Involvement plan:
Community Urgent Eyecare Services (CUES) Review

Nov 2024, V1.5

Introduction

This tool will help you plan public, staff and wider stakeholder involvement work when you make changes to your service. You can find other useful tools and links to related documents on our Leeds Health and Care Partnership Website here: https://www.healthandcareleeds.org/have-your-say/shape-the-future/involvement-support/

Key information

Project Title: The name of your project. Make this clear and concise.	**Community Urgent Eyecare Service (CUES) Review** (Version 5)

Date: The date you started the project.	28 June 2024 (start date for form) 17 September 2024 (Updated) 31 October 2024 (Updated)

Project Lead: Name and contact details of the person leading the project.	Caroline Mackay (Involvement team) caroline.mackay2@nhs.net

Background to the service

Who is the service for?	Provide details of who uses the service e.g., people in Beeston, men over 50 etc	During the COVID-19 pandemic, a new eye service was set up in Leeds to increase access to care for urgent eye problems. The service is free to access and is provided by optometrists in Leeds. It is for all patients registered with a GP practice in the city, including children, and people can self-refer. The CUES service is delivered over the phone or a video call. For more complex or severe cases, face-to-face appointments are offered in the community, or Leeds Teaching Hospitals NHS Trust.
Who provides the service?	Which organisation / team provides this service?	The service is provided by a network of Optometrists led by Primary Eyecare Services Ltd (PES). PES carry out around 33% of the telemedicine appointments (these are mainly patients who contact PES directly). The rest of the telemedicine is undertaken by

		optometrist (either passed to them via PES or on patients who directly access the service directly i.e. walk into opticians). All face-to-face assessments are undertaken by optometrists in the community.
How many people use the service?	Number of people registered or using the service per year.	From April 2023 to March 2024 there were 11,678 attendances at the service (both telemedicine / face-to-face).
What does the service provide?	Provide details of care such as primary care services, cancer screening etc	The service provides rapid access to symptomatic / urgent ocular or visual symptom (telemedicine) assessment, and where necessary face-to-face assessment. The current pathway includes an initial triage process which is available to self-referring patients and those from other services i.e. GP referrals, NHS 111.

Background to the change

What is changing?	What happens now? What specifically will be different? Could it be perceived as a closure / reduction in services?	Following a review of activity and spending, in light of the requirement for the NHS Integrated Care Board in Leeds (ICB) to manage budgets appropriately and achieve a balanced financial position, the Executive Management Team (EMT) recommended that the CUES contract is not renewed in its current form. Work on developing a more cost-efficient approach is underway, and the current contract has been extended until the end of September 2024. Some of the changes being considered could affect the way people access the service. The service criteria include only urgent conditions, but eligibility is symptom-led (i.e. people present with symptoms not diagnosed eye conditions). Some minor conditions are going through the service as there is no recognised minor eye service, tightening the eligibility criteria and performance managing contracted providers could result in some patients not being able to access the service.
Is there a change to the way a service is provided, or the	Are you changing the way a person attends the service (e.g., from face to face to digital) or are you limiting what	As above, how people access the service may change. This could be because of changes to what the current providers offer, changes to the triage process, or more

range of services provided?	people can get from the service (e.g., from two to one hearing aid a year)	reliance on GPs to see more patients with minor eye issues.
Why is it changing?	What are the reasons behind the change? • Nationally mandated • Safety • Patient feedback • Clinical guidance • National/local strategy • Finance • Transformation	The initial driver for change is due to efficiency-seeking as part of the Integrated Care Board (ICB) in Leeds' QIPP (Quality, Innovation, Productivity and Prevention) process. But also lines up with a recent (Feb 2024) upgrade to the standard clinical specification providing for a Community Minor and Urgent Eye Care Service nationally. In addition, the current contract for the CUES service in Leeds ends on 31 March 2025 and a new contract will begin from 1 April 2025. Feedback on how people access the service, and their experience of using the service, will help inform the new contract. The main aim is to develop and improve the care people with urgent eyecare issues in Leeds receive. For example, the service is for urgent symptoms, but the review of activity data indicates that some patients with minor conditions are entering the service at the point of contact. The change to how people access the service should help to clarify what eye problems the service is able to help with, and when it needs to signpost people to more appropriate support.
Is it supported by local / national strategy / priorities?	What local or national strategies or priorities support this service change?	Recent upgrade to the national standard clinical specification providing for a Community Minor and Urgent Eye Care Service delivered from a network of optical practices, to assure, support and enhance access to minor and urgent eye care locally. The specification review and upgrade was led by the Local Optical Committee Central Support Unit (LOCSU) and the Clinical Council for Eye Health Commissioning (CCEHC) at the request of the Department of

		Health and Social Care. Publication date: February 2024.
When will it change?	Outline the date people can expect to see things happening differently	The current contract has been extended until the end of March 2025. From 1 November 2024, this change will be enacted, initially as a pilot phase, to enable testing and review of the changes in order to inform the new contract from April 2025 onwards.
What is the level of change?	Is this a minor or major change? Find out more about levels of change on our website.	Level 2: The change to a single point of access could impact many people (last year, there were over 11,500 attendances at the service), although this also includes people who are already using the phone line. Comms and engagement will be required by way of comms resources (leaflets, posters, etc.), a survey (for patients and front-line staff) and also a communications plan which could include information giving and signposting, for members of the public, patients, referring services and staff.

Understanding the impact on people

Quality and Equality Impact Assessment (QEIA)	Have you filled in a QEIA? You can get a copy of this by contacting wyicb-leeds.qualityteam@nhs.net	A QEIA has been completed as part of the QIPP process: https://www.healthandcareleeds.org/wp-content/uploads/2024/10/O065_QEIA_v2.0_CUES_triage_Final_Accessible.pdf
Equality Impact Assessment (EIA)	Have you filled in a more detailed EIA?	Information provided within the QEIA was deemed sufficient for the current change, however, any further proposed change / s would require a more detailed EIA.
Who will be affected by the change?	Which people and groups will be affected?	Anyone in Leeds registered with a local GP, who has an issue with their eyes. Staff in optical services in Leeds who deal with members of the public seeking help for issues with their eyes.
Will protected groups be affected by the change?	Will protected groups, or those at risk of experiencing health inequalities be particularly impacted by the change?	Based on 2023 / 2024 activity, 18% of all attendances were from people living in IMD 1. However, when comparing access by the rate per 1000 of the registered population those Pprimary Care Networks (PCN)s covering the most deprived parts of our city have lower

	A list of protected groups can be viewed on our website.	access rates compared to those less deprived. Eye disease and onset of related conditions are associated to age. The main users of the CUES service are those aged over 65 years (nearly 30%). There are age differences in minor eye conditions: 27% of all conjunctivitis findings were in those aged under 12 years, 40% of all blepharitis findings were in those over 65 years.
How will it affect people?	What difference will people notice? (new service, service closure, changes to opening times / location etc) What are the benefits or drawbacks?	The proposal is to pilot a change to the way people access the CUES service. People will no longer be able to walk into their local branch of Specsavers, for example, and ask for some on-the-spot advice about an eye condition, but will have to use a single point of contact phone number (which will be managed by PES). Depending on the answers they give to set questions, they will then be directed to the most appropriate service for their condition / given an appointment time to attend the most appropriate service for their condition. It is hoped that responses to the survey will help to highlight any issues with this proposed approach.
How will the change be viewed by the people affected?	Will it be viewed as positive, negative, or neutral change?	People who are new to the service will see no change in how they use the service, so would be expected to be neutral about the change. However, people who have used the service previously, or have heard about how to use the service previously, will see a change. Depending on their experience of the service (and we know that the service does have high satisfaction ratings) it is possible that some of these people may not view the change very favourably.
What feedback / patient experience do you already have?	How do you know what people will think (what information do you already have about	PES collect patient satisfaction feedback regularly which they report on quarterly. The service consistently receives high patient satisfaction ratings. Patient Reported Outcome Measures - PROMs received from

	people's experience / views?)	PES, along with some equality monitoring data.
How will it be viewed by the wider public?	What will people not directly impacted think of the change?	Any change will need to evidence that it has taken people's / patients' experiences into account and that it seeks to simplify / improve people's experiences. We will need to consider how and where we communicate the change.

Understanding the impact on stakeholders

Who will be interested in the change?	Which groups might be interested in the change. E.g.: • Staff • Local councillors • Media • Partners	Local people, existing / previous patients of the service, primary care, providers, staff, and referrers.
How will wider stakeholders view the change?	Will this be seen as a positive, negative or neutral change?	It will depend on how the change is communicated. The service has high satisfaction ratings, so we should monitor through the pilot phase and use feedback from the engagement to inform the new contract and ongoing service improvement.
Is there a risk of reputational damage?	Is there a risk that this is used negatively in the media? Is this potentially a 'good news' story?	Only if the change that's agreed has a negative impact on people or certain groups or communities. Or where providers or other services (e.g. primary care) anticipate a negative change, for example, a reduced customer base or an increased burden (e.g. waiting lists)? It could potentially be seen as a 'good news' story… e.g. reducing the risk of postcode lottery / increasing access for communities at highest risk of experiencing health inequalities / equity of access across the city – but will depend on how the pilot phase goes. Need to consider how the change is communicated to all stakeholders.

Levels of influence

What can people influence regarding the change?	Can they influence anything? What specifically can they influence?	We want to use the engagement to find out how people find out about and access the service, what they like about it and what they think might be improved. We also want to find out who's using the service, and perhaps, who isn't, so we can think about any gaps or barriers we may need to address. The findings from the survey will help to inform the new contract and how the service develops in the future. As part of the information-giving element of the planned engagement, we could also ask people what kind of information they would find most useful in relation to eye health and care and self-management.

Involving people

Do you need to involve your staff?	How will you involve them? What can they influence?	In addition to hearing from local people, we also want to hear from front-line staff, as they often pick up on issues, or have ideas of how things may be improved. We will be inviting staff to complete a survey.
Do you need to involve public representatives?	Consider involving public representatives such as Patient Participation Group (PPG) members or ICB volunteers.	We will pass on the survey details to local PPGs to share the information about the engagement within their own practices.
Who else do you need to involve or inform?	Consider if you need to contact other stakeholders such as local councillors, local providers etc.	Local third-sector partners such as Healthwatch, Forum Central, PVP members, etc.
What are your timescales for the involvement?	Consider key milestones in your involvement such as sending out letters, involvement start and end dates and when you will share your report.	The survey is planned to run from 1 November when the change is anticipated to begin. Planned to run for between 6 weeks initially (until 15 December), to allow time for review and report before the end of the year. Elements of the survey should ideally be continued to enable ongoing patient / customer input to the pilot phase.

What questions will you ask?	What information do you need to give people to get involved? What questions will you ask them? Is this an opportunity to ask anything else? Don't forget equality monitoring. Equality monitoring information can be found on our website.	(Consider questions which link with the recently updated national CUES clinical service specification, issued in Feb 2024 – particularly regarding the retro audit examples on page 12 – 1.-CUES-Service-specification-vs-1.43-Feb-2024.pdf (locsu.co.uk) We will ask people about their experience of using the service: • When did they use the service? • How did they find the process of accessing the service using the phone number? • What happened as a result of their call? • How satisfied were they with the outcome? • What kind of information would they (and their family / loved ones) find helpful in looking after their own eye health? • Postcode and GP details • Equality monitoring information.
What methods will you use to involve people?	Consider using methods suited to your audience. This might include letters, interviews, workshops, and surveys.	Survey – for patients and for staff. Can be completed online or paper – contact by email or phone (reception). Different formats are available on request.
How will you promote your involvement?	Consider using emails, social media, websites, text etc.	We will develop a communications plan including social media posts, commission leaflets / posters / cards with info and the phone number, which will be couriered to GPs, optical services and pharmacies with a cover letter. We will share information across our local networks including the Primary Care bulletin, Involving You, People's Voices Partnership (PVP), Forum Central and PPG emails.

When will you write your report	Don't forget to add the report to your website. Include 'you said, we did' in your report that outlines what you have done in response to people's feedback. A useful list of themes can be found on our website.	Following the first few weeks of the survey being open, we will start to populate the engagement report template with responses received. This will mean a draft report can be completed before the end of the year.