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BRITISH ASSOCIATION OF RETINAL SCREENING

Chronicle



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JULY 2024 VOL.9



A very warm welcome to Volume 13 of the BARS Chronicle! It was a pleasure to see so many of you at our conference in Birmingham last month; more on that later in the conference review.

The BARS council will be reflecting on the change in conference format and busy planning the next one. We announced at the conference that we will be partnering with the Royal Society of Medicine's (RSM) annual diabetic eye screening event. It will take place on Friday, 24th April 2026 at the RSM in London. We are very excited about this new partnership; feedback had indicated that programmes had to choose between the RSM and BARS. Now you can have the best of both in one day. Add it to your diary now! Our other exciting announcement is that the new BARS website is launching. It has a mobile-friendly format and will be a hub for our educational materials. A huge thank you to Emma Winfield and Stacey Barbaccia for their hard work in sourcing and designing the website. Find out more later in the issue.

BARS welcomes feedback from our readers. If there is a topic you would like us to focus on, or you'd like to submit an article, please contact us. None of this would be possible without the continued support of our generous sponsors, dedicated members and enthusiastic council. A massive thank you to all of you.

See you in the new year.



By Charlotte Wallis, BARS Co-chair

Our 23rd annual conference was held on 19th September 2025 in Birmingham. It was a jam-packed day of insightful and thought-provoking talks giving us plenty to discuss at the drink's reception.

We had talks and updates from our Gold sponsors Mainline Instruments and Sense Medical Ltd.

Our president Mrs Samantha Mann and former president Professor Tunde Peto kicked the day off. They discussed the new R2 grading criteria and gave some handy hints on how to grade R2L and R2H. They also talked about the national impact of these changes in primary care.

A highlight of the conference this year brought the inspiring Together Type 1 panel, who answered questions that were submitted before the conference. The session was chaired by Adam Mayze. We were all blown away by their honesty and sharing of personal stories, it gave us all food for thought.





Photography by Kamran Rajaby



Professor Peter Scanlon gave us a fascinating talk on the history of diabetic eye screening and the Concordia Study. He discussed the use of mydriatic drops and whether wide-angle retinal cameras could be used without pupil dilation in the NHS DES programme. The Concordia study is comparing the Optos, Clarus and Eidon cameras, using staged mydriasis to the 2x45 mydriatic degree digital photography, which is the current standard. The study is being extended using the Eidon camera in the North Central London programme in the Asian and Afro-Caribbean population.

Mr Yu Jeat Chong gave us a talk on spotting the unusual in diabetic eye screening. We are all used to seeing diabetic retinopathy (DR), but the non-DR can cause a bit of head scratching. He reassured us that there are a lot of other diseases and pathologies of the eye and retina, and even medical retina specialists struggle to remember all of them. He shared some excellent case studies of non-DR.

Following the National Programme Interactive Update and the OCT interactive workshop sessions, Ali Askari and Dr Susanne Althauser from the North Central London DESP discussed the operational and clinical implementation of OCT. This is a hot topic as there are challenges in the workforce, training, IT, administration, imaging and interpretation. They highlighted the need to continuously adjust protocols and the importance of investment in the training of OCT graders.

Professor Alicja Rudnicka talked about best practice for evaluating AI for screening, again another hot topic. Alicja neatly packaged a complex piece of information, AI's safe triage picks up high risk cases as well as humans and could reduce the need for human grading by up to 77%. AI should be steered, not feared.

Our final presentation of the day was delivered by keynote speaker Professor Sarita Jacob, who discussed the management of diabetic retinopathy and maculopathy in 2025. She talked about the new anti-VEGF and anti-Angiopoietin-2 injection treatments to treat diabetic maculopathy. These include 8mg Aflibercept (Higher Dose) and Faricimab (Vabysmo) the bispecific antibody treatment, both of which allow longer intervals between injection treatments. This creates less of a treatment burden for our patients. However, pan-retinal laser treatment remains the primary option for managing proliferative retinopathy at this time, as anti-VEGF agents are not sustainable and are too costly long term.

If you would like more information about any of the talks presented by our speakers, most are available on our new website!

A huge thank you to all of those involved in making BARS conference 2025 a great success.



Photography by Kamran Rajaby

Farewell

If you attended our recent conference in Birmingham, you may have heard the sad news that two of our council members have reached the end of their terms. We sincerely thank both Dominique and Matthew for their dedication and time whilst on the council; it has been a pleasure working with you!

Dominique played a key role in managing the Admin Education Certificate, taking over from former member Karen Whitehouse. She worked tirelessly to ensure all delegates were enrolled and attended to all queries alongside her full-time role, which is no mean feat! Dominique will now pass this role into the capable hands of Karen Rigby, one of our recent additions to the council.

We wish you both the best for the future. We'll miss you!





By Emma Winfield, BARS Webmaster

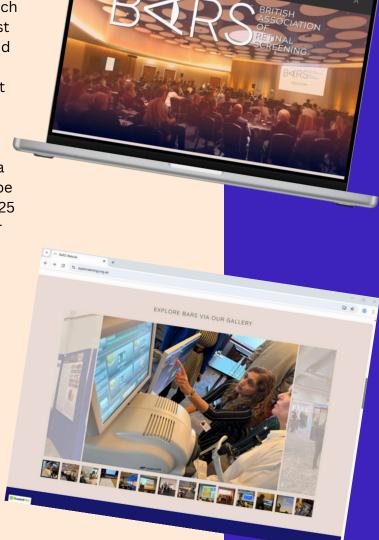
As some of you may already have seen, our new BARS website officially went live Friday, 24th October, and with that, we hope to create a much more engaging platform to share all of the latest news and developments with you. Please go and have a look around, as the user, nothing has changed for yourselves, we can still be found at www.eyescreening.org.uk, and our email addresses remain unchanged.

We still have the same great content, but with a fresh look and better user functionality, we hope you will all make good use of it. Many of the 2025 conference presentations are now available for viewing, as well as poster competition winners, photo gallery and much more!

The 2025 conference feedback form is also available to be completed by 2025 attendees. Once this is done, we will send you your certificate of attendance.

Click below to fill yours in!







With the move, we wanted to make it a smooth crossover period, so any active members of the old site (logged in within the last 12 months) will have been sent an email to create their password for the new site. Follow the link, and you should be all set. Once in, you can change any details as necessary.

Having the free membership allows you access to private pages, such as our useful HSD area with many fundus images to help with your training. We hope to add further additions to this in the near future, too!

We are also bringing back the job vacancies page. If you wish to advertise your position with us, please send the information to webadmin@eyescreening.org.uk, and we will endeavour to keep this updated with the latest positions.

For now, enjoy the new website and make sure you add it to your favourites so you can stay up to date with us!

You can also find the links to our socials on the website.











POSTER Competition Winners Q Runners Up

Welcome to the conference of t

Photography by Kamran Rajaby

Ruth McCarthy, Shane McMahon, Joanne Harmon, Caoife Shine – NEC Care, Cork Ireland Prof. David Keegan

'AGE-RELATED RETENTION AND NON-ATTENDANCE IN A TWO-YEAR DIABETIC RETINOPATHY SCREENING PATHWAY: FIVE-YEAR COHORT RESULTS'

NEC Care - Ireland, Diabetic RetinaScreen

The winners of the 2025 BARS/Topcon (GB) Medical Ltd Poster Competition were announced at this year's conference in Birmingham. The quality and content of the submissions were fantastic, making it a challenge to select the top entries among so many impressive contributions!



1st place

Ruth McCarthy, Shane McMahon, Joanne Harmon, Caoife Shine – NEC Care, Cork Ireland Prof. David Keegan 'AGE-RELATED RETENTION AND NON-ATTENDANCE IN A TWO-YEAR DIABETIC RETINOPATHY SCREENING PATHWAY: FIVE-YEAR COHORT RESULTS'

2nd place

Arianna Paris and Laura Webster
'FIVE-YEAR OUTCOMES OF A DIA

'FIVE-YEAR OUTCOMES OF A DIABETIC EYE SCREENING PROGRAMME IN PATIENTS AGED 80 AND OLDER WITH NO DIABETIC EYE DISEASE AT BASELINE: SHOULD WE BE ROUTINELY SCREENING THIS COHORT?'

3rd place

Deji Dada and Louise Batten 'REASONABLE ADJUSTMENT'



Sponsored kindly by Topcon (GB) Medical Ltd

Five-year outcomes of a Diabetic Eye Screening Programme in patients aged 80 and older with no diabetic eye disease at baseline: should we be routinely screening this cohort? Arianna Paris¹, Laura Webster² Department of Ophthalmology, Guy's and St Thomas' NHS Foundation Trust, London, UK
 South East London Diabetic Eye Screening Programme, Guy's and St Thomas' NHS Foun Background rrals to Hospital Eye Service Total number of patients referred to HES: 359 (20,6%) The Diabetic Eye Screening Programme is the only UK national The Unitable Cyst Octenting Programme is the city On nation programme with no upper age limit. Retinopathy risk rises with diabetes duration but peaks working-age adults and stablises in older groups*. Studies report low prevalence of sight-threatening retinopathy Referrals for non-DR: 290 (16.6%) With high comorbidity burden, the value of continued screen in this group needs evaluation.

This study assessed incidence of referable retinopat maculopathy and treatment rates in patients 280 with signs of diabetic retinopathy at baseline. Referrals for DR: 69 (3.97%) Data were extracted from OptoMize and included: age, gender ethnicity, diabetes duration, worst refinal grade, Hospital Eye Service (HES) referrals; treatments administered were obtained from individual hospital electronic patient records. Outcomes: Proportion of R0M0 patients developing refer disease, and number treated. Total number of patients aged ≥80 at baseline (2009-2014): 5527 Patients with 5 years follow-up: 2784 R0M0 at baseline: 1740 82 . 85,6 91 Anti-VEGE 2 (0.11%) Ethnicity 2 (0.11%) Sex Female: 50,5% Type 2: 98,4% Type 1: 1% Discussion & Conclusions Patients >80 needing screening are increasing, but sig threatening DR prevalence is low (3.97%), and only a sr proportion go on to receive treatment (0.28 %). Comorbidities limit attendance and treatment feasibility. 2. Worst retinal grade at last follow-up of R0M0 cohort Comorbidities limit attendance and treatment reasonity in 16,6% of patients were referred to HES for non-DR eye disease highlighting the importance of regular check-ups with an optician Findings support a review of current screening guidelines. An opt in model for patients over 80 with R0M0 at baseline could strengthen the already limited resources for those most in need release capacity to prioritize highe-risk individuals, and enhance optician-led screening for other ocular conditions. R2M1 = 0,12% I false it includes (III) (ase III) (incorporal it take III). The titiscurron Epidemorphy End of England Introduction (III) incorporal incorporation of minimpathy in partner making to a section and a substance in England Introduction (III) includes a substance in England Introduction (III) includes a substance in England Introduction (III) includes III) include III (III) includes III (III) includes III) includes III (III) includes III) includes III (III) includes III (III) includes III) includes III (III) includes IIII (III) includes IIIII (III) includes IIII (IIII) inclu

Click here for full size PDF versions on the BARS website!

Deji Dada and Louise Batten 'REASONABLE ADJUSTMENT' Guy's and St. Thomas' NHS FT



Photography by Kamran Rajaby

Arianna Paris and Laura Webster

'FIVE-YEAR OUTCOMES OF A DIABETIC EYE SCREENING PROGRAMME IN PATIENTS AGED 80 AND OLDER WITH NO DIABETIC EYE DISEASE AT BASELINE: SHOULD WE BE ROUTINELY SCREENING THIS COHORT?'



Photography by Kamran Rajaby

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The **Probler**

- DESP [Diabetic Eye Screening] clini are high volume and fast-paced to accommodate our large and rising
- Patients who have additional needs such as neurodiversity, learning disabilities, cognitive issues or mobility difficulties may struggle wit
- inacequate time and resources in the clinic may lead to patients leaving unscreened, unassessable images or even exclusion from DESP.



The Project

SELDESP created a new 'Reasonable Adjustment' pathway for patients with additional needs. The aim was to keep including patients, rather than 32 patients were invited to attend a reasonable adjustment session, and the outcomes of these 32 invitations were analysed.

The Proces

additional needs either shead of their first appointment, or having attended a typical clinic where screening could not be completed.

contacted so that we can find out more about their needs and what adjustments are required. Easy read and video resources are provided in advance of the session to help

Patients are booked into clinic on a day that no other DESP patients are being seen, to maximise the amount of time that can be offered, and create a calmer environment for outlierts and staff.

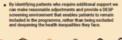
4. Screeners are brisled on the patient and their needs shead of the session and are encouraged to be creative in their approach, for example demonstrating the camera on a trusted adult first, engaging in conversation about the patients favourite TV programme as a detention, playing musels.

90.6% The Pay

 78.13% of patients who attended had assessable images captured (they had all been unsuccessfully screened in a

3.13% had urgently referral pathology

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"78.13% of the patients who attended had assessable images...



Age of Those Invited

0 2 4 6 8 10 13
2-17
8-25
8-26
8-26
8-27



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Contributors: Louise Setten and Dejl Deda @ 2025

Guy's and St Thomas' WIFE



At this year's conference, we continued to sell our official BARS pin badges to raise money for charity.

We managed to raise a total of £103.56, which this year, will be donated to 'Together Type 1', a program that is aimed to benefit young people aged between 11-25 living with Type 1 Diabetes.

During the conference, representatives from Together Type 1 participated in a panel discussion, which featured a group of young leaders who shared their personal experiences. Their insights provided attendees with valuable perspectives on the realities of living with Type 1 Diabetes, as well as the daily challenges and obstacles they encounter. The openness of the panellists highlighted the importance of awareness and support within the community.

If you would like to find out more about Together Type 1, click below to be redirected to the Diabetes UK website.

DIABETES UK KNOW DIABETES. FIGHT DIABETES.



























