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University of Oxford (Health Economics Research Centre) & Gloucestershire NHS Foundation Trust

DIABETIC RETINOPATHY SCREENING IN ENGLAND

Costing Questionnaire

Respondent Informat	ion	
Contact Name: Job Title:		
Lab Location:		
Telephone number: Email address:		

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DIABETIC RETINOPATHY SCREENING IN ENGLAND

Costing Questionnaire

Thank you for taking time to complete our questionnaire.

Your answers are entirely confidential and for research purposes only.

The aim of this survey is to collect information on the resource use and costs associated with diabetic retinopathy screening. The results from this survey will be used to inform a wider study evaluating the cost-effectiveness of personalised screening intervals.

Please answer ALL the questions in parts A to F.

Return your completed questionnaire to:

Dr Ramon Luengo-Fernandez Health Economics Research Centre Nuffield Department of Population Health University of Oxford Old Road Campus OX3 7LF Oxford

Email: ramon.luengo-fernandez@dph.ox.ac.uk

Which options are provided in your screening service and how many patients are screened on average annually? Add other locations/options if necessary.

Location	Yes/No	Number of patients screened
		annually
Screening in Hospital		
Mobile eye screening units		
Screening in GP surgeries		
Screening in Opticians practices		

How many patients are referred annually to surveillance clinics?

Part B: Screening service staff

In **Table 1**, please list the posts of all staff involved in your Diabetic Retinopathy Screening programme. (e.g. Clinical lead, Programme manager, Service manager, Lead ophthalmologist, optometrist, technicians, clerical staff, clinical nurse, etc.) Use agenda for change grades (Band 1 to Band 9).

In **Tables 2** to **8**, please specify how the time of each employee is divided between the different stages involved in the Diabetic Retinopathy Screening programme.

Please do NOT include teaching and training time here.

(Please give answers in whole time equivalents (WTE)¹ including the proportion of staff from other sections for holiday and sick cover)

Table 1. List all employees involved in your Diabetic Retinopathy Screening programme

	TIME OF EACH EMPLOYEE (WTE)				
POSTS (type and grade)	WTE involved in NHS Diabetic Eye	Total WTE			
	Screening Programme				

Table 2. Programme management

Includes: Supervision, design, maintenance and management of the Diabetic Retinopathy Screening programme

POSTS (type and grade)	% of total WTE devoted to the management of the Diabetic Retinopathy Screening programme

Table 3. Administration of the screening service

¹ If an employee works 0.5 WTE and 50% of their time is spent working as part of the Diabetic Retinopathy screening programme then their WTE is 0.25.

Includes: Identifying, informing and inviting eligible diabetic patients to the Diabetic Retinopathy Screening programme.

POSTS (type and grade)	% of total WTE devoted to the administration of the Diabetic Retinopathy Screening programme

Table 4. Screening

Includes: Visual acuity and other checks, administration of eye drops, and digital photograph

Do not include any time spent when screening is subcontracted to Optician practices.

POSTS (type and grade)	% of total WTE devoted to screening in the Diabetic Retinopathy Screening programme

Table 5. Grading and diagnosis

Includes: Grading of the digital photograph (primary, secondary and agreement if required).

POSTS (type and grade)	% of total WTE devoted to grading and diagnosis in the Diabetic Retinopathy Screening programme

Table 6. Result reporting and referrals

Includes: Contacting patients and their GP with the results of the screening, and referring patients to surveillance clinics, slit lamp bio-microscopy, hospital eye services, or the outpatient department.

POSTS (type and grade)	% of total WTE devoted to reporting results and arranging referrals in the Diabetic Retinopathy Screening programme

Table 7. Surveillance activity post screening

Includes: Providing surveillance screening (i.e. digital photograph, slit lamp bio-microscopy, grading, OCT assessment if OCT is within screening) and an administrative functions related with the surveillance clinics

POSTS (type and grade)	% of total WTE devoted to surveillance activity in the Diabetic Retinopathy Screening programme

Part C: Costs associated with screening location

If Diabetic Retinopathy Screening in your programme is provided in

- Hospital, please do not complete this section and go to part D
- Mobile screening units, please complete Table 7
- GP surgeries, please complete Tables 7 and 8
- Optician practices, please go to Table 9

Table 7. Please provide details of the vehicles used as part of the Diabetic Retinopathy Screening programme

TYPE	COST (LEASE)	COST (NEW)	PREDICTED LIFETIME	ANNUAL MAINTENANCE COST	PETROL COST	PROP. OF USE DUE TO RETINOPATHY SCREENING
Vehicle 1						
Vehicle 2						
Vehicle 3						
Vehicle 4						
Vehicle 5						
Vehicle 6						
Vehicle 7						
Vehicle 8						
Vehicle 9						

If vehicles have <u>not</u> been leased, please provide their costs as new, i.e. without amortisation, and predicted lifetime.

Table 8. Please provide details on the annual expenditure incurred to rent space in <u>GP</u>

 <u>surgeries</u> in order to host the Diabetic Retinopathy Screening programme

Туре	Annual expenditure
Rental	
Other:	
Total	

Table 9. Please provide details on the annual expenditure <u>or</u> the cost per screened patient incurred to subcontract the screening test to external providers, i.e. Opticians.

Туре	Annual expenditure	Cost per screened patient
Opticians		
Other:		
Other:		
Other:		
Total		

Part D: Equipment costs

Table 10. Capital equipment required for the diabetic retinopathy screening programme including hiring and buying, e.g. digital camera systems, IT software (central and peripheral systems) and hardware (PCs and laptops). Please include any equipment used in surveillance clinics.

No.	TYPE OF EQUIPMENT	EQUIPMENT COST (NEW)	LOCATION (HOSPITAL, MOBILE OR GP)	ANNUAL MAINTENANCE COST	PREDICTED LIFETIME	PROPORTION OF USE DUE TO RETINOPATHY SCREENING

Part E: Consumables

Table 11. What is your annual expenditure in consumables used as part of the Diabetic

 Retinopathy Screening programme, e.g. eye drops, alcohol, hand gel?

(Please breakdown into different parts if possible)

CONSUMABLE	ANNUAL COST		

Part F: Training

Table 12. Please list any additional staff (e.g. ophthalmologists) required to provide training to screening providers, e.g. Opticians. Use Agenda for Change grades.

POSTS (type and grade)	TIME (WTE)	

Table 13. Please provide information on any **external training** courses that your staff are required to attend in order to provide the diabetic retinopathy screening programme.

Please enter all costs including VAT.

External training course	Cost per course attendee	Number of staff attending course

Table 14. Please provide the approximate number of hours required per staff grade to attendthe external training courses listed in Table 13. Use Agenda for Change grades.

POST (type & grade)	HOURS REQUIRED TO ATTEND EXTERNAL COURSES	

Table 15. Please provide the approximate number of hours required per staff grade to give and receive **in-house training** in order to provide the Diabetic Retinopathy Screening programme.

Please include training provided by equipment manufacturers

PROVIDING INTERNAL TRAINING (Post type & grade)	HOURS REQUIRED PER POST	RECEIVING INTERNAL TRAINING (Post type & grade)	HOURS REQUIRED PER POST