**NHS Bristol, North Somerset and South Gloucestershire (BNSSG) CCG Community Cataract Follow Up Service Payments Form (Bristol Area)**

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| **This form should be used following a NHS BNSSG CCG Community Cataract Follow Up appointment.**  **Please send completed form to: bnssg.ceff.nca@nhs.net for payment or Post to BNSSG CCG Finance, 4th Floor, South Plaza, Marlborough Street, Bristol, BS1 3NX.**  **Emails do not have to be sent from a secure (@nhs.net) account but MUST NOT CONTAIN PATIENT IDENTIFIABLE DATA.** |

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| **SECTION A – PATIENT DETAILS** | | | | | | | | |
| **Medisoft PIN number:** | | | | | |  | | |
| **For Finance Purposes** Unique Practice GDPR Identifier (Format = ODS code + 10 digit practice patient I.D | | | | | |  | | |
| **Section B – OPTOMETRIST DETAILS** | | | | | | | | |
| **NAME & ADDRESS OF ACCREDITED OPTOMETRIST PERFORMING FOLLOW UP** | | | | | | | | |
| **Section C- Detail of Cataract Follow Up** | | | | | | | | |
| **DATE OF PATIENTS CATARACT SURGERY** | |  | | | | | | |
| **DATE OF FOLLOW UP APPOINTMENT** | |  | | | | | | |
| **OUTCOME OF FOLLOW-UP APPOINTMENT** |  | | **Discharged** |  | **Referred back to surgical provider** | |  | **Referred to A&E** |
| **DATE** |  | | | | | | | |
| **OPTOMETRIST SIGNATURE:** |  | |  | | | | | |
| **OPTOMETRIST PRTINED NAME:** |  | |  | | | | | |
| The table below sets out the schedule of local tariffs agreed for this service, and which the Provider will charge the Commissioner in respect of services rendered.   |  |  | | --- | --- | |  | **Tariff** | | Cataract Follow up Appointment tariff | £40.00 |   After NHS BNSSG CCG have checked the Payment Claim forms, NHS BNSSG CCG will process payments, which are made by BACS to practices via the signed contractor, on a monthly basis. Fees will be reviewed in line with the annual NHS Operating Framework. There is an expectation that the Provider will keep the number of follow up appointments to a minimum, and that therefore ordinarily patients will not need or receive more than one follow up appointment. Where more than one follow up appointment is required, the Provider will need to report this to the Commissioner and explain the reasons for these additional follow ups before the Commissioner will pay the follow up charges.  The Commissioner will not pay any additional or alternative charges to the Provider in respect of services rendered by the Provider. Similarly NHS BNSSG CCG will not pay for any services provided which are not listed in this contract. The Commissioner will not pay any monies to the Provider in respect of patients who Do Not Attend (DNA) their appointment, or those who are seen and treated by the Provider who do not meet the inclusion criteria listed in section 3.4.1 of Schedule 2 (A). This includes patients who do not meet the relevant criteria under any applicable Interventions Not Normally Funded (INNF) policies which the Commissioner has enacted, or chooses to enact, during the period of this agreement. The Commissioner will not pay any monies to the Provider in respect of cancelled appointments which are a result of Provider error or are cancelled by the Provider. | | | | | | | | | |