

FLOW PATIENTS INTO TRUST		Please choose from drop down list	Comments if you feel needed
Do you have any satellite units for clinical activity?		Don't know	
If you have satellites please specify where & which services		Please specify in this box which locations	Please specify in this box which services?
NEW REFERRALS		Please choose from drop down list	Comments if you feel needed
How are referrals made into the HES? Select any possible combination of options:	Via GP	Don't know	
	Direct from optometrist	Don't know	
	Both	Don't know	
	Referral triage	Don't know	
	Electronic	Don't know	
	Other (please free text if indicated)	Don't know	
OTHER PROVIDERS		Please choose from drop down list	Comments if you feel needed
Is there an AQP in your area doing any sort of ophthalmology?		Don't know	
If yes please specify sub-specialty?	Glaucoma	Don't know	
	Med Ret	Don't know	
	Cataract	Don't know	
	Other (please specify)	Don't know	
COMMUNITY PATHWAYS			Comments if you feel needed
Does vision screening take place for 4-5 year olds in your area?		Don't know	
CLINIC ORGANISATION		Please choose from drop-down list	Comments if you feel needed
Do you use an electronic patient record? If yes please specify in comments which one you use		Don't know	
Is your imaging connected to a hospital server?		Don't know	

FOLLOW UPS - DELAYED &/OR LOST to Follow Up

Definition delayed follow ups: any follow up which is beyond clinically selected date for follow up			Please choose an option from the drop down options	Comments if you feel needed
Is your follow-up activity capped by commissioners?			Don't know	
Do you have patients with a medical retina condition where you know there has been a delay to follow up during the past 12 months?			Don't know	
If yes please estimate how many?			Don't know	
Do you have patients with a glaucoma condition where you know there has been a delay to follow up during the past 12 months?			Don't know	
If yes please estimate how many?			Don't know	
Serious Incidents & Never Events			Please choose an option from the drop down options	Please specify reason(s)
How many serious incidents have you had in the last 2 years?				
How many never events have you had in the last 2 years?				
CLINIC COMPOSITION	Staff numbers as WTE	As WTEs		
Please tell us about the medical staff working in your department as WTE:	Consultants			
	Associate Specialists (SAS)			
	Junior Doctors			
CLINIC COMPOSITION	Health care professionals (HCP)	As WTEs		
Please tell us about the Health Care Professional (non-medical HCP) staff working in your eye clinic in an extended role as WTE. An HCP with expanded role is one that is performing a role that is beyond the basic qualification level and would need further training & competency assurance , under the supervision & support of an ophthalmologist.	Nurses			
	Optometrists			
	Orthoptists			
	Other (please specify)			
Other staff who work in your eye clinic as WTE:	Technicians			
	Medical Photographers			
	Eye Clinic Liaison Officer (ECLO)			
	Other (please specify)			

Agency Staff		Please select option	
Have you had to engage agency staff or locums in the past financial year? Medical or non medical		Don't know	
Please tell us what you have spent in the last financial year?	Medical	£0.00	
	Non Medical	£0.00	
ACUTE OPHTHALMOLOGY		Comments if you feel needed	
Do you provide emergency eye care during normal office hours?	Don't know		
Do you have an out of hours service?	Don't know		
If you do not provide emergency eye service (outside office hours) do you have a SLA with another unit to provide emergency service?		Don't know	
MEDICAL RETINA SERVICES (DIABETES & AMD)		Comments if you feel needed	
Who is providing your DRS service? Please specify		SPECIFY	
Do you meet the screening standards from urgent referral to treatment patients (R3AM0/R3AM1)		Don't know	
Do you meet the screening standard from referral to treatment for routine patients (R2M1, R1M1)?		Don't know	
Do you have a pathway for ungradeable images from DRS?		Don't know	
Do you have an OCT refinement for M1 referrals from DRS?		Don't know	
Do you run virtual monitoring clinics for your DR patients?		Don't know	
Please specify for which patients?			
Does your hospital organise sub-specialty clinics for AMD?		Don't know	
Do you run virtual monitoring clinics for your AMD patients?		Don't know	
Please specify for which patients?			

AMD INJECTIONS		Please select option	Comments (if e.g. more than one option is used)
Who performs the injections?	Consultant	Don't know	
	Ophthalmology trainees	Don't know	
	Optometrist	Don't know	
	Nurse	Don't know	
	Orthoptist	Don't know	
	Other (please specify)	Don't know	
Did Pharma assist you in setting up your AMD service?		Don't know	
Where do you inject?		choose from drop down options	
What is duration of injection session? (hours)		hours	
What is the average number of injections given per session?			
Cost per injection pack		£0.00	
Typical drug cost for single Lucentis injection (£)		£0.00	
Typical drug cost for single Eyelea injection (£)		£0.00	
Typical drug cost for single Avastin injection (£)		£0.00	
CATARACT SURGERY		Please type a number in the box	Comments if you feel needed
Do you provide guidelines to the comm optoms about making cataract referrals?		Don't know	
What is your referral to surgery conversion rate? In %		%	
Does your organisation submit data to the NOD?		Don't know	
What is the average theatre time for a cataract list (hours)?		hours	
How many operations do you typically perform during each cataract list?	Service list		
	Training list		
Do you vary the number of operations by trainee level of experience?		Don't know	
Do you have mixed operation lists (i.e. cataracts and other procedures are delivered during the same operation list)?		Don't know	
How are your patients discharged from theatre? Please choose from drop down options (FOR ROUTINE surgery)		please choose from drop down options	

Cataract Surgery Costs		Please type a number in the box	
Please estimate the total cost of a cataract operation (£)		£0	
Phaco machines & other associated equipment & consumables		Please choose from drop-down list	Comments if you feel needed
How did you purchase your last phaco machine? Please choose from drop down options		Don't know	
If your phaco machine was a capital purchase, please state the cost of the last phaco machine you purchased (£)		£0	
Please state the length of the maintenance contract for the last phaco machine you purchased (no. years)			
Please state the cost of the maintenance contract for the last phaco machine you purchased (£/year)		£0	
What do you pay for you keratomes?	Price per invidual keratome	£0	
What do you pay for your phaco packs	Price per phaco pack	£0	
What do you pay for your implants?	Price per monofocal IOL	£0	
What do you pay for your viscoelastic	Price per individual unit of viscoelastic	£0	
If your phaco machine is leased or on a rental contract please answer the following questions			
Please describe what is included in your rental contract		What is included in rental price choose from drop down options	
What rental price do you pay? Price per patient		£0	
Do you have a separate maintenance contract?		Don't know	
What do you pay for your maintenance contract (£ per year)		£0	
If your phaco packs are NOT included in the rental contract	What price do you pay per single phaco pack?	£0	
If your IOLs are NOT included in the rental contract	What price do you pay per single monofocal IOL?	£0	
If your keratomes are NOT included in the rental contract	What price do you pay per single keratome?	£0	
What do you pay for your viscoelastic?	Price per individual unit of viscoelastic	£0	
Cost of the instruments on an instrument tray for a phacoemulsification procedure		£0.00	

Typical cost of sterilisation for instruments for a single phacoemulsification procedure		£0.00	
Cataract antibiotic: What do you use (subconjunctival injection or intracameral). Please use dropdown options?		Don't know	
What price do you pay per vial/unit of antibiotic		£0	
GLAUCOMA SERVICE			
Do you have any of the following pathways in you area? College commissioning guidelines applies 3 levels of filtering: repeat measures, enhanced case finding and referral refinement. Please select any possible combination of options:	None	Don't know	
	Enhanced case finding	Don't know	
	Repeat measures	Don't know	
	Referral refinement	Don't know	
Does your hospital organise sub-specialty clinics for Glaucoma?		Don't know	
Glaucoma Service as WTE		Please type a number in the box	WTE
What is the composition of the team?	Consultant		
	Optometrist (in expanded role)		
	Nurse (in expanded role)		
	Other (please specify)		
Do you run virtual monitoring clinics?		Don't know	
Please specify for which patients?			
Are your surgical interventions (trabeculectomy surgery) carried out by sub specialist glaucoma surgeons or by general ophthalmologists?		please choose from drop down options	
Other than trabeculectomy surgery, do you perform any other glaucoma operations (including tubes, MIGS)?		Don't know	
Please specify what			

Diagnostics & Visual Field Analysers		Please choose from drop-down list	Comments
How did you purchase your last VF machine?		Don't know	
If your VF machine was a capital purchase, please state how much you paid for it (£)		£0	
If your VF machine is leased please state cost of your lease (£/year)		£0	
How did you purchase your last OCT machine?		Don't know	
If your OCT machine was a capital purchase, please state how much you paid for it (£)		£0	
If your OCT machine is leased please state cost of your lease (£/year)		£0	
Specialised Services		Please choose from drop-down list	
Do you deliver specialised ophthalmology services (as defined in the NHS England Clinical Reference Group prescribed service specification)? If YES please go to the questionnaire on specialised services (NEXT SHEET)		Don't know	
Eye Drops for diagnostic or therapeutic use		Typical cost per BOX of Minims (£)	
		Please type values	
Proxymethacaine minims		£0.00	
Chloramphenicol 0.5% minims		£0.00	
Phenylephrine 2.5% minims		£0.00	
Cyclopentolate 1% minims		£0.00	
Tropicamide minims		£0.00	
Botulinum Toxin			
Please choose which botulinum toxin you use?		please choose from drop down options	
Please specify cost of botulinum toxin you use, COST PER SINGLE VIAL? (£)			
Botox		£0.00	
Dysport		£0.00	
Xeomin		£0.00	
Povidine Iodine			
Povidine Iodine NB. please select minims or bottle from the drop down options		Don't Know	
Cost of povidine iodine used (BY £ PER BOX OF MINIMS OR £ PER BOTTLE)		£0.00	

Introduction

These sub-specialty descriptions have been taken from the service specification for prescribed ophthalmology services developed by the NHS England Clinical Reference Group (www.england.nhs.uk/commissioning/spec-services/npc-crg/group-d/d06/). We have attached this service specification as a pdf document.

We would like you to, as a department, indicate whether you deliver one of these services. We are not asking whether you are commissioned by NHS England to deliver a service, just if you deliver a service that you believe fits a description of the services listed in the CRG document. PLEASE LOOK AT THE PAEDS LIST IF APPLICABLE TO YOU.

List of specialised sub-speciality services for ADULTS	Please select from drop-down list		
	Yes/No	Approx how many patients do you think you see per year?	For procedures how many performed in the past TWO (2) years? What outcomes do you measure? Please list any
Orbits			
Management of any orbital disease except the emergency treatment of orbital cellulitis	Yes		
Management of thyroid eye disease	Yes		
Lacrimal disorders	Yes		
Complex lacrimal surgery (combined with tumours, Lester Jones, surgical revisions)	Yes		
Oculoplastic surgery			
Advanced ptosis surgery (with autologous tissue, surgical revisions)	Yes		
Management of complex eyelid/ adnexal tumours (recurrent basal cell, squamous cell, sebaceous gland carcinoma, melanoma, Merkel cell carcinomas , other rare tumours) excluding the initial biopsy	Yes		
Complex lid position surgery (complex entropion, ectropion, revision OCP, lamellar ichthyosis, Stevens Johnson)	Yes		
Mohs surgery	Yes		
Non BCC eyelid carcinomas (except diagnostic biopsy)	Yes		
Cornea			
Severe inflammatory ocular surface diseases refractory to topical rx (mucous membrane, stevens johnson & acanthamoeba)	Yes		
High risk keratoplasty	Yes		
Ocular surface reconstruction	Yes		
DSEK	Yes		
DSAEK	Yes		
DMEK	Yes		
ALTK	Yes		
Deep anterior lamellar keratoplasty	Yes		
Corneal inlays corneal implants Intacs, kerarings	Yes		
Keratoprosthesis	Yes		
Collagen cross linking	Yes		
excimer lasers Phototherapeutic keratoplasty	Yes		
Scleral contact lenses	Yes		
Eye bank	Yes		
Medical Retina			
Second opinions (including anything needs electrophysiological testing)	Yes		
PDT	Yes		
Intraocular tumours e.g. retinal tumours & choroidal tumours e.g. melanoma	Yes		
Uveitis	Yes		
Electrophysiology testing	Yes		

		Glaucoma
Complex Glaucoma Outpatients	Yes	
Complex Glaucoma Surgery (multiple failed drainage sx, high risk failure, very shallow Acs, nanophthalmos & buphthalmos)	Yes	
		Neurophthalmology
Neurophthalmology outpatients & Rx	Yes	
		Strabismus
Eye movement recordings	Yes	
		Ocular genetic disorders
Ocular genetic outpatients testing & Mx	Yes	

List of specialised sub-speciality services for CHILDREN	Yes/No	Please select from drop-down list Approx how many patients do you think you see per year?	For procedures how many performed in the past 2 years?	What outcomes do you measure? Please list any
		Orbital disorders		
Evaluation of orbital disorders	Yes			
All orbital surgery (except minor surgery & Mx orbital cellulitis)	Yes			
Microphthalmia	Yes			
Anophthalmia	Yes			
Ocular prostheses provision	Yes			
		Oculoplastic & lacrimal surgery		
Anything except routine syringe & probing, lacrimal duct intubation & minor lid surgery	Yes			
		Cataract		
Treatment cataract & lens disorder needing surgery within first few weeks life	Yes			
Cataract surgery in children up to 2 years age	Yes			
		Glaucoma		
Mx of any type glaucoma in children	Yes			
		Corneal diseases & surgery		
Any corneal surgery except emergency corneal repair	Yes			
Corneal transplant	Yes			
		Medical retinal diseases		
Eye banking	Yes			
		Retinopathy of prematurity NB screening is not specialised		
Vitreo Retinal surgery (elective & emergency)	Yes			
Any treatment of RoP	Yes			
		Medical retinal diseases		
Retinovascular disorders (Coats, familial exudative vitreoretinopathy, retinopathy of incontinentia pigmenti)	Yes			
		Uveitis		
Paediatric uveitis	Yes			
		Genetics		
Mx of Ocular genetic disorders	Yes			
		Neuro Ophthalmology		
Evaluation & care of Neuro ophthalmology	Yes			
Eye movement recording for e.g. nystagmus patients	Yes			