**OPTOMETRY LOCALLY COMMISSIONED SERVICES – 2014 QUARTERLY QUALITY MONITORING CLAIM & PAYMENT UPDATE**

**PLEASE SEND YOUR INVOICE AND MONITORING FORM OUT TO THE RESPECTIVE PLACES AT THE SAME TIME**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Deadline:** | **Action:** | **Responsible Lead:** | **To:** | **How:** |
| **Quarter 1** |  |  |  |  |
| 10 July 2014 | Submit first quarter quality monitoring | Optometry Provider | Trafford CCG | [lindanewton2@nhs.net](mailto:lindanewton2@nhs.net) or  trccgpcitadmin@nhs.net |
| 10 July 2014 | Submit first quarter invoice | Optometry Provider | SBS | NHS Trafford CCG 02A Payables L155  Phoenix House  Topcliffe Lane  Wakefield WF3 1WE |
|  |  |  |  |  |
| **Quarter 2** |  |  |  |  |
| 10 Oct 2014 | Submit second quarter quality monitoring | Optometry Provider | Trafford CCG | [lindanewton2@nhs.net](mailto:lindanewton2@nhs.net) or  trccgpcitadmin@nhs.net |
| 10 Oct 2014 | Submit second quarter invoice | Optometry Provider | SBS | Address as above |
|  |  |  |  |  |
| **Quarter 3** |  |  |  |  |
| 10 Jan 2015 | Submit third quarter quality monitoring | Optometry Provider | Trafford CCG | [lindanewton2@nhs.net](mailto:lindanewton2@nhs.net) or  trccgpcitadmin@nhs.net |
| 10 Jan 2015 | Submit third quarter invoice | Optometry Provider | SBS | Address as above |
|  |  |  |  |  |
| **Quarter 4** |  |  |  |  |
| 10 April 2015 | Submit fourth quarter quality monitoring | Optometry Provider | Trafford CCG | [lindanewton2@nhs.net](mailto:lindanewton2@nhs.net) or  trccgpcitadmin@nhs.net |
| 10 April 2015 | Submit fourth quarter invoice | Optometry Provider | SBS | Address as above |

If your query is in relation to the **contract**, please contact:

F Romagnoli, Business & Project Manager, PCIT, NHS Trafford CCG

Email: [frances.romagnoli@nhs.net](mailto:frances.romagnoli@nhs.net)

If your query is in relation to the **quality monitoring quarterly return**, please contact:

L Newton, Primary Care Development Co-ordinator, PCIT, NHS Trafford CCG, Crossgate House, Sale M7FT

Email: [lindanewton2@nhs.net](mailto:lindanewton2@nhs.net)

If your query is in relation to the **payment**, please contact: SBS on 0303 123 1177

**NHS Trafford CCG LCS Cataract Referral Refinement Activity Performance Indicators 2014-5 (Monthly)**

**Name of Optometrist Provider………………………………………………………..**

|  |  |  |
| --- | --- | --- |
| **Activity Performance Indicators** | | |
| **Month/Year** | **Number of potential cataract patients seen** | |
|  | Number of patients referred for surgery |  |
| Number of patients not wishing to go ahead with surgery |  |
| Number of patients DNA for assessment |  |
| Number of patients incorrectly referred for surgery |  |
| Number of patients who actually have surgery |  |

**NHS Trafford CCG LCS Repeat Measure of IOP Activity Performance Indicators 2014-5 (Monthly)**

**Name of Optometrist Provider:………………………………………………………………**

|  |  |  |
| --- | --- | --- |
| **Activity Performance Indicators** | | |
| **Month/Year** | **Number of patients for the period** |  |
|  | Number of screens undertaken |  |
| Number of patients with IOP> 21-32 (Goldman) |  |
| Number of patients with IOP> 32 (Goldman) |  |
| Number of patients with IOP> 21-32 (Perkins) |  |
| Number of patients with IOP> 32 (Perkins) |  |
| Number of patients discharges from IOP accredited optometrist |  |
| Number of referral to MREH |  |
| Number of referrals to CATS |  |
| Length of time for each referral |  |
| Number of screens undertaken |  |