

The Effectiveness of Community vs. Hospital Eye Service follow-up for patients with neovascular age-related macular degeneration with quiescent disease: a virtual trial.



## RESOURCE USE AND COST QUESTIONNAIRE FOR OPTOMETRISTS

Date.....(please fill in)

Thank you for taking time to complete this questionnaire. Your answers will be kept confidential and used only for the ECHOES study.

One component of the ECHOES study is to provide the NHS with information on how cost-effective it is for optometrists to perform retreatment assessments for patients with quiescent neovascular age-related macular degeneration (nAMD).

In order to do this we would like you to answer, to the best of your knowledge, the following questions about any resources and costs that would be associated with providing this new service in optometric practices.

Notes on questionnaire completion:

- If you do not know the answer to any given question, please give your best guess wherever possible and otherwise leave it blank and complete the rest of the questionnaire.
- Please write "0" in response to any questions to which the answer is zero.
- All costs should **include VAT** whenever applicable.
- Questions will be reported in *Italics*, while explanatory text to set the background to the question will be reported in normal font.

If you have any questions regarding this questionnaire please contact:

Dr Mara Violato (XXXX; Tel XXXXX XXXXXX) or  
Dr Sarah Wordsworth (XXXX Tel XXXXX XXXXXX)

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## Set up/ Capital and operative costs

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Imagine that the community optometric practice where you work is going to be involved in shared care-management for monitoring the need for retreatment of patients with nAMD whose disease has been rendered quiescent by anti-VEGF drugs, such as Avastin or Lucentis. We would like to know which facilities the practice already has and which facilities need to be set up in order to be able to offer this new monitoring service.

When answering, please keep in mind that the appointment for monitoring will typically consist of the components and skills summarised in Table a:

**Table a**

<b>Component</b>	<b>Description</b>	<b>Skills required</b>
History	Discussion of patient-reported vision status in each eye and comparison to status at previous visit.	Communication skills
Clinical examination Slit lamp biomicroscopy: Anterior segment and macula	Clinical exam to ensure absence of VEGF-related adverse events and/or incidental other disease.	Slit lamp and ophthalmoscopy skills
Visual acuity assessment	Visual acuity recorded as letters read on an ETDRS chart at 4 metres (with/without mirrors) using previously recorded refraction.  The results will then be recorded in the patient medical record.	Test and interpret visual acuity
Administration of 1% tropicamide drops	Pupil dilation. Drops will need to be administered 20 minutes before CF photography and spectral domain coherence tomography.	Instillation of eye drops
CF photography (or equivalent CF image)	One good quality photograph centred on the centre of the macula of each eye.	Taking and interpreting retinal images
Spectral domain OCT	Cube scan of the posterior pole for each eye. Images will be acquired using a standardised protocol, which is pre-set on the OCT machine.	Taking and interpreting OCT images
Final assessment	A retreatment decision will be made on the basis of the visual acuity data and interpretation of images obtained.  The decision and rationale will need to be entered in the patient record.	Ability to assess the need for retreatment and arrange necessary follow-up

**Q1.** Given the above description, how long do you think each monitoring review will take? Please include in your estimate the 20 minutes that the patient will have to wait for the dilating drops to work.

.....minutes

As optometric practices are very heterogeneous, we would first like to have a sense of such diversity in order to plan a shared-care programme that accounts for the needs of all practices. We would therefore like you to describe your practice by replying to the following questions.

**N.B.** If you own/work in more than one practice, please reply to the whole questionnaire referring only to the practice where you spend most of your time.

**Q2.** What is the approximate size of the practice you work in?

**(Please answer ONLY ONE of the alternative options)**

- ... square metres
- ... square feet
- I am unsure

**Q3.** How many rooms are there in your practice?

... rooms

**Q4.** What facilities are available in the practice you work in that could be used to assess visual function and/or perform optometric monitoring on patients with nAMD?

**N.B.** If the practice does not have a specific piece of equipment please type "0" in the corresponding line. **Go to page 2 to see again Table a describing a typical monitoring review.**

Equipment	Quantity currently in the practice
ETDRS visual acuity charts - 4 metres viewing distance required (with/without mirrors)	
Projector that includes ETDRS chart	
Retro-illuminated light box	
Trial frame	
Lens set	
Light meter to measure luminance. e.g. SPER Scientific	
Slit-lamp	
Colour fundus camera	
OCT acquisition system	
OCT acquisition system with fundus photography included as a component	
Computer	
Do you have a computer network (allowing images to be viewed at more than one workstation)?	YES/NO
Colour fundus camera software	
OCT software	
Printer	
Other (please specify)	

**PLEASE COMPLETE ALSO QUESTIONS Q4.a, Q4.b and Q4.c AS APPROPRIATE IF YOUR PRACTICE HAS ANY OF THE FOLLOWING:**

*Colour fundus camera*

*OCT acquisition system*

*OCT acquisition system with fundus photography included as a component*

**Q4.a**

**“Colour fundus camera”**

*Approximately when was the latest colour fundus camera acquired?  
.... years and .... months ago*

*What model is the colour fundus camera that you most recently acquired?*

.....  
.....  
.....  
.....

*How many patients currently use the colour fundus camera per week?.....*

*How much did the colour fundus camera cost?*

**(Please choose and complete only one of the following options)**

**Costs should include VAT**

- £..... one off purchase AND £..... per year for service/maintenance/call out fee*
- £..... per month hire AND £..... per year service/maintenance/call out fee*
- £..... per month hire INCLUDING service/maintenance/call out fee*
- I am unsure*

**Q4.b**

**“OCT acquisition system”**

*Approximately when was the latest OCT acquisition system acquired?  
.... years and .... months ago*

*What model is the OCT that you most recently acquired?*

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*How many patients currently use the OCT acquisition system per week?.....*

*How much did the OCT acquisition system cost?*

**(Please choose and complete only one of the following options)**

**Costs should include VAT**

- £..... one off purchase AND £..... per month service/maintenance/call out fee
- £..... per month hire AND £..... per month service/maintenance/call out fee
- £..... per month hire INCLUDING service/maintenance/call out fee
- I am unsure

**Q4.c**

**“OCT acquisition system with added colour fundus photography feature”**

*Approximately when was the most recent OCT acquisition system with added colour fundus photography feature acquired?*

*.... years and .... months ago*

*What model is the OCT acquisition system with added colour fundus photography that you most recently acquired?*

.....  
 .....  
 .....  
 .....

*How many patients currently use the OCT acquisition system with added colour fundus photography per week?.....*

*How much did the OCT acquisition system with added colour fundus photography feature cost to buy and how much is maintenance?*

**(Please choose and complete only one of the following options)**

**Costs should include VAT**

- £..... one off purchase AND £..... per month service/maintenance/call out fee
- £..... per month hire AND £..... per month service/maintenance/call out fee
- £..... per month hire INCLUDING service/maintenance/call out fee
- I am unsure

**Q5.** We would like now to know about the staff (including yourself) in your practice, their role, working hours, average salary and how long they would potentially spend on each monitoring review to perform retreatment assessments for patients with quiescent nAMD. Please complete the table below to the best of your knowledge. If a staff type indicated in the table is not employed at your practice, then leave the corresponding row blank. If there is more than one staff for each type, please fill in a row for each (e.g. Optometrist 1, Optometrist 2, etc...). **Go to page 2 to see again Table a describing a typical monitoring review. If you need additional space, please give further details on a separate piece of paper and label it as “Q5”.**

**For replies in columns 2 and 5, please use one of the categories indicated below the table.**

**Table Q5**

Staff type	Role that they would have during the consultation <u>(please choose one or more from the list below<sup>a</sup>)</u>	Time that they would spend on patient-related activities per monitoring review (minutes)  <small>Please refer back to the total consultation length that you reported in your reply Q1</small>	Hours worked per week	Annual salary (gross) band <sup>b</sup>
Optometrist 1: yourself				
Pre-registration optometrist 1				

Staff type	Role that they would have during the consultation (please choose one or more from the list below <sup>a</sup> )	Time that they would spend on patient-related activities per monitoring review (minutes)  Please refer back to the total consultation length that you reported in your reply Q1	Hours worked per week	Annual salary (gross) band <sup>b</sup>
Optical assistant 1				
Clerical/retailer staff 1				

Staff type	Role that they would have during the consultation (please choose one or more from the list below <sup>a</sup> )	Time that they would spend on patient-related activities per monitoring review (minutes)  Please refer back to the total consultation length that you reported in your reply Q1	Hours worked per week	Annual salary (gross) band <sup>b</sup>
Practice manager				
Other administrative staff 1				
Other (specify)				



Staff type	Role that they would have during the consultation (please choose one or more from the list below <sup>a</sup> )	Time that they would spend on patient-related activities per monitoring review (minutes)  Please refer back to the total consultation length that you reported in your reply Q1	Hours worked per week	Annual salary (gross) band <sup>b</sup>

<sup>a</sup> Please use one or more of the following categories in column 2:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. History   | 2. Clinical examination      | 3. Visual acuity assessment |
| 4. Administration of eye drops                                   | 5. Colour fundus photography | 6. OCT                      |
| 7. Assessment of need for retreatment and next follow-up records | 8. Updating patient          | 9. Booking appointments     |
| 10. None of the above  | 11. Other (please specify)   |                             |

<sup>b</sup> Please give the salary in one of the following bands: Less than £20,000; £20,000 to £29,999; £30,000 to £39,999; £40,000 to £49,999; £50,000 to £59,999; £60,000 to £69,999; £70,000 to £79,999; £80,000 per year or more.

*We anticipate that for any given monitoring visit, each individual task will be conducted by one individual optometrist. If that is not the case could you, please give details of which tasks would be done jointly by two or more people working on the same patient visit?*

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**Q6.** Given the *CURRENT* size and structure of your practice would it be necessary to set up or modify any room(s) to offer the additional monitoring service?

- Yes
- No

**If YES**

**Q6.a** How many rooms would need to be set up/modified? .....

**Q6.b** What kind of adjustments would be required to the existing space in your practice?

**(Please tick as many options as appropriate)**

- It would be necessary to modify an existing room(s) to create the necessary space to offer the new service
- It would be necessary to build a separate room by scaling down the size of another room in the practice
- It would be necessary to rent an additional room adjacent to the practice
- It would be necessary to extend the current size of the practice by building an “extra” room
- Other (please specify)

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.....

**Q6.c** With reference to the previous question, what *kind* of costs would your practice incur to set/up modify any existing/additional room for providing the monitoring service?

**(Please tick as many options as appropriate)**

- Refurbishment /conversion – *please answer also Q6.d*
- Building/construction work– *please answer also Q6.e*
- Additional rent – *please answer also Q6.f*
- New OCT acquisition system  
How many additional OCT systems would be required? .....systems
- New colour fundus photography  
How many additional photography systems would be required? .....systems
- New OCT acquisition system with added colour fundus photography  
How many additional OCT/photography systems would be required? .....systems
- Other new specialist equipment (please specify)

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- New furniture (please specify)

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- Other (please specify)

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If you expect your practice would incur “building/construction work” or “refurbishment /conversion work” or would need to “rent an additional room”, how much would that cost (excluding cost for specialist equipment, office equipment and furniture/furnishing)? **Please include VAT in your replies if applicable.**

**Q6.d “Refurbishment /conversion”**

**(Please choose and complete only one of the following options)**

- £.....”one-off” expenditure
- I am unsure
- Other (please specify)

.....  
.....  
.....

**Q6.e “Building/construction work”**

**(Please choose and complete only one of the following options)**

- £.....”one-off” expenditure
- I am unsure
- Other (please specify)

.....  
.....  
.....

**Q6.f “Additional rent”**

**(Please choose and complete only one of the following options)**

- £.....per month
- I am unsure
- Other (please specify)

.....  
.....  
.....

**Q7.** After you have done any modifications to the practice (if needed) and hired any additional staff required (if necessary), how many patients with quiescent nAMD do you think your practice could accommodate per month in addition to your current monthly volume of clients? Please keep in mind the description of a typical monitoring review as presented at the beginning of the questionnaire (go to page 2 to see again Table a) and the estimated time for each monitoring review in minutes that you indicated in Q1.

.....patients per month

How many optometrists would this workload be shared amongst? .....

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**Staff training**

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**Q8.** For each skill listed in the table below, please indicate what training you and your colleagues have received or would need to perform retreatment assessments for patients with quiescent nAMD. **Go to page 2 to see again Table a** describing a typical monitoring review. Please give as many details about the additional training as possible. If you do not know what training opportunities are available, please leave the last column blank. **If you need additional space, please give further details on a separate piece of paper and label it as “Q8”.**

**Table Q8**

Skills	Do you currently feel confident that you have mastered this skill?	Details of the training I or colleagues have already received on this (course type, provider, length, cost, etc...) Costs should <u>include</u> VAT	Number of staff in your practice (including yourself) who would benefit from further training to perform the monitoring review	Details about training required, <u>if known</u> (course type, provider, length, cost, etc...) Costs should <u>include</u> VAT
Slit lamp biomicroscopy	Yes/No			
Conduct test and interpret ETDRS visual acuity	Yes/No			

Skills	Do you currently feel confident that you have mastered this skill?	Details of the training I or colleagues have already received on this (course type, provider, length, cost, etc...) Costs should <u>include</u> VAT	Number of staff in your practice (including yourself) who would benefit from further training to perform the monitoring review	Details about training required, if <u>known</u> (course type, provider, length, cost, etc...) Costs should <u>include</u> VAT
Assessment				
Administration of 1% tropicamide drops	Yes/No			
Taking colour fundus photography images	Yes/No			

Skills	Do you currently feel confident that you have mastered this skill?	Details of the training I or colleagues have already received on this (course type, provider, length, cost, etc...) Costs should <u>include</u> VAT	Number of staff in your practice (including yourself) who would benefit from further training to perform the monitoring review	Details about training required, <u>if known</u> (course type, provider, length, cost, etc...) Costs should <u>include</u> VAT
Interpreting colour fundus photography images	Yes/No			
Taking OCT images	Yes/No			
Interpreting OCT images	Yes/No			

Skills	Do you currently feel confident that you have mastered this skill?	Details of the training I or colleagues have already received on this (course type, provider, length, cost, etc...) Costs should <u>include</u> VAT	Number of staff in your practice (including yourself) who would benefit from further training to perform the monitoring review	Details about training required, <u>if known</u> (course type, provider, length, cost, etc...) Costs should <u>include</u> VAT
Making decisions about the need for retreatment and time to next follow-up	Yes/No			

Are you familiar with any electronic patient record systems?

Yes

No

If yes, which?

.....  
.....

Would you be willing to use an electronic patient record system in order to offer shared care of quiescent nAMD?

Yes

No

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**Final questions**

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**Q9.** What would motivate you to join a shared-care scheme? Please choose as many options as applicable.

**(Please tick as many options as appropriate)**

- To allow the NHS to make a better use of the scarce resources by optometrists sharing the care of quiescent nAMD patients
- Clinical interest
- Career development
- Practice reputation
- Income generation
- Other (please specify).....

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.....

**Q10.** Are there any other costs or resources that your practice would need to incur in order to provide monitoring reviews for nAMD patients that are not mentioned in the questionnaire?

Yes

No

If YES

Please provide details below

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**Q11.** If you have any comments on the questionnaire (such as difficulties that you encountered interpreting or finding the information for any specific sections), please record them here.

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End of Questionnaire.