**EASDEC 2016 abstract**

**Title:** Comparing health professionals’ and patient perspectives of individualised screening intervals for diabetic retinopathy screening

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**Design of study:** In-depth qualitative study.

**Purpose**

There is increasing interest in developing variable interval protocols in screening for sight threating diabetic retinopathy. However the acceptability of a change from annual intervals has not been well evaluated. We used in-depth qualitative methods to make a detailed, contextualized comparison of patient and health professionals’ perspectives of introducing personalised risk-based screening intervals.

**Methods**

Qualitative in-depth semi-structured interviews following a grounded theory method were conducted with 16 health professionals involved in the delivery of services for People With Diabetes (PWD) and eye screening. An additional 5 professionals participated through questionnaire. Interviews explored the screening proces, diabetes care, and views on individualised variable screening intervals. These data were compared with data from 34 semi-structured interviews with PWD who attend for retinopathy screening who were recruited through primary care providers. Both samples were recruited through purposive sampling strategies.

**Results**

Both PWD and health professionals presented a broad range of perspectives. However, some common themes emerged which can be used to guide the development of future eye screening services. These include:

* Eye screening is not integrated into diabetes care
* Resource sustainability of annual screening
* Safety concerns, particularly surrounding extended intervals
* Loss of annual reassurance
* Conflicting health behaviour messages
* Potential impact on DNA rates and for patients who DNA
* Quality and management of data required to manage individualised screening

**Conclusions**

Initial analysis of data suggests that, overall, health professionals and patients share similar views regarding individualised eye screening intervals. However, within each of the samples there is considerable variability in these perspectives. These interviews have highlighted a range of issues which should be considered in weighing up the introduction of risk based and extended eye screening intervals.

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