

Feasibility of an implementation intervention to increase attendance at diabetic retinopathy screening: protocol for a cluster randomised pilot trial

Why it matters

Diabetic retinopathy is a leading cause of sight loss among people with diabetes. Regular screening for diabetic retinopathy leads to early detection and timely referral for treatment that can prevent or delay the development of diabetes-related blindness. However, people often experience barriers to accessing and using retinopathy screening services. Screening attendance rates are below recommended levels in many countries, including Ireland. Developing structures and processes in the health system to support people to access care is an important part of international and national policy. As people with diabetes regularly attend their GPs, there is an opportunity to introduce interventions in general practice to improve diabetic retinopathy uptake. Previous research has shown that patient education to increase awareness of diabetic retinopathy and/or patient reminders, or registration and reminder systems to support professionals to follow-up patients can improve uptake. However, few interventions which target *both* patients and professionals are delivered in general practice.

Our approach

We designed an implementation intervention for general practice, that is, an approach to support *implementation* (uptake) of another clinical programme, in this case, the national retinopathy screening programme in Ireland, Diabetic RetinaScreen. As part of the intervention general practice staff follow steps to remind and encourage people to attend screening:

1. **A practice audit** to see whether people are registered with the service and if they have attended
2. **An automatic alert** added to the records of patients who have not attended screening, which will prompt GPs and nurses to remind patients
3. **Practice-endorsed reminders** (delivered in person, by phone and letter), and an information leaflet targeting key attitudinal and knowledge barriers; informing them why screening is important and how to make an appointment.

In this paper we explain how we will conduct a cluster randomised pilot trial to examine the feasibility of the intervention. Eight general practices across Ireland will be randomly assigned to deliver the intervention (4 practices) or be part of a control group (4 practices) who wait 6 months before delivering the intervention. Using audit data we will examine whether people attended for screening during the 6 month period. We will interview practice staff and people with diabetes to ask their opinions on the intervention; whether they think the intervention and study procedures are feasible and acceptable. We will estimate the cost of delivering the intervention in general practice.

What about the findings?

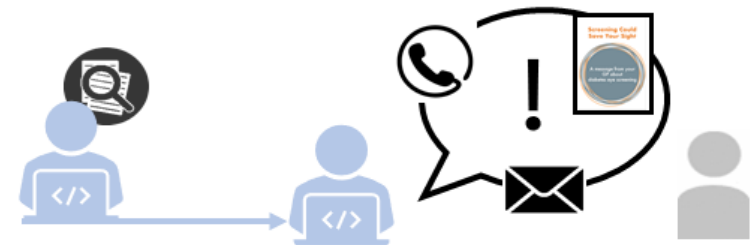
The findings of the pilot trial can be used to refine the intervention and inform whether, and how, we conduct a full scale trial.

Read the full protocol paper [here](#).

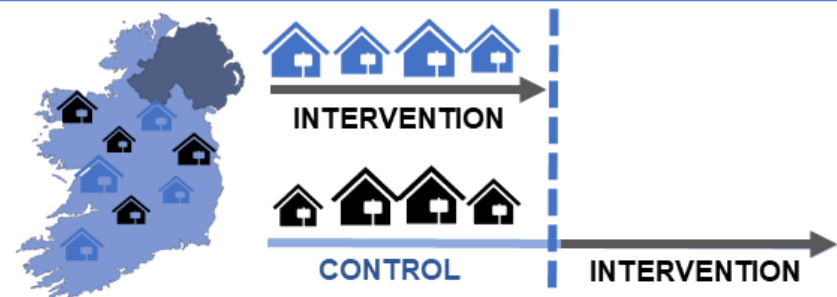
At a glance

Increasing attendance at diabetic retinopathy screening: a pilot trial in general practice

Screening attendance rates are below recommended levels in many countries, including Ireland. We will test the feasibility of an intervention to increase attendance. The intervention involves (1) general practice staff checking records to see whether people have attended, (2) reminding those who have not attended and giving them a short leaflet with key messages about why they should go.



In our pilot trial, eight practices across Ireland will be randomly assigned to deliver the intervention or be part of a control group who wait 6 months before delivering the intervention.



We will examine the audit to determine whether people attended for screening during the trial period. We will interview practice staff and people with diabetes to understand their opinions on the intervention, whether it was acceptable and feasible to deliver. We will estimate the cost of delivering the intervention.



Riordan, F, Racine, E, Smith, SM, Murphy A, Browne J, Kearney PM, Bradley C, James M, Murphy M, McHugh SM. Feasibility of an implementation intervention to increase attendance at diabetic retinopathy screening: protocol for a cluster randomised pilot trial. *Pilot Feasibility Stud* (2020).