

Supplementary table 3

Selected Quotes: HCP perspectives

Recognising and living with diabetes	<i>"I must highlight that patients often don't understand what is meant by adequate control of diabetes. They say, 'today my blood sugar level is normal'. But the fact that this must be maintained in the long term is often not understood by many patients". (43 years, M)</i>
	<i>"Patients who are well read, are more careful about their eyes, they come for regular check-up, keep a track of their own condition, ask about their previous test results etc. But there are some patients who are not educated who have extensive disease. When they come, they have no idea what they are coming for. Sometimes even if they are attending for the first time, we know the prognosis is extremely bad. They have never had a check-up or even if it was done nothing much seems to have been explained to them. Even if the doctor is saying the right thing, they are not very compliant. It's very difficult to explain to them and treat them". (33 years, F)</i>
Care-seeking practices	<i>"My way of telling them is even though nothing is a problem always have a regular annual check, you should check especially if you have strong family history. If they are diabetic then my first question will be when was the last time you had an eye check-up? Each and every patient I try and tell them that they should go to a diabetologist. I have seen that most diabetologists have a routine protocol and they have a person who will counsel patients, they also have a chart which states what when tests were done and other details". (48 years, F)</i>
	<i>"We have put up some posters on which is written, "the world is beautiful; don't let diabetic retinopathy prevent you from seeing it, so have your eyes checked today" like that we have some posters put up also. Even the patient waiting area also we have posters. On world diabetes day we run camps and distribute pamphlets which explain about diabetes and retinopathy. There are pamphlets which say "Have your eyes checked early and yearly" like that we have posters, put up. We also conduct slogan contests for our staff and give a small reward, for the best ones". (47 years, F)</i>
	<i>"I think the media has a major role to play. They should not send out wrong messages or incorrect information that should be avoided. The right kind of messages only should go through social media". (47 years, F)</i>
Awareness about DR and barrier to DR screening	<i>"DR is mostly asymptomatic, till the end stage and they don't understand the importance...even if we tell them you have retinopathy changes, as they don't experience much of vision problems, they find it hard to accept. It is only when they have bleeding or severe vision drop or if somebody else in the family has already had this problem that they understand the seriousness of their condition... awareness is still low"(47 years, F).</i>
	<i>"Patients with diabetes for 10-15 years or more have an assumption that if HbA1c is normal then they will not develop diabetic retinopathy. Because they presume that they do not have eye complaints and the sugar level is under control. Few patients got confused diabetic retinopathy treatment (Laser photocoagulation) with cataract surgery (Phaco emulsification). Advice for retinal laser, is often considered as an advice of phaco. (47 years, F)</i>

	<p><i>“The patient, Indian patient normally reports when there is an acute crisis or acute problem. So this type of slow going process they are not bothered. Unless and until they have some co-morbidity like some difficulties then only they come for consultation”. (43 years, M)</i></p>
	<p><i>“They have multiple reasons to say (for delaying the follow-up). I just now completed my daughter’s marriage, I don’t have money, to build a new house, financial problem, daughter delivered a baby, I am out of station that’s why I didn’t come, and I thought I will come here but my husband was not well or my daughter was not well they have all lame explanations and excuses”. (61 years, M)</i></p>
	<p><i>“We spend lot of timing in educating the patients, so it’s not one time. Every time when they come in some sort of information will be given to the patient. For that we have a different education method one is interactive lecture section are available. During one to one counselling we have, conversation, map section, group therapies, support group, various mode of education are there”. (43 Years, F)</i></p>
	<p><i>“Sometimes vision is not improving that much and they will say, ‘we are doing all this and coming to you, but vision is not improving’. So, they need to be properly counselled and told that, we may not always be able to improve the vision, but we are here to stabilize the vision, in the process if the vision is improved it is good for you.” (48 years, F)</i></p>

Note: HCP, Health Care Provider; DR, diabetic retinopathy; M, Male; F, Female