

Diabetic Retinopathy Screening in Europe Meeting: TAKING THE NEXT STEPS IN SCREENING

Friday, 22nd October 2021

Aims of the meeting:

- Bring together those passionate about and interested in diabetic retinopathy screening in Europe
- Raise awareness of the WHO publications related to diabetic retinopathy screening
 - **Screening programmes: a short guide** - <https://apps.who.int/iris/bitstream/handle/10665/330829/9789289054782-eng.pdf>
 - **Diabetic retinopathy screening in the WHO European Region: current situation (2021)** - <https://www.euro.who.int/en/health-topics/noncommunicable-diseases/diabetes/publications/2021/diabetic-retinopathy-screening-in-the-who-european-region-current-situation-2021>
 - **Diabetic retinopathy screening in the WHO European Region: plans for development, barriers and facilitators** - <https://www.euro.who.int/en/health-topics/noncommunicable-diseases/diabetes/publications/2021/diabetic-retinopathy-screening-in-the-who-european-region-plans-for-development,-barriers-and-facilitators-2021>
- Identify what the next steps are for providing diabetic retinopathy screening

13.00-13.05 BST	Housekeeping and short introduction	Tunde Peto, Northern Ireland, UK
13.05 BST	Presentation of Diabetic Retinopathy Screening: A Short Guide by WHO Regional Office for Europe and the results of the survey	WHO Regional Office for Europe and Authors of the Guide
13.30 -13.45 BST	Moldova experience: going from national to local	Natalia Palarie, Moldova
13.45 -14.00 BST	The Armenian experience – the role of artificial intelligence	Roger Ohanesian, Nune Yeghiazaryan, Armenia
14.00 -14.15 BST	International experience: Training in leadership and training the trainers	Melanie Corbett, UK
14.15 -14.30 BST	Governance and quality assurance	Sue Cohen, Consultant in Public Health Medicine, WHO Regional Office for Europe
14.30-14.55 BST	Barriers and facilitators to progression In breakout rooms	Please do not forget to get a cup of coffee/tea and a biscuit!
	Room 1: Producing guidelines and ensuring engagement from patient groups and policy makers	Jurate Balciuniene (Lithuania) / Simon Harding (England)
	Room 2: Patient register for the diabetic eye pathway	Caroline Styles (Scotland, UK)/ Irini Chatziralli (Greece)
	Room 3: How do we link screening and treatment pathways in order to reduce the risk of blindness?	Deborah Broadbent (England) / David Keegan (Ireland)
14.55-15.10 BST	Feedback from breakout rooms	Strictly 4 minutes each
15.10-15.20 BST	Training opportunities survey	Katie Curran, UK
15.20-15.30 BST	Summary of the afternoon and the way forward	Summary



In 2020, the WHO Regional Office for Europe published a short guide on diabetic retinopathy screening (DRS) for policy makers, public health leaders and senior clinicians. This was followed by a situational analysis from which the preliminary findings for consultation were described in two publications. These report the current situation in the WHO European Region from the perspective of professional organisations, as well as, plans, barriers and facilitators to progress. This fifth DRS in Europe meeting brought together 71 participants from multidisciplinary backgrounds in 31 countries to discuss the next steps following these reports. These participants acted as representatives for their professional organisations. It built on the previous meetings between 2005 and 2016, the reports from which are available at www.drscreening2005.org.uk.

The meeting content was based on some of the key findings from the WHO publications. The findings were presented and senior leaders in diabetic retinopathy screening from around Europe shared their experience to encourage everyone attending to create a high quality screening service for people with diabetes. Although change can seem overwhelming, there were examples of small steps taken, resulting in a more systematic approach to screening. These included the introduction of artificial intelligence in grading in Armenia to address a lack of grading capacity, training programmes in Africa, and real life experience of setting up a national programme from scratch in Moldova.

A pre-meeting survey identified that only 18% of participants were very satisfied with their training in diabetic eye disease, and only 58% rated their knowledge as very good.

Melanie Corbett's experience of building training in Africa with a distributed model of training based on e-learning, face-to-face events and cascading training the trainers by advanced training. She emphasised the importance of having written aims and objectives for each training programme with a well thought out curriculum. Starting simply and developing a phased approach was recommended, which offers potential for translation across Europe.

The **first breakout room** discussed guidelines, engagement from patient groups and policy makers. Key messages were:

- A) Make guidelines locally relevant and adapted to your healthcare system to ensure the highest chance of success. Having leaders (local champions) in place to take them forward has been a common theme in all meetings.
- B) Patient motivation influences engagement, specifically motivating them to visit the specialist. Shared example (1): Lithuania invited their most active patients with diabetes to run a patient organisation group. Shared example (2): Slovenia developed a National Diabetes Program and found that GPs and primary health care workers were not well informed of the DRS programme. Thus, they educated primary physicians and developed patient organisations (conveying practical information) to increase attendance.
- C) Enlist local groups of other healthcare professionals and patients to help with advocacy. A key engagement message to policy makers is to emphasise the economic benefit to screening in preventing vision loss.

The **second breakout room** covered approaches to creating a patient register. Diabetes clinics were highlighted as key sites that need to be involved and are likely to be the most effective point in the pathway at which to set up patient registers. Many countries do not have an electronic call recall



systems but again engaging primary care and education of all staff working in diabetes care can work in these situations. Other healthcare staff and people with diabetes were recommended as advocates for change. As an example, one of the main advocates in Greece has been the diabetologist groups that has led to the implementation of a patient register. Patient awareness campaigns were also recommended and as highlighted in the first break out room, many countries are improving patient awareness of DRS in different ways.

The **third breakout room** discussed how to link screening and treatment, which are often separated in high-income countries. Successes had come from learning from others when introducing this. Establishing treatment standards with good quality outcome data makes this linkage more sustainable. In the past, too many people missed the window for treatment due to bureaucracy, lack of quality control of follow up and lack of education. Further discussions on quality assurance, audits and key performance indicators (KPIs) for DRS and management was recommended.

The development of a high-quality service requires good leadership, quality assurance and training, and this meeting aimed to inspire and encourage those attending to continue to aim for this.

A post-event evaluation survey was completed and 100% of respondents were happy with the online platform. Whilst all topics were well received, presentations from Dr Natalia Palarie (Moldova experience: from National to Local) and Dr Melanie Corbett (International experience: Training in leadership and training the trainers) were particularly interesting to respondents. In total, 86% of respondents learnt new things during the event and 15% clarified and refreshed existing knowledge.

Next steps to address meeting outcomes:

The recommendations/conclusions of the meeting are in addition to the work described in the WHO Europe Office and the previous screening for DRS in Europe meetings. Practical next steps to address some of the outcomes from the recent DRS meeting in October 2021 are outlined below:

- **Further meetings:** Attendees welcomed the idea of more regular meetings to discuss any DRS issues or developments. The European Association for Diabetic Eye Complications (EASDec) will be running from Thursday 26th to Saturday 28th May in Belfast. It will allow members from the DRS in Europe meeting to discuss some of the main points raised at the meeting in October 2021.
- **DR training:** Recommendations to address the DR training needs and consider a Europe wide training programme were made. The EASDec conference aims to hold workshops to develop a working party and discuss DR training curriculums. The WHO reports and WHO working group will be valuable in achieving such goals. Providing accessible links to DR training in the future will be important to ensure there is equitable access to DR training opportunities.
- **Guidance and operation policies:** The meeting group talked about governance and operational policies. Lobbying to identify key stakeholders is needed to gain favourable policy outcomes. Developing a specific interest group, including members from the DRS meeting will be required to develop strategies and execute them through specific tactics. Further discussions with the WHO team and at the EASDec conference will be had to identify the interest group(s) and develop a strategic document.



Some specific recommendations on governance as discussed during the DRS Europe meeting are highlighted below:

- In setting up a screening programme ensuring the system functions effectively the following are recommended:
 - Establish a list of key players (this could be driven using the Short Guide and supported by WHO in country offices)
 - write a strategic document
 - agree benchmarks and monitor against these
- Future meetings will focus on KPIs since they are fundamental when it comes to quality management. They were not discussed at length during the recent DRS meeting, therefore, will be included as a key discussion point in the next agenda.

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