**Repeat measures & Monitoring (OHT & glaucoma suspects)**

**Referral and Payment Claim Form**

**PAYMENT PROCESS -** Claims will be processed monthly and one payment will be issued.

**REFERRAL -** use this form for referral if hospital eye service is required.

 **NOTE TO GP -** there is no requirement to take action with this other than refer via Choose & Book, adding any relevant medical information as per normal process.

**Please ensure this form accompanies referral**

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| **For Finance Purposes**Unique Practice GDPR Identifier: (Format = ODS code + 10 digit practice patient I.D) |  |
| Surname: |  | Other names: | Date of Birth: |
|  | Address: |
| Postcode: |  | Telephone Numbers: |
| GP Name: |  | GP Practice: |

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|  | **PHASE 1 – REPEAT MEASURES** |
|  | **THIS PATHWAY IS ONLY FOR PATIENTS REGISTERED WITH registered with a GP Practice in the city of Bristol within the boundaries of BNSSG CCG WITH NORMAL OPTIC DISCS.** If there is referable optic nerve head damage or the patient is registered with a GP from another CCG area please refer to hospital eye services via letter or GOS18 as usual. **OPTOMETRISTS MUST BE ACCREDITED TO PARTICIPATE IN THIS SCHEME.** |
| **IOP** |  |  Measured in mmHg |
|  | **Date** | **Time** | **Instrument** | **Put an ‘X’ to confirm** | **RE** | **LE** |
| **Original (from sight test)** |  |  | ***Specify****:* |  |  |  |
| **1st Repeat** *only with Goldmann - if IOP at sight test ≥24mmHg* |  |  | **Goldmann** I confirm tonometer has been calibrated according to manufacturer’s instructions  |  |  |  |
| **2nd Repeat** *only with Goldmann if IOP ≥24mmHg* |  |  | **Goldmann** I confirm tonometer has been calibrated according to manufacturer’s instructions  |  |  |  |
|  | **Do not refer for IOP alone unless at least one eye is** *≥***24mmHg or above on BOTH occasions** |
|  | **Visual Fields** |
|  | **Date** | **Time** | **Instrument** |  | **RE** | **LE** |
| **Original***from Sight test* |  |  |  |  | **Normal** |  | **Normal** |  |
|  | **Visual field defect consistent with glaucoma** |  | **Visual field defect consistent with glaucoma** |  |
| **Repeat***on different date* |  |  |  |  | **Normal** |  | **Normal** |  |
|  | **Inconsistent defect** |  | **Inconsistent defect** |  |
|  | **Consistent defect** |  | **Consistent defect** |  |
|  | **Do not refer for Visual Field defect alone unless there is a repeatable visual field defect consistent with glaucoma in the same area of the plot on BOTH occasions. Put an ‘X’ outcome option** |
| **Patient does not need referral** |  | **Patient needs referral** |  | ***If referral required, please fill in the following details***  |

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|  |  **Referral** **Prescription Details** |
|  | **Vision** | **Sph** | **Cyl** | **Axis** | **Prism** | **Base** |  | **VA** | **Add** | **Near VA** |
| **RE** |  |  |  |  |  |  |  |  |  |  |
| **LE** |  |  |  |  |  |  |  |  |  |  |
| **Please record CD ratios here** | **RE** |  | **LE** |  |  |
|  | **Other Information** |
|  | **PHASE 2 - MONITORING** |
|  | **THIS PATHWAY IS ONLY FOR PATIENTS REGISTERED WITH A GP PRACTIVE WITHIN THE CITY OF BRISTOL WHO HAVE OCULAR HYPERTENSION OR SUSPECT GLAUCOMA AND WHO HAVE BEEN ISSUED WITH A MANAGEMENT PLAN FROM THE HES. OPTOMETRISTS MUST BE ACCREDITED TO PARTICIPATE IN THIS SCHEME.** |
|  | **OUTCOME** | **Put an ‘X’ outcome option** |
|  | **No change in clinical status. Next appointment as per protocol.** |  |
|  | **Change in clinical status. Patient referred back to HES** |  |

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|  | **FEES** |
| **PHASE 1a (part 1)**Repeat IOP with Goldmann£12.50 |  | Practice stamp/address |
| **PHASE 1a (part 2)**Repeat IOP on separate occasion with Goldmann Applanation Tonometer £22.50 |  |
| **PHASE 1b**Repeat visual fields on separate occasion £25.00 |  | I confirm I have conducted the above tests in accordance with the protocol. I understand that the Clinical Commissioning Group (CCG) will monitor all referrals and may from time to time ask to see the records of patients examined under the scheme. **Optometrist’s Signature:**Print name |
| **PHASE 1c** (**patients from a non-accredited PRACTICE seen at the request of the CCG)**Goldmann applanation tonometry, visual fields, dilated examination of the disc and Van Herick’s test £50.00 |  |
| **PHASE 2**OHT / Glaucoma Suspect Monitoring £50.00 |  | **FEE CLAIMED****£** |

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| **Patient’s declaration and consent** |
| **I confirm I have undergone repeat pressure and/or field measures OR, had a monitoring appointment as per my HES issued management plan.****I consent to the results of these tests being collected for the purpose of audit and ensuring best practice amongst optometrists.** |
| **Patient’s signature Date** |
| **PATIENT OUTCOME Put an ‘X’ outcome option** |
| **Patient does not need referral** **Post this form to BNSSG CCG:** BNSSG CCG Finance Team, South Plaza, Marlborough Street, Bristol BS1 3NX**or email to: (only from an NHS.net account)**bnssg.ceff.nca@nhs.net | **Patient needs referral** **Post this form to BNSSG CCG:** BNSSG CCG Finance Team, South Plaza, Marlborough Street, Bristol BS1 3NX**or email to: (only from an NHS.net account)**bnssg.ceff.nca@nhs.net**ALSO** Post/fax this form to patient’s GP with standard covering letter (supplied) |