optician cannot refer directly into the service. They felt that contacting the GP or Optician and then being advised to ring CUES was adding an additional step into the process.

Q2 - When did you use the CUES service?

When did you use the CUES service?

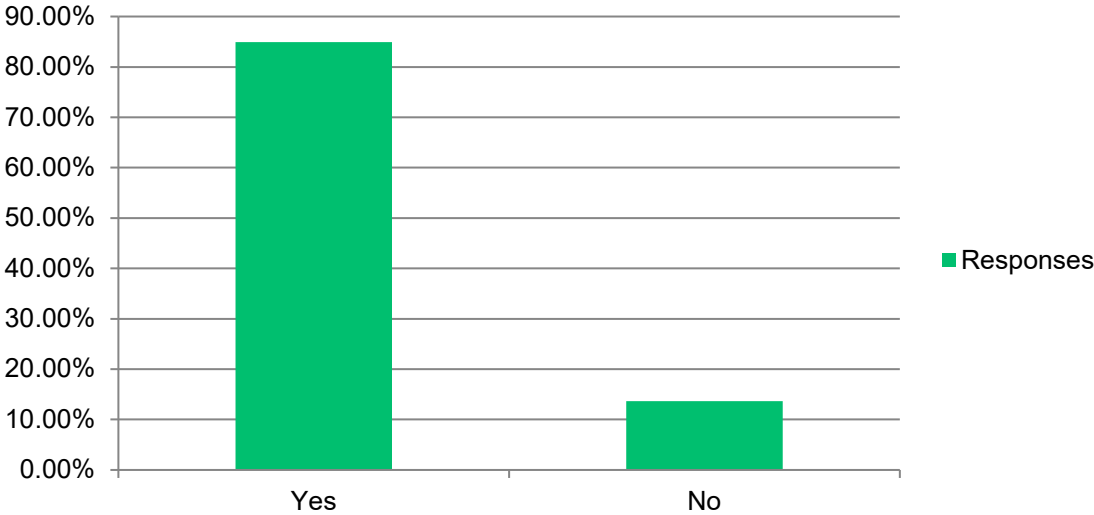


Answer Choices	Responses
Within the last month	27.14% 57
Within the last 6 months	56.19% 118
Within the last 12 months	11.90% 25
Over 12 months ago	4.76% 10
	Answered 210
	Skipped 8

Q3 - Was the CUES service easy to access / get through to via the telephone?



Was the CUES service easy to access / get through to via the telephone?



Answer Choices	Responses	
Yes	84.91%	180
No	13.68%	29
Please tell us why		66
	Answered	209
	Skipped	9

Q3 - Was the CUES service easy to access / get through to via the telephone?

What residents said is working well:

- 85% of respondents felt it was easy to access / get through to the service

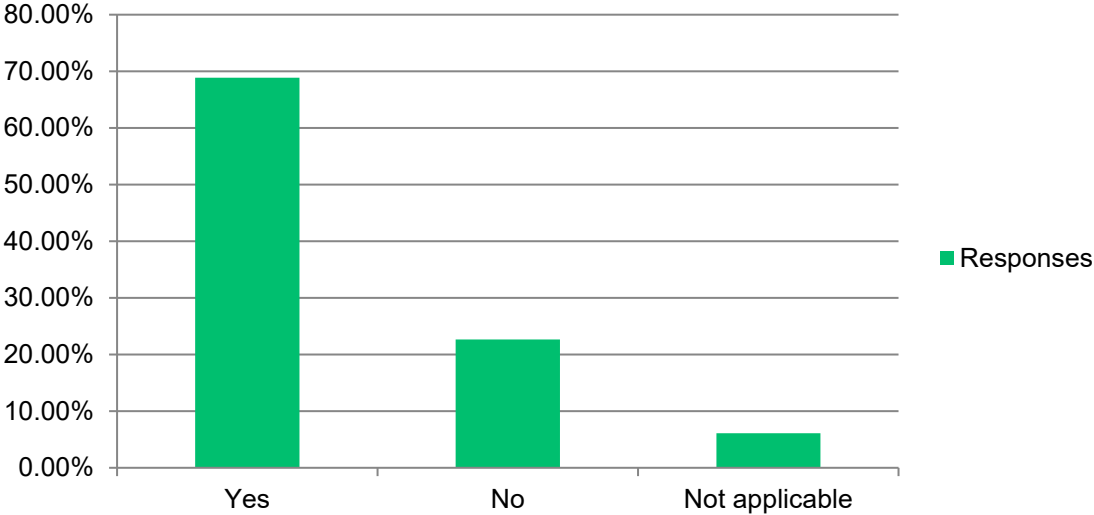
What residents said isn't working well:

- 15% of respondents felt they struggled to get through / service was not easy to access
- Several comments from residents advising of duplication - explaining problems to several people
- Some residents stated they had problems getting through to the service - Phone line busy
- Several resident comments about the call handler having a bad attitude on the phone
- One resident advised they did not have a smart phone and couldn't provide an image when requested
- Several resident comments advising that a telephone service did not work for non-verbal and deaf patients

Q4 - Did you find the telephone assessment process worked well for you?



Did you find the telephone assessment process worked well for you?



Answer Choices	Responses	
Yes	68.87%	146
No	22.64%	48
Not applicable	6.13%	13
Please tell us why		74
	Answered	207
	Skipped	11

Q4 - Did you find the telephone assessment process worked well for you?

What residents said is working well:

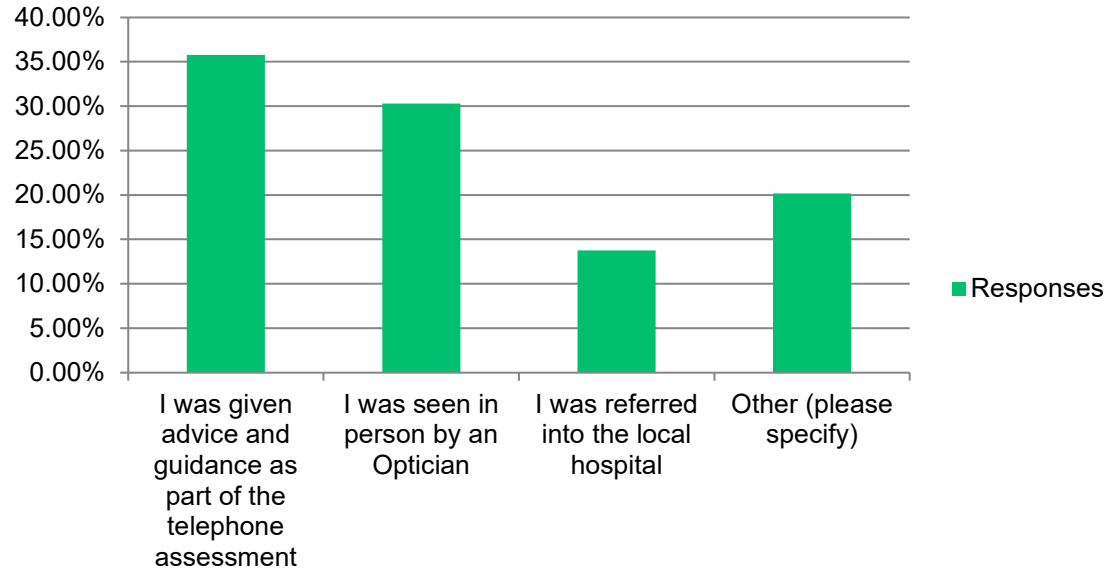
- 69% of residents felt the process worked well for them.
- Many comments by residents on the process being easy, and reaching an outcome promptly
- Many positive comments from residents on call handler attitude and approach – “they were very polite and helpful”

What residents said isn't working well:

- 30% of residents felt the process didn't work for them.
- Some residents would have preferred an in person consultation. They felt a telephone assessment was not thorough enough and things were missed.
- Several comments relating to the provider trying to avoid in person appointments when they thought they were required.
- Several comments on the process not working as residents felt they were not managed effectively or were mis-diagnosed. E.g. one example said they should have been sent straight to A&E and were not.

Q5 - How was your eye condition resolved?

How was your eye condition resolved?



Answer Choices	Responses	
I was given advice and guidance as part of the telephone assessment	35.78%	78
I was seen in person by an Optician	30.28%	66
I was referred into the local hospital	13.76%	30
Other (please specify)	20.18%	44
	Answered	218
	Skipped	0

Q5 - How was your eye condition resolved?

What residents said is working well:

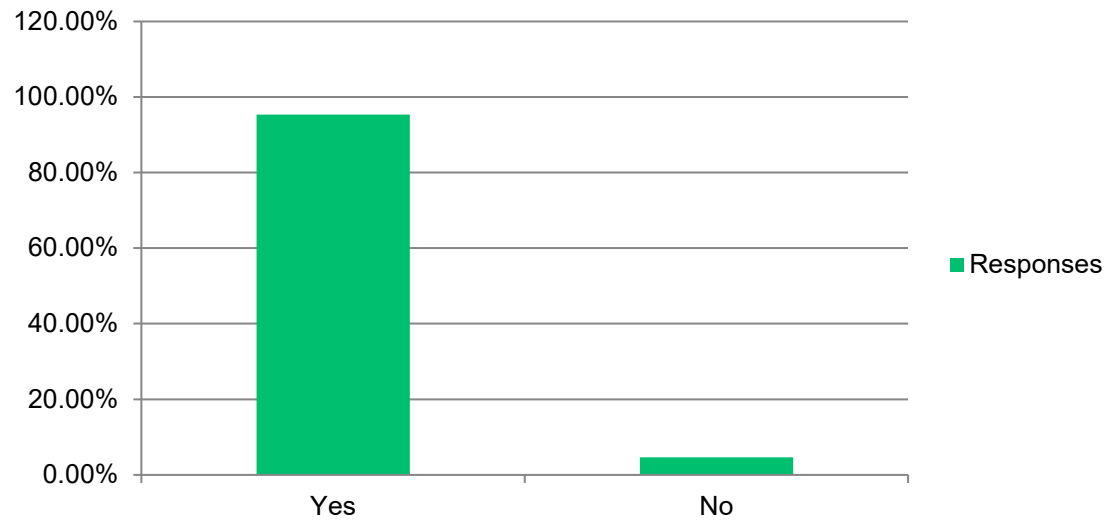
- 36% of respondents stated their problem was resolved over the telephone.
- 30% of respondents stated their problem was resolved via an in-person Optician appointment.
- 14% of respondents stated they required a Hospital appointment to resolve their problem.

What residents said isn't working well:

- 6% of respondents felt as though their problem was not resolved and sought further care elsewhere.
- Some residents felt the process lengthened the time it took to be seen and treated, as they were sent on to the Hospital or back to their GP.
- Some residents chose to be seen privately as they were not happy with the outcome from CUES.

Q6 - Was the Optician location convenient to access for you?

Was the Optician location convenient to access for you?



Answer Choices	Responses	
Yes	95.38%	62
No	4.62%	3
Please tell us why		15
	Answered	65
	Skipped	153

Q6 - Was the Optician location convenient to access for you?

What residents said is working well:

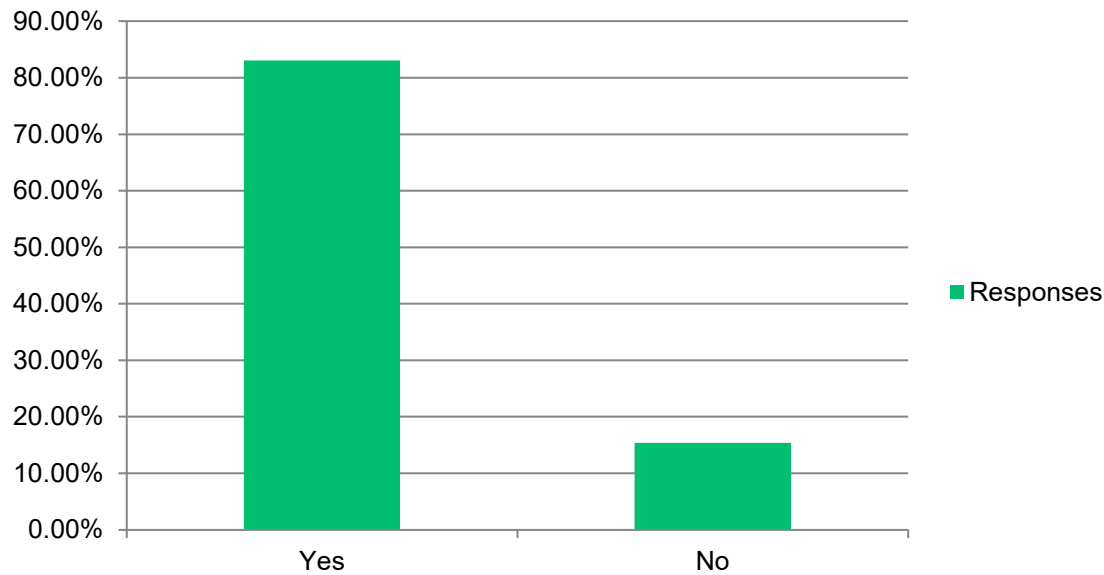
- 95% of respondents felt the Optician location was convenient to them

What residents said isn't working well:

- 3 comments in relation to accessibility – distance to Optician and the need to drive, or get a taxi there

Q7 - Were you seen within 2 working days?

Were you seen within 2 working days?



Answer Choices	Responses	
Yes	83.08%	54
No	15.38%	10
If no, how long did you wait to be seen?		12
	Answered	64
	Skipped	154

Q7 - Were you seen within 2 working days?

What residents said is working well:

- 83% of respondents seen within 2 working days

What residents said isn't working well:

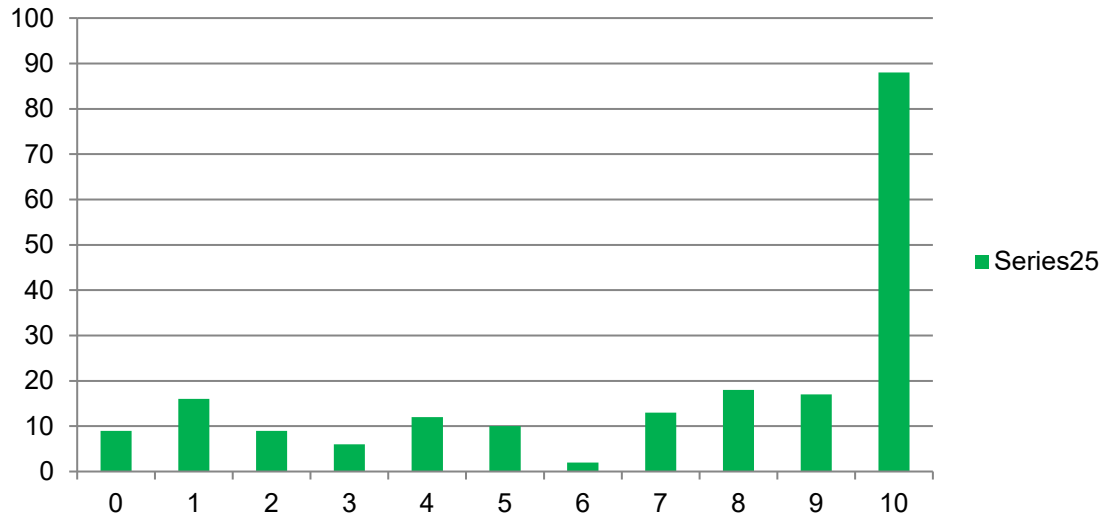
- 17% of respondents were seen outside of 2 working days
- One comment in relation to "taking months"

Information to note:

- The ICB is currently working with the provider to amend this requirement within the current service specification. Not all conditions require review within 2 working days, and requiring as such limits the capacity to see those conditions that should be seen within 2 working days. The new arrangement is that the CUES service will triage residents into 2 categories, based on their eye condition, 0-2 days and 3-5 days. This is very similar to how the local Hospital urgent services work.

Q8 - How was your experience of using this service on a scale of 1-10?

How was your experience of using this service on a scale of 1-10*?



Rating	Responses
0	5% 9
1	8% 16
2	5% 9
3	3% 6
4	6% 12
5	5% 10
6	1% 2
7	7% 13
8	9% 18
9	9% 17
10	44% 88
Average	7.15
Answered	200
Skipped	18

1 = Very Poor. 5 = Satisfactory. 10 = Excellent

Note: The question asked residents to score their experience on a scale of 1 to 10 (where 1 is very poor, 5 is satisfactory and 10 is excellent), however the 'slider' included in the question started at 0 rather than 1. Nine respondents provided a score of '0' which we have interpreted as very poor.

Q9 – Please help us understand why you gave that score.

What residents said is working well:

- 44% score their experience of using CUES 10 (excellent)
- 70% score their experience of using CUES 7 and above (a score of 0/1 is very poor and 10 is excellent)
- Key comment themes:
 - Fast / efficient service,
 - Helpful staff,
 - Friendly service

What residents said isn't working well:

- 26% scored their experience of using CUES as 0-4 (below satisfactory)
- Key comment themes:
 - Mis-diagnosis/incorrect advice,
 - Location,
 - Lack of understanding of the needs of those children with special educational needs / access for military staff,
 - Some residents felt staff were rude,
 - Some residents felt non face to face appointments were not appropriate for eye conditions

Q10 - Anything else you would like to feedback about the CUES service?

What residents said is working well:

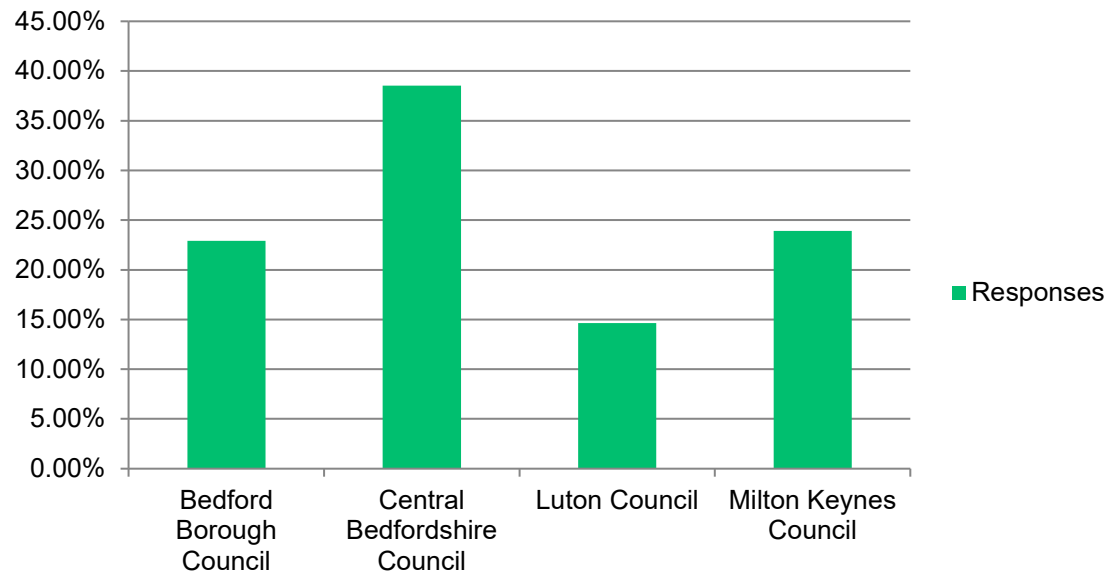
- Positive resident experience and comments that service works well and should continue

What residents said isn't working well:

- Long waiting time for the call back
- Concerns regarding not being seen physically. "Eyes should be examined in person"
- Interaction with staff not always positive
- "The system is too complicated if you need to see the correct consultant quickly"

What Local Authority area do you live in?

Which local authority area do you live in ?



Answer Choices	Responses	
Bedford Borough Council	22.93%	47
Central Bedfordshire Council	38.54%	79
Luton Council	14.63%	30
Milton Keynes Council	23.90%	49
	Answered	205
	Skipped	13

Proposals for consideration based on survey feedback

Awareness of Service	<ul style="list-style-type: none"> • Work with the service provider and system partners to improve awareness of the service amongst residents
Access to the Service	<ul style="list-style-type: none"> • Allow clinicians to make a referral into the service rather than just signposting patient. E.g. GP could make a referral via the NHS e-Referral service. • Provide an online / web based referral option for residents to self-refer. • Video consultation to be added as an assessment option, alongside telephone and in person assessments. • Service provider to work with the respective ICB teams to improve access / outcomes for children and adults with Special Educational Needs / a learning disability.
Service Pathway / Process	<ul style="list-style-type: none"> • Streamline the triage (clinical assessment) process and get residents treated more promptly, in the right service. • Develop a clinical criteria which determines which conditions require an in-person appointment • Ensure service provider can make reasonable adjustments for those residents who require it, for example, an in-person appointment, where a telephone / video appointment would have been the default. • With regards to residents requiring an in-person appointment and having it within 2 workings days - the ICB is working with the current provider to amend this requirement within the current service specification. Not all conditions require review within 2 working days, and requiring as such limits the capacity to see those conditions that should be seen within 2 working days. The new arrangement is that the CUES service will categorise those residents coming into the service, into 2 categories – 0-2 days, and 3-5 days. This will be based on the clinical presentation / diagnosis of the resident.

Proposals for consideration based on survey feedback

Patient Satisfaction / Feedback	<ul style="list-style-type: none">• Service provider to explore options available for contacting residents after accessing the service to confirm whether their issues have resolved / were they happy with the outcome.• Service provider to collect additional information as part of service user feedback. E.g. day, day of week, presenting complaint etc, so feedback trends can be analysed and used as part of continual service improvement.
Service Locations	<ul style="list-style-type: none">• Service provider will be required to offer multiple locations within each local authority area.• As part of procurement, prospective providers will be asked to identify the proposed locations and provide narrative as to why those locations have been chosen. E.g. have they considered transport links, areas of deprivation, health inequalities etc.
Other	<ul style="list-style-type: none">• Service provider must signpost to alternative services outside of its core operating hours. Eg. A voicemail could be used on the phoneline to advise patients of their other options. E.g.111 – to be implemented with immediate effect with current service provider.

Further feedback

If you would like to provide any feedback in regards to the proposals for consideration within this document please email them to: blmkicb.cuesfeedback@nhs.net. If you would prefer to talk to a member of the team, please email your contact details to blmkicb.cuesfeedback@nhs.net and we will arrange for someone to call you back.

Please provide any feedback you wish to share by 26th November 2023.

Next steps:

Further feedback will be reviewed and the proposals for consideration will be updated and shared with residents accordingly.

Following this, the ICB will take any proposals for consideration through governance processes, prior to commencing a procurement for future service provision.

Appendix 1: Resident Comments

All comments included in survey responses are detailed in appendix 1: Resident comments.

Appendix 1 can be viewed by following this link <https://bit.ly/CUES-Appendix1>