JULY 2026

VOL.15

The BARS Chronicle

BRITISH ASSOCIATION OF RETINAL SCREENING

BARS 2027 CONFERENCE

Brighton

WE'RE BACK!

Friday 1st October 2027

Leonardo Royal Hotel Brighton Waterfront

MORE INFORMATION COMING SOON!

SAVE THE DATE

FEATURING

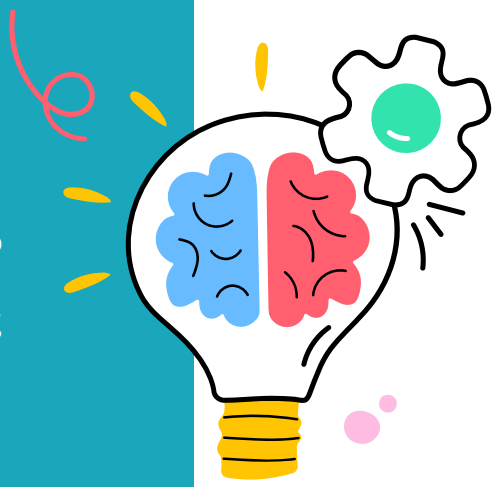
WELCOME

By Kim Lovell, BARS Co-Chair

Welcome to the 15th edition of the BARS chronicle, where we continue to showcase innovation, research and best practice from across the diabetic eye screening community.

In this issue, Ali Askari explores the important work being undertaken to improve access to diabetic eye screening for people with learning disabilities. Ensuring equitable access to healthcare remains a priority for all of us, and this article highlights practical approaches that can help reduce barriers and improve outcomes for a population that is often underserved.
We also feature a fascinating research paper from Arianna Paris, Laura Webster, Haralabos Eleftheriadis and Samantha Mann examining the long-term outcomes of diabetic eye screening in patients aged 80 years and over who had no diabetic eye disease at baseline. Their work raises thought-provoking questions about the value and frequency of routine screening within this cohort and will undoubtedly stimulate discussion across the screening community.

Alongside these articles, we introduce a new vacancy advertising service on the BARS website, providing programmes and providers with a simple way to promote diabetic eye screening-related opportunities and connect with talented professionals across the sector. We also bring you another instalment of our popular Interesting Images feature, this time focusing on OCT scans, with a noteworthy case and expert explanations.



Education continues to be a key focus, and we are pleased to remind readers that there are two upcoming OCT training courses with limited spaces remaining. If you are considering developing your OCT knowledge and skills, we encourage you to book early to avoid disappointment.

Due to the lack of conference this year the BARS annual general meeting will be held after the Bristol training course; we plan to give virtual access to members who are not at the training but still wish to attend the AGM.

Our most recent BARS meeting was successfully delivered via Teams due to the exceptional heatwave conditions. Looking ahead, planning is already underway for our next conference in Brighton in October 2027, and we look forward to welcoming colleagues from across the UK for what promises to be another excellent event.

We hope you enjoy this edition and thank all our contributors for sharing their expertise and experiences.

Kim

Enjoy the chronicle!

Improving Access to Diabetic Eye Screening for People with Learning Disabilities

Ali Askari, BARS Co-Chair
Programme Manager, North Central London DESP

Introduction

People with learning disabilities often face barriers when accessing healthcare services, making reasonable adjustments and targeted support essential to reducing health inequalities. An audit undertaken by the North Central London Diabetic Eye Screening Programme (NCL DESP) demonstrates how proactive engagement and personalised support can improve participation in diabetic eye screening among this important patient group.

Audit Findings

The audit reviewed patients identified through the GP2DRS learning disabilities register and other national healthcare records. A total of 754 individuals with learning disabilities were identified across North Central London, with 663 classified as active patients within the screening programme. These patients were managed across a range of pathways, including routine digital screening (RDS), surveillance clinics (SLB), digital surveillance with OCT imaging (DS/OCT), and Hospital Eye Service (HES) care.

One of the key findings was the strong uptake of diabetic eye screening within this cohort. During 2025-26, overall attendance reached 90%, an improvement from 86% in the previous year. This is a particularly positive achievement given the additional challenges some patients with learning disabilities may experience when attending healthcare appointments. Uptake was highest among patients attending SLB surveillance clinics, where attendance reached 94%, while routine digital screening achieved 90% uptake. The DS/OCT pathway remained the area with the lowest attendance at 72%, highlighting an opportunity for further improvement.

Actions undertaken by NCL DESP to improve outcome

The audit identified several measures that contribute to these encouraging results. Before appointments are booked, patients are contacted directly whenever possible to discuss any support requirements and identify reasonable adjustments. Where patients or carers cannot be reached, information from the NHS Spine reasonable adjustment flag and communication with GP practices helps ensure that appropriate arrangements are made.

NCL DESP has embedded a range of practical interventions to support attendance. These include allocating extended appointment times, providing reminder calls, engaging closely with carers and care homes, and maintaining regular communication with GP practices. Of the patients reviewed, 37 required specific reasonable adjustments, most commonly longer appointment slots to allow sufficient time for examination and patient support.

The audit also examined patients who were excluded from screening. Of the 754 individuals identified, 91 (12.1%) were excluded from the programme. The majority of exclusions related to patients being medically unfit to attend appointments (76%), while smaller numbers had opted out of screening, moved out of the area, or were recorded as deceased. These findings suggest that exclusions were largely driven by clinical or administrative factors rather than barriers created by the screening service itself.

Conclusion

Overall, the results provide evidence that targeted support and reasonable adjustments can significantly improve access to diabetic eye screening for people with learning disabilities. The increase in uptake from 86% to 90% over the past year demonstrates the effectiveness of the programme's inclusive approach. Moving forward, the service plans to focus on improving attendance within the DS/OCT pathway through enhanced booking processes, expanding OCT availability to the entire NCL clinic network, agreed appointment dates, and reminder calls to patients and carers. These actions will help ensure that all patients, regardless of additional needs, have equitable access to vital sight-saving screening services.

Acknowledgments

- Thanks to Marija Abramaityte, NCL DESP Admin/Failsafe Team Lead for managing the audit and organising to assist this cohort of patients.
- Thanks to the entire admin and screening team at NCL DESP for their dedicated and passionate work for making this possible.

BARS BRITISH ASSOCIATION OF RETINAL SCREENING

CONFERENCE 2027

Long-term follow-up and outcomes of a Diabetic Eye Screening Programme in patients aged 80 with no diabetic eye disease at baseline: should we be routinely screening this cohort?

Samantha Mann, BARS President
Consultant Ophthalmologist,
Clinical Lead, South East London DESP

Arianna Paris (medical retinal fellow at St Thomas' Hospital, London) and The South East London DESP have recently published an article on long term follow up and outcomes of diabetic eye screening in those over 80 if they have no retinopathy at baseline. All other National screening programmes have an upper age limit apart from Diabetic eye screening. Evidence suggests that despite the high prevalence of diabetes among older adults, the incidence of new DR in this demographic is relatively low and progression to proliferative stages (R3A) is very uncommon. The study looked at the level of referable retinopathy that developed in the cohort over 80 with no retinopathy or maculopathy at baseline.

Findings

Of 3599 eligible participants, 3258 (90.5%) had no referable diabetic retinopathy or diabetic maculopathy at final screening. In total, 532 (14.8%) were referred to HES, mainly for non-diabetic causes (56.6%). Referrals for sight-threatening diabetic retinopathy accounted for 89 cases (2.5%), and only four individuals (0.11%) required treatment, all for diabetic macular oedema. No cases of proliferative diabetic retinopathy were identified although 3 cases were identified with neovascularisation due to a CRVO.

A larger proportion of referrals were for non-DR- related reasons (56.58%) such as AMD, cataract, suspected disc cupping, central or branch retinal vein occlusion, choroidal naevus, emboli, asteroid hyalosis, macular hole, central serous chorioretinopathy, and myopic macular neovascularisation. These pathologies can also be picked up by routine optometrist visits as is currently the case for the rest of the non-diabetic population.

Conclusion

The study concluded that among those screened over the age of 80, with no retinopathy or maculopathy at baseline, the incidence of sight-threatening disease and the need for treatment were extremely low. Routine DESP recall in this population, who often have multiple co-morbidities and often poor mobility may offer limited clinical benefit and perhaps this group should not be offered routine screening or perhaps be offered an opt-in screening option. Resources could then be concentrated on other higher risk groups within DESP and to increase general optometry services benefiting the wider population over 80 and not only those with diabetes.

For the full paper insert https://eyescreening.org.uk/links-and-references into your browser or click the button below!

FULL ARTICLE

JOB vacancies

EXCITING ANNOUNCEMENT: LAUNCH OF THE BARS JOBS BOARD!

We are thrilled to unveil the BARS Jobs Board!

The BARS website now features job openings from diabetic eye screening programs throughout the UK, facilitating connections between employers and job seekers.

If you're on the hunt for your next opportunity in diabetic eye screening, be sure to check the Jobs page for the latest listings.

For Programme Managers, posting a vacancy has never been easier. Simply fill out the online job submission form, and we will showcase your advertisement on the BARS website, enabling you to reach professionals across the UK.

Whether you're looking to hire or seeking your next position, we hope this new service serves as a valuable resource for the diabetic eye screening community.

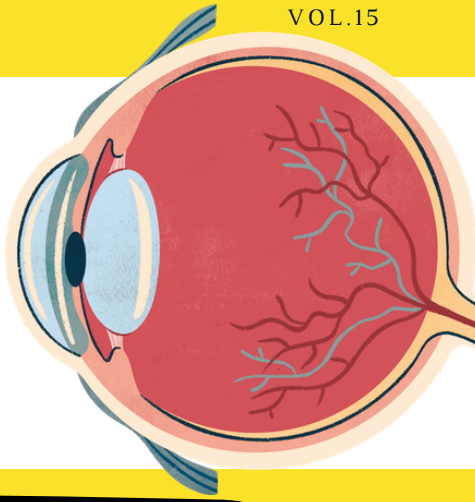
Visit the BARS website today to explore current vacancies or to submit a new advertisement!

CURRENT VACANCIES

JOB FORM

INTERESTING OCT'S

By Samantha Mann, South East London DESP



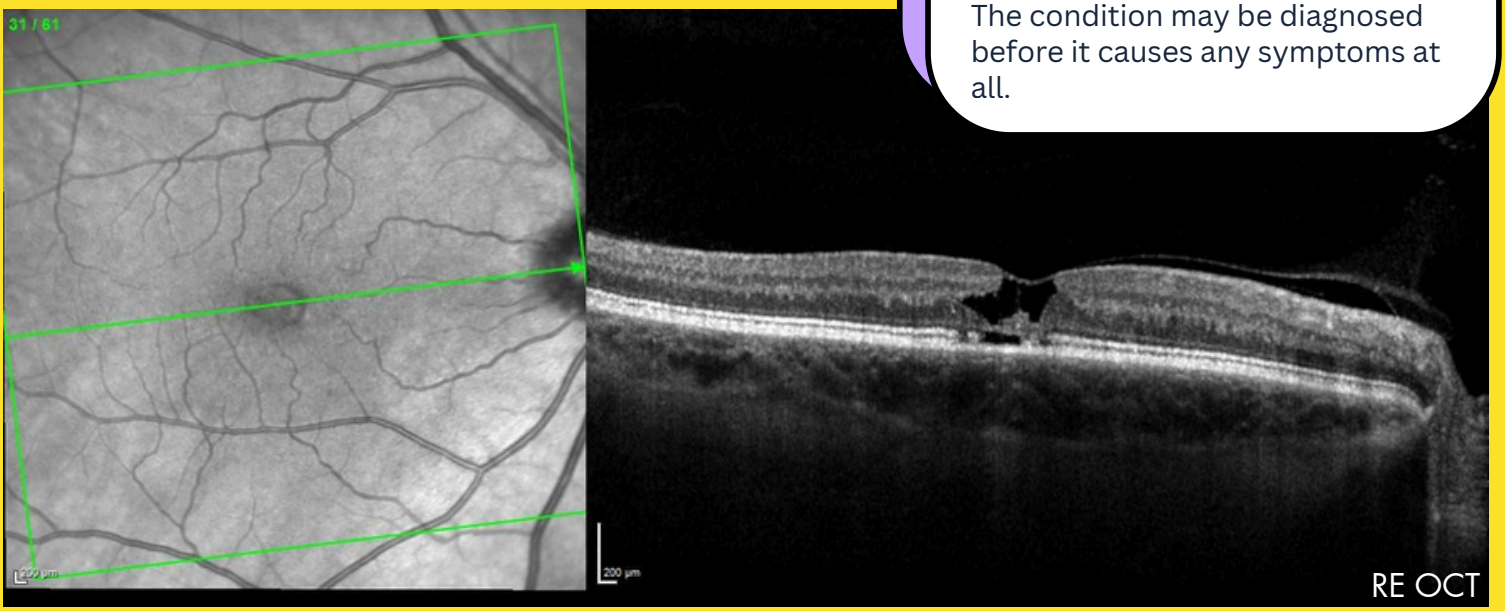
JFT / MACTEL TYPE 2

The colour fundus images for both eyes have very subtle changes, the OCT changes are much more prominent.
The vision was 6/9 in both eyes.

Patients with juxtafoveal telangiectasis (JFT) may experience:

- Blurred vision
- Metamorphopsia (straight lines appear wavy); parts of the central vision may also appear blank.
- Visual field defects in one or both eyes

The condition may be diagnosed before it causes any symptoms at all.



Macular telangiectasia type 2 (MacTel type 2), also referred to as idiopathic JFT type 2, is a rare, acquired, bilateral neurodegenerative condition. It impacts the small blood vessels and retinal tissue located in the center of the macula.

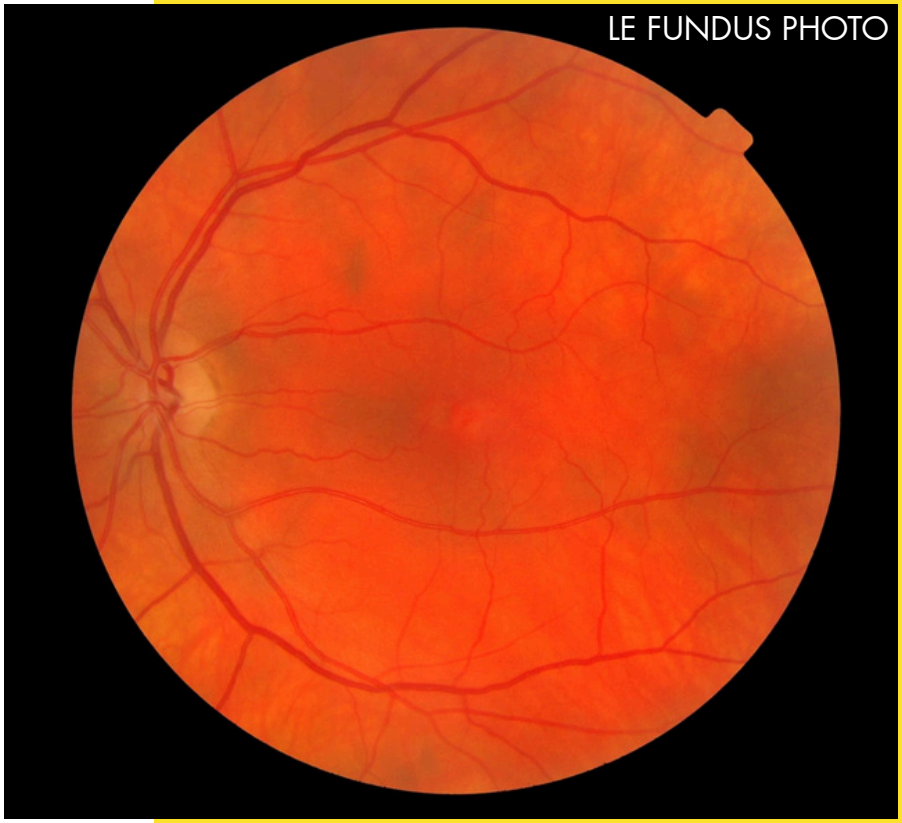
Diagnosis methods include:
- Dilated retinal examination
- Optical coherence tomography (OCT)
- Fluorescein angiography

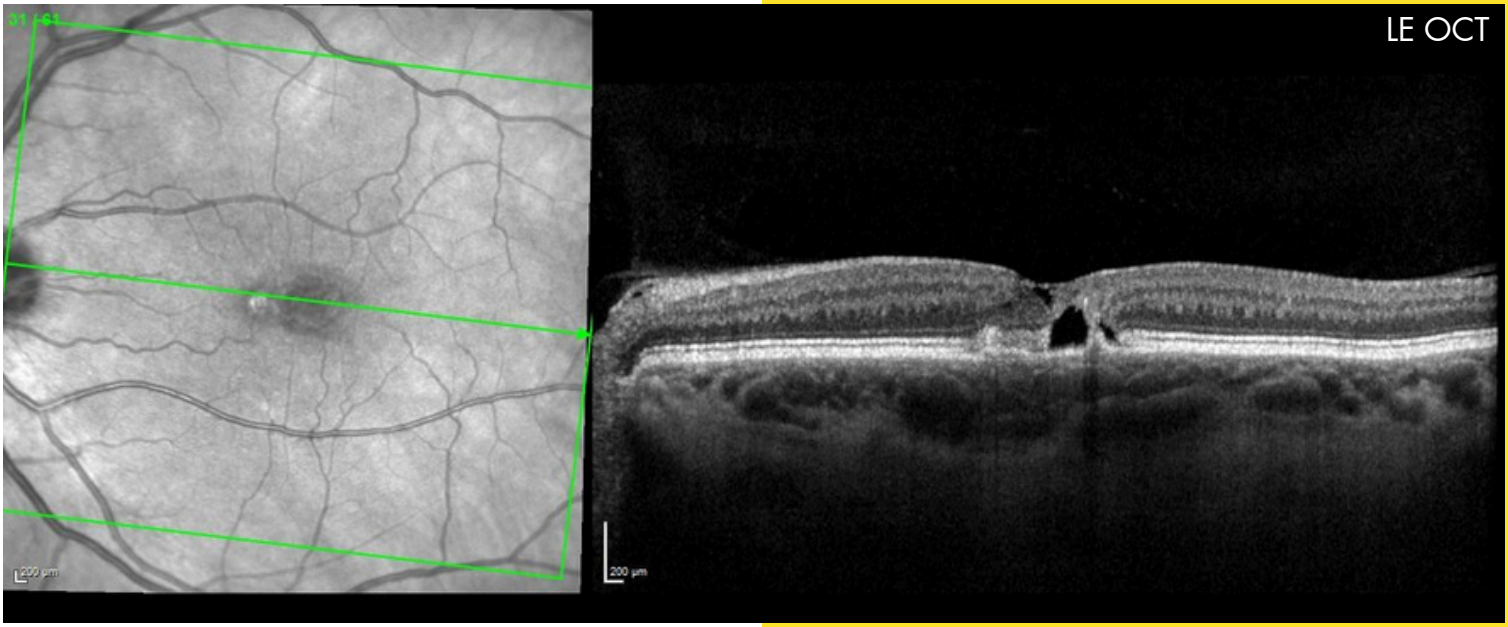
There are several classifications of idiopathic (of an unknown cause) Mactel / JFT, but the most common one divides JFT into Types 1, 2 and 3. Types 1 and 3 are rare - the vast majority of patients with JFT have Type 2, which typically presents after the age of 40.

OCT changes

- Development of small, fluid-filled hypo-reflective cavitations or cysts in the inner and outer neurosensory retina.
- Internal Limiting Membrane (ILM) drape: A sagging of the inner retina into large cavitations, leaving only the ILM draping over the cavities.
- Disruption of the ellipsoid layers.

In the later stages (not seen here) you can get:
- Intraretinal pigment migration (RPE hyperplasia), appearing as hyper-reflective pigmented clumps.
- Formation of subretinal neovascularization (CNV) with subretinal fluid that may require Anti-VEGF injections.





BARS OCT COURSES

Featuring

SAMANTHA MANN

DANIELA VAIDEANU-COLLINS

6 WEEKS TO GO!

LIMITED TICKET AVAILABILITY

TWO DATES. TWO LOCATIONS. DON'T MISS OUT!

MIDDLESBOROUGH

TUESDAY 8TH SEPTEMBER 2026

David Kenward Lecture Theatre
STRIVE Academic Centre
The James Cook University Hospital
TS4 3BW

10:00 AM - 4:00 PM

Registration from 9:30, talks commence at 10:00

BRISTOL

FRIDAY 18TH SEPTEMBER 2026

Future Inn Bristol
Bond St,
Bristol
BS1 3EN

10:00 AM - 4:00 PM

Registration from 9:30, talks commence at 10:00

INCLUDING

- Best practices for OCT image acquisition
- Interpretation of OCT scans in diabetic eye disease
- Recognition of common non-diabetic retinal abnormalities
- Understanding clinically significant findings and when to make referrals

The workshops will be led by Samantha Mann, a consultant ophthalmologist and president of BARS. Joining her will be Miss Daniela Vaideanu-Collins, a consultant ophthalmologist from Middlesbrough, who will be presenting alongside Samantha on both dates!

These small-group OCT workshops offer an outstanding opportunity for screeners and graders to enhance their practical OCT interpretation skills, discuss challenging cases, and exchange experiences with both peers and seasoned faculty members.

BOOK YOUR PLACE TODAY!

EYESCREENING.ORG.UK/CONFERENCE

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