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

**DIABETIC RETINOPATHY SCREENING IN ENGLAND**

Costing Questionnaire

**Respondent Information**

**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](mailto:ramon.luengo-fernandez@dph.ox.ac.uk)

## Part A: Activity

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)<sup>1</sup> 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**

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

**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**

<sup>1</sup> 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.





## 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 **not** 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 GP surgeries in order to host the Diabetic Retinopathy Screening programme**

Type	Annual expenditure
Rental	
Other:	
Total	

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

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





**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 attend the **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.

