

COMMUNITY EYECARE LOCAL ENHANCED SERVICE (LES)

FINANCE AND ACTIVITY DATA COLLECTION FORM FOR COMPLETED EPISODES OF TREATMENT To be completed and submitted electronically where possible			
Practice name, address and postcode:			
Optometrist name:			
Email:			
Telephone number:			
Patient name:			
Patient NHS number:			
Patient date of birth:			
Patient postcode:			
GP Name:			
GP Practice:			
Condition/Symptoms: (NB: please CODE using codes in SLA and shown at back of this form)			
Date of first appointment:			
Outcome of appointment Please tick as appropriate	Routine hospital referral (Outcome form also submitted to Choice for onward referral)		
	Urgent hospital referral via GP/direct to HES		
	Discharge no treatment		
	Refer to GP for treatment		
	Follow-up within LES		
Payment due:		First appointment - £42	
		Follow-up - £25	
PRACTITIONER'S DECLARATION			
Before submitting, please read the statement below. If you agree with this statement please sign and date the form in confirmation.			
<i>I understand that the information provided is used as a basis for making payment. I declare to the best of my knowledge, all the information provided on this form is accurate and reliable, and a proper reflection of the work undertaken for the delivery of the Community Eye Care Local Enhanced Service. If not, I understand appropriate action may be taken against me, including, where appropriate a criminal counter fraud investigation</i>			
Signed:		Date:	

GUIDANCE ON COMPLETING THE FINANCE AND ACTIVITY DATA COLLECTION FORM

Please submit completed form by email to nyhcsu.choice@nhs.net or by fax to 01904 659270.
For queries please call the Choice Office on 0300 303 060

CONDITION/SYMPTOMS

NB: Please ensure you stipulate on the ‘finance and activity data collection form’ the condition code and symptom, as detailed below.

Condition / Symptom – (as per service specification 4.5.1 – 4.5.12)

A summary is shown below:

- **BV41 Blurred Vision**
- **DI91 Diplopia**
- **DR52 Dry age related macular degeneration**
- **FB10 Field Loss**
- **FB74 Floaters and flashes for different diagnosis of posterior vitreous detachment or retinal detachment**
- **FF88 Headaches to rule out eye conditions as a cause**
- **FL63 Lid disease i.e. blepharitis, entropion, meibomian gland dysfunction**
- **HE35 Meibomian cysts needing excision**
- **ME36 Non penetration foreign bodies**
- **PI20 Pigment changes in fundus including peripheral degenerations, choroiditis, macula changes and choroidal naevi**
- **RE77 Red eyes, dry eyes, and sore eyes including conditions such as conjunctivitis (bacterial, Allergic and viral) and dry eyes**

OUTCOME OF APPOINTMENT

Routine hospital referral – Where routine hospital referral is required, please ensure that a ‘LES appointment outcome form’ is also submitted.

Urgent hospital referral – Where urgent hospital referral is required this must be actioned either by the Optometrist or by the patient’s GP. N.B. The Choice Office is unable to process urgent referrals.

Discharge no treatment/Refer to GP for treatment/Follow-up within LES – Only a ‘finance and activity data collection form’ should be completed; no ‘LES appointment outcome form’ is required.