

GROUP 2. Flexibility and Accessibility

Interventions to be discussed;				
F: More flexible DES appointment booking system and/or dedicated DES clinics for young adults with diabetes AND O: Revising the schedule on the use of mydriatics (eye drops for dilating the pupil) AND H: Diabetic Eye Screening within the community, in more accessible locations				
Paddy Rankin	National programme manager of the NHS Diabetic Eye Screening Programme.			
Richard Bell	Co-Chair British Association of Retinal Screening (BARS)			
Madeleine Johnson	Screening Quality Assurance Service (SQAS) National Lead			
Edmund Rooney	National Services Scotland			
Louis Boulter	Programme manager NE London DESP			
Laura McCloskey	Diabetes UK			
Natalie Owen	National Institute for Health Research			
Dan Lewis	Young adult with Type 1 diabetes			
	Prioritized interventions	Barriers and/or enablers that the proposed intervention addresses	Components of the intervention that could be addressed	Issues identified in Event 1 (30 th June 2021)
F	More flexible DES appointment booking systems and/or dedicated DES clinics for young adults with diabetes.	A YA with diabetes; <ul style="list-style-type: none"> prefers to receive appointment information by text/e-mail/phone call, rather than a letter sometimes forgets to attend DES appointments forgets DES appointments because they are booked too far in advance 	This intervention covers the following potential changes; <ul style="list-style-type: none"> Send appointment information (in addition to the appointment letter) in a range of ways, text message, phone Send additional reminders and prompts for attendance closer to the appointment date (e.g., 1 	<ul style="list-style-type: none"> DES software system now has functionality for online booking (may be issues with some venues) Online booking system (similar to Covid vaccine system) 'This would be very beneficial, there are many appointments with diabetes, so one less to do during work would be amazing.' Young adults (YA have complex lives, having flexibility to change appointments would be beneficial

		<ul style="list-style-type: none"> • finds putting the DES appointment in their electronic calendar once they receive the appointment reduces forgetting • A lack of scheduling flexibility and the duration of DES appointments makes attendance more challenging <p>Seeing older people with diabetes complications in the DES waiting room is unpleasant</p> <p>Representative quotes from YA <i>“Hard to get time off work for appointments.”</i></p> <p><i>“Try to give slots for weekends I'm really unorganised and struggle to book time off work and then end up forgetting the appointment entirely. Possibly related to dyslexia.”</i></p> <p><i>“They can also be inflexible-the nearest one to me only does Tuesday mornings-ok so now I have to take a full days' annual leave (I can't read with dilated</i></p>	<p>week before), in a range of ways</p> <ul style="list-style-type: none"> • Increase availability of DES appointments for improved flexibility and choice in scheduling. Include the provision of evening/weekend appointments • Allow self-booking of appointments and the choice to set the date of next appointment at end of current appointment <p>Develop an easy system for YAs to inform a DES service of any change in personal details, e.g., address or change in GP</p>	<p>CHALLENGES</p> <ul style="list-style-type: none"> • May require reconfiguring IT appointment system • May be a cost associated with adding this functionality • May be restrictions posed by the DES venue on evening/weekend appointments
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0	Revising the schedule on the use of mydriatics (eye drops for dilating the pupil)	<p>YA adults with diabetes find eye drops unpleasant with debilitating after effects</p> <p>Representative quotes from YA</p> <p><i>“It would be easier if it was easier to get to. With the drops you can't drive but it's also hard to then see where the train is.”</i></p> <p><i>“The drops knock me out for the rest of the day and really affect work and everything”</i></p> <p><i>“Just that your eyes stay blurry for the whole day so it almost means you have to have the rest of the day off work if you have to read things as part of your job like I do. Would be better if they did eye screens in the evening so the drops water off when you're not trying to work.”</i></p>	<p>Limiting the use of the eye drops to only YA’s who really need them. This reduces barriers to DES attendance;</p> <ul style="list-style-type: none"> • Time taken out of day • Unpleasant application of eye drops and debilitating after effects of the drops • Prolonged duration of the appointment <p>Improve signage in locations where DES is delivered (to facilitate exit from the clinics when the eye drops are still impairing vision)</p>	<ul style="list-style-type: none"> • Mydriasis in YA not often not required and only done since it is national policy • Mydriasis provides the best chance of obtaining high quality images otherwise pathology may be missed • Frustration with national mydriasis policy when YA doesn’t need dilating • Newer cameras/imaging systems remove requirement for mydriasis (not yet accredited for use) • At some stage the person will need mydriasis and therefore may be better for people to get used to it • Lack of understanding of why the drops are needed • Appointment letter could include more information on the effects of the eye drops e.g., bring sunglasses <p>CHALLENGES</p> <ul style="list-style-type: none"> • Currently policy in England and Wales to use mydriasis

		<p><i>"Distance of screening location Some staff being too rigid on guidelines around the eye drops, my pupils are always huge and some staff don't give me the drops and some say they have to even though I don't need them just because I'm over 25)"</i></p>		<ul style="list-style-type: none"> • May require modification to IT system
H	DES within the community, in more accessible locations	<p>DES appointments are not easy to get to.</p> <p>Representative quotes from YA</p> <p><i>"I used to live in the very north of [country name] and you'd have to travel 120 miles to get to any appointment. So that wasn't ideal [...] There's a lack of availability up there [...] It probably did impact it [DRS attendance] really."</i></p> <p><i>"Not being able to drive and therefore having to find transport"</i></p> <p><i>"They can be difficult to get to, especially as you cannot drive-in one occasion, I had to get 3 buses which took nearly 2 hours, the return trip with dilated pupils wasn't fun."</i></p>	<ul style="list-style-type: none"> • Mobile screening vans or in town centres/near shops. Technological developments have produced good quality portable retinal cameras that could be used in primary care. 	<ul style="list-style-type: none"> • Concept of 'Health on the High St' • Could be combined with 1-stop shop (intervention I) • This would be helpful for people outside of London where it's more difficult to get too, but more flexibility with appointment times seems an easier route than bringing DES to them. • Pop-up clinics • More of an issue in rural settings <p>CHALLENGES</p> <ul style="list-style-type: none"> • Covid has placed restrictions on some screening venues that had to close • Balance between screening close to home and efficiency <p>Geographical challenges</p>

DES – Diabetic Eye Screening

DR – Diabetic Retinopathy

HCP – Health Care Professional

YA – Young Adult with diabetes (Type 1 or 2)