**Supplemental Table 10: Summary of continuation criteria achievement***

| Criteria | Measures used | Criteria to met | Assessment |
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| **Feasible to recruit and retain practices.** | • Number of practices responding to a call for Expression of Interest<br>• Practice retention rates | If > 50 general practices within 2 months respond to call¶, then likely to proceed to full trial (*green*). If <40 practices respond to call, then progression is unlikely to be feasible (*red*). If 40 - 50 practices respond within 2 months, then TSC will consider the feasibility of proceeding to the full-scale trial (*amber*) based on taking steps to improve response rate.<br><br>If 8 practices are retained throughout 6- month intervention period, then proceed (*green*). If < 5 practices are retained, then a full-scale trial is unlikely to be feasible (*red*). If 5-7 practices are retained throughout the intervention period, then the TSC will consider feasibility of proceeding (*amber*) based on taking steps to improve retention. | • **50 general practices responded to call** for EOI supporting continuance to a full trial within 2 months (*green*).[α]<br><br>• **8 practices were retained** throughout the intervention period *(green).* Note: there was one dropout in the first two weeks of the trial and this practice was replaced. |
| **Intervention is implemented as planned;** that is, audit and feedback, addition of electronic | • Exploration of implementation fidelity during practice staff and patient interviews | If all core intervention components (audit, prompts, reminders) have been delivered by >75% of practices, then likely to proceed to full trial (*green*) subject to review of qualitative data. If <50% have delivered components, then unlikely to proceed (*red*). If 50- | • **50-75% practices delivered core components** (audit, prompts, verbal & written reminders) (*amber*) |

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| prompts and delivery of a reminder in any format, and receipt of intervention by eligible population of people with diabetes in participating practices | • Practice self-report during research support phone calls<br>• Percentage of eligible patients receiving intervention based on practice audit data | 75% have delivered core components, then the TSC will consider the feasibility of proceeding (*amber*). The TSC will consider both the quantitative and qualitative data to judge whether the intervention is has been implemented. | • Two practices did not implement prompts, therefore the TSC will consider the feasibility of proceeding (*amber*).<br>• **100% suitable patients received at least one reminder** (phone call, letter or in person) *(green)* |
| **Intervention is acceptable** to patients and practice staff | • Percentages of staff reporting acceptability of intervention on self-report questionnaire.<br>• Issues regarding acceptability of the intervention explored in qualitative interviews with staff and patients | If the intervention is acceptable to >75% practice staff, then likely to proceed to full trial subject to review of qualitative data (*green*). If intervention is acceptable to <50% staff, then unlikely to proceed (*red*). If the intervention is acceptable to 50-75% staff, then TSC will consider feasibility of proceeding (*amber*). The TSC will consider the quantitative and qualitative data and make an overall judgement on whether the intervention is acceptable. | • **>75% practice staff who were involved in delivery** (n=25) agreed the intervention was acceptable (average scale score=4.6) (*green*).<br>• **Staff found it a worthwhile investment and useful** as it equipped them to engage with patients (*green*).<br>• **Patients considered the information leaflet to be clear**. Staff felt most patients were grateful to receive the reminder phone call with a few patients who were '*negative'* or not interested**. Patients interviewed were happy to get the call** *(green).* |

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| **Intervention has potential effect on screening uptake and demonstrates potential cost savings** which are likely to outweigh the direct cost of implementing the intervention; specifically, the intervention 1) increases the absolute number of patients registered for diabetic retinopathy screening, 2) increases the absolute number of patients attending or intending to attend screening, measured descriptively | • Number registered for diabetic retinopathy screening based on practice audit data<br>• Number attending or intending to attend based on practice audit data<br>• Potential savings calculated based on cost of delivering intervention compared to control, and absolute increases in number attending or intending to attend | The TSC will judge whether the intervention has some positive impact and demonstrates cost savings. | • **Most patients who were not registered at baseline** in intervention (n=47/52, 89%) and control practices (n=22/25, 88%) **were registered during the 6-month intervention period** *(green).*<br>• **40% of non-attenders at baseline** (marked suitable by practices to receive reminders) **had either attended** (31%, n=22), contacted RetinaScreen (10%, n=5) **or were intending to attend** (14%, n=7). In control practices 17% (n=15) non-attenders at baseline had attended by the end of the 6-month period *(green)*.<br>• **The total cost of the intervention** as delivered across the four intervention practices (patients=363) for the period **was €2,509**, averaging €627 per practice and €6.91 per audited patient *(green).*<br>• Although we cannot demonstrate impact and cost savings, there is some indication the intervention has an effect which may lead to benefits downstream as complications and the requirement for |

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| | | treatment is adverted in patients who attend screening. |

*Continuation criteria are in place to facilitate the Trial Steering Committee (TSC) to assess whether it would be viable to progress to a full trial, and whether this could be done following modifications to the trial protocol[5]. Continuation to the full trial will not occur unless problems can be overcome. Continuation criteria may be adapted, and supplementary data may be used to facilitate decision-making about whether to proceed to a full trial even when criteria have not been met.

¶an upper limit of 50 practices was specified based on sample size calculations (see Supplemental File 2).

[α]A total of 60 practices expressed an interest in the 2-month period after the study was first advertised. We followed up with all practices to seek consent to hold their details and potentially contact them in future in relation to a full scale trial.