Author's response to reviews

Title: Micro-costing the provision of emotional support and information in UK eye clinics

Authors:

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Author's response to reviews: see over
Dear Dr Ya-Seng Hsueh,

Thank you for overseeing the review of our manuscript, “Micro-costing the provision of emotional support and information in UK eye clinics”. We would also like to thank the reviewers for taking the time to thoroughly consider our work and for their helpful comments. As requested we have provided a point-by-point response to each reviewer below. We feel that the manuscript is much improved as a result of the feedback.

Kind regards,

Ms Hanna Gillespie-Gallery
Dr Ahalya Subramanian
Dr Miriam Conway
Reviewer: Joanna M Charles

Reviewer's report:
This is an interesting paper that may enable the role of Eye Clinic Liaison Officer to be further researched with particular emphasis on costs and cost-effectiveness.

Major Compulsory Revisions

Comment 1: There is an incomplete hanging sentence on Page 2 under the "Methods" Section of the Abstract.
  • This sentence has now been removed

Comment 2: On Page 5 under the "Methods" section no information is provided as to how the four ECLOs who took part in the semi-structured interviews to inform the survey questionnaire were recruited. Please could the authors provide this information.
  • Thank you for this comment. The first sentence of the methods section (page 5) now states:
    “An invitation was sent to ECLOs known to the researchers to take part in semi-structured interviews to inform items for use in the questionnaire (for questions, see Additional file, questions). Four ECLOs agreed to take part.”

Comment 3: The Methods section should be split into two distinct sections relating to each of the two aims outlined at the end of the "Background" section in the paper, for ease of understanding.
  • Upon your advice, the method section has been considerably re-structured, and is much clearer now. We have divided the methods into the two parts corresponding to the aims of the paper:
    Determining the services provided by ECLOs
    Estimating the costs of ECLOs per patient and facilities for ECLOs

Comment 4: In the "Results" section on Page 5 it would be beneficial to see the n of ECLOs who do not provide training in vision aids (LVAs) and ECLOs who do not provide advice LVAs or non-optical aids such as lighting reported in the “Role of ECLOs” section.
  • Thank you for this comment. The following section has been revised and is much clearer:
    “Most services are provided by 90% or more ECLOs. Slightly fewer ECLOs provided explanations about low vision aids (LVAs; 15 out of 17, 88.2%) and non optical aids, such as lighting (16 out of 18, 88.9%) and only 5 out of 14 ECLOs (35.7%) provided training in the use of LVAs. Training in LVAs is likely to be outside the remit of most ECLOs.”

Comment 5: On Page 7, the sections titled “Cost of providing a full time ECLO in eye clinics”, “Sensitivity analysis” and the first paragraph of “Cost of providing support per lifetime per patient” discuss methods of the micro-costing rather than cost. The paragraphs within these sections that do not report results should be moved to the Methods section on Page 5.
  • Thank you for this point. The methods section has been considerably revised in light of this comment, as well as previous comments, and all methodology has been moved to the methods section. The results section now states:
“Cost of providing a full time ECLO in eye clinics

Table 2 shows that the full economic cost of an ECLO per year is £34,290.30. The cost per patient per contact with the ECLO was £17.94 for seeing an average of 9.1 patients per day. These figures do not include initial set-up costs or training costs. £17.94 is carried forward for subsequent calculations.

Sensitivity analysis

Table 3 shows that the cost of an ECLO per patient contact varies from £10.89 if 15 patients are seen per day, to £32.66 if 5 patients are seen per day.

Cost of providing support per lifetime per patient

Table 4 shows the cost of an ECLO intervention over a person’s lifetime for ages 8-84 years. Costs vary from £24.60 for an 84 year old who visits and ECLO once every 5 years to £1,300.92 for an 8 year old who visits an ECLO once per year for their remaining life.

Using the proportions of people registered as severely sight impaired at each age group [15] we arrive at an average lifetime cost for a clinic of £247.76, assuming an ECLO is seen once per year.”

Comment 6: On Page 7, under the section “Cost of providing a full time ECLO in eye clinics” employer national insurance and superannuation/pension contributions are stated as included elements of costs, but the rate used is not reported in the manuscript. Please state the rate of superannuation/pension contributions used in the calculation.

- We have moved this section to the methods based on your previous comments, but have added in brackets the national insurance and superannuation/pension contributions into the manuscript, as well as other costs:

“Unit Costs for Social and Health Care [12] contributed to the calculation of the patients seen per year (1911), employer national insurance and superannuation/pension contributions (£5,527.70), overheads such as telephone, heating and stationary (£3,1300.00) and capital overheads such as building and fittings costs (£2,283.00). An unpublished ECLO business case proposal estimated the set up costs for an ECLO (£3,110.00).”

Comment 7: Add “Limitations” as a heading before the second paragraph on Page 10 and add the heading “Conclusion” above the final paragraph of the manuscript, also on Page 10.

- This subtitle has now been provided in the manuscript.

Comment 8: In Table 1 there are many incidences where the percentage does not match the n reported. This may be due to the fact that not all of the ECLOs provide the service resulting in a lower total n (less than the total N of 18); however, this is not explained and reported in the manuscript. If this is the case, please review this table and revise the method sections pertaining to Table 1 as appropriate.
Thank you for picking up on this point. Table 1 had an ‘n’ column which stated the number of people who responded to the question, however this may have been unclear and has now been changed to “Number of respondents”. Additionally we have now explicitly referred to this in the text (page 7):

“All questions were optional, and the ‘Number of respondents’ column provides information on how many people responded to each part of the question.”

Comment 9: Details are required in the Methods section of how the average number of patients per day (9.1), was used to calculate the other number of patients per day estimates reported in Table 3.

- The average number of patients per day was not used to calculate the other values in Table 3, but the average number of patients seen per day was substituted with values above and below 9.1 (5, 10 and 15 patients per day) to examine how the cost per patient varied. We have clarified this in the methods section:

“The number of patients an ECLO see per day may vary from clinic to clinic [13]. Therefore a sensitivity analysis was conducted. Using the same method as in Table 1, the cost of an ECLO per patient contact was calculated for 5, 10 and 15 patients seen per day (Table 3).”

Comment 10: The term “cost per patient contact” is used throughout the manuscript; however, this term needs defining where it first appears in the manuscript as there is currently no definition provided in the paper.

- Thank you for highlighting this. A definition has now been included as the final section of the introduction:

“Cost per patient per contact is the cost of one consultation with an ECLO.”

Minor Essential Revisions

Comment 1: There is a double full stop (..) at the end of the sentence explaining the first aim of the study, in the “Background” section of the Abstract, Page 2.

- This has been amended.

Comment 2: On Page 4 in the final sentence detailing the second the aim of the study replace “as well” with “and” before “….whether sufficient facilities have been provided for ECLOs”.

- The replacement has been made.

Comment 3: On Page 7, under the heading “Sensitivity analysis” in the first sentence the word “ECLO” appears too late in the sentence and it therefore doesn’t make sense. Please change this sentence to “The number of patients an ECLO sees per day may vary from clinic to clinic”.

- This has now been changed and the sentence has moved to the methods section (page 6) based on previous comments.

Comment 4: On Page 7, in the “Sensitivity analysis” section the final sentence “table 2” requires a capital T for Table.

- Due to other changes, this sentence has been removed.
Comment 5: In Table 2 on Page 16, the final row on this page currently states the “full economic cost to employ an ECLO (year 1) is £34,290.30, assuming no training costs. Should this state “year 2” in the brackets rather than year 1 as currently reported in the manuscript?
  • Thank you for pointing this out. The change has now been made.

Comment 6: Table 4’s title does not make sense currently, please change to “Table 4: Lifetime cost an ECLO’s intervention for various ages and frequencies of contact”.
  • This has been changed to:

  “Table 4: The lifetime cost of an ECLO’s intervention for various ages and frequencies of contact.”

Discretionary Revisions

Comment 1: Where “However” appears at the beginning of a sentence add a comma after it (2nd paragraph, Page 6; 3rd paragraph, Page 9; 2nd paragraph of limitations, Page 10).
  • These changes have been made throughout.

Comment 2: On Page 7, under the section titled “Cost of providing a full time ECLO in eye clinics” on the 3rd line, change the sentence “The following age points were used since data don life expectancy and percentage of the population....” to “The following age points were used as data don life expectancy and percentage of the population....”.
  • This change has been made. The sentence is now in the methods section due to other changes suggested by this reviewer.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests
Reviewer: Philip Alexander

Reviewer’s report:
This is an interesting and valuable piece of research. The question posed is well defined and the methods are appropriate although there need to be more details on the survey methods (see point 7 below). The data appear sound and the conclusions are well balanced and follow on well from the data presented. The limitations of the work are clearly stated. Overall this is a good manuscript although it is a shame that there are numerous grammatical errors, including an unfinished sentence in the methods section of the abstract.

Minor essential revisions

Abstract
1. Grammatical error: To meet these needs some clinics employ an Eye Clinic Liaison Officer (ECLO) but it has yet to be widely implemented and these aspects of care are often missing from clinics. What does ‘it’ refer to?
   • Thank you for this comment. The sentence has been changed to the following:
     
     “To meet these needs, some clinics employ an Eye Clinic Liaison Officer (ECLO) but the position has yet to be widely implemented.”

2. Incomplete sentence: Information was obtained from...
   • This sentence has now been removed

Background
3. ...suggests that eye clinic patients
   • This sentence has been changed

4. Paragraph 3: Word missing: In a recent _____
   • Added the missing word “report”

5. Paragraph 3: optometry led hospital service found that a low vision appointment
   • This sentence has also been corrected

6. Paragraph 4: how much ECLOs cost per patient
   • This has been changed to:
     
     “the cost of an ECLO per patient”

Methods
7. How was the survey conducted? Postal, phone or email? Any follow up on non-responders?
   • Thank you for this comment. We have added the following to clarify that the survey was conducted online and invitations were sent by email.
     
     “The online questionnaire was piloted using one ECLO and one individual who had previously worked as an ECLO and minor changes were made based on their comments. The authors contacted some ECLOs directly and the Royal National Institute of Blind People (RNIB) sent out an invitation by email to take part to ECLOs known to them.”

   • Because the survey was anonymous, we could not identify and follow-up non-responders, although several reminder emails were sent out.
8. It would be helpful to list the survey question in the methods.
   • We have provided a list of questions as additional information and stated this in the methods.

Results

9. There is a relatively poor response rate. What reasons do the authors suggest for this?
   • Thank you for making this point. We have added the information below in the limitations section (second paragraph):

   “Our response rate was 37% of all accredited ECLOs. One potential reason for the low response rate could be due to the sensitive nature of some questions, in particular those regarding salary. In addition, only 44.4% of ECLOs reported they had access to a computer. Thus many may have completed the survey at home/elsewhere, and perhaps some ECLOs did not want to answer the questionnaire outside their working hours.”

10. Full economic cost of ECLO employment needs to be stated in text of results, rather than in conclusions.
    • We have now reported the full economic costs in the main test of the results:

    “Cost of providing a full time ECLO in eye clinics

    Table 2 shows that the full economic cost of an ECLO per year is £34,290.30. The cost per patient per contact with the ECLO was £17.94 for seeing an average of 9.1 patients per day. These figures do not include initial set-up costs or training costs. £17.94 is carried forward for subsequent calculations.”

11. Eighteen out of the 23 ECLOs
    • This has been changed to:

    “18 out of the 23 ECLOs”

12. Sensitivity Analysis: Word order of sentence doesn’t make sense
    • This has now been changed and the sentence has moved to the methods section (page 6) based on another reviewer’s comments.

Conclusion

13. Cost of an ECLO: It is unclear how the value of £6.15 has been derived from data in citation 11 (Curtis L, 2009). Please could the authors indicate which part of the Curtis report they have used to establish this value.
    • In the original report, citation 11 is Sharma et al. (2012) which states the cost of attending a hospital clinic as £6.15.

14. What about cost effectiveness of ECLO? How much economic benefit does an ECLO visit bring to the patient and has this been quantified by other groups in the past?
    • The reviewer raises a very interesting point regarding a cost benefit analysis. Our previous work with people with vision loss did not find a difference in quality of life between people with and without access to an ECLO. We had added the following to the discussion:
“Although ECLOs are providing the services reported as previously missing in eye clinics [5], earlier research has not found that ECLOs provided an improvement in measures such as quality of life or adaptation to vision loss [17,18], thus a cost-benefit analysis could not be performed. Interventions resulting in measurable improvements tend to be intensive in duration [i.e. 19] or involve training in low vision aids [i.e. 20], both of which are outside the scope of the ECLO role. The strength of the ECLO role is to provide immediate emotional support and information and referrals to other services, rather than providing an intervention itself.”

**Level of interest:** An article of limited interest

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests