

(DESSIE) were perceived by many as useful tools in understanding diabetes and how to manage it. It was evident that participants had made changes to their diet, were partaking in more exercise and were monitoring their blood glucose levels regularly as a result of knowledge gained from the DESMOND programme. The group dynamic helped participants to learn more and was a great source of social support. Some thought an extra day focusing on food would have been helpful. The vast majority thought it would be beneficial to have a refresher course to go over some aspects of the course and to see how people were getting on.

Conclusion: Attending DESMOND was a positive experience for all participants and led to greater confidence in managing their condition. Many perceived that a refresher course would be useful.

P308

Does one fit all? An evaluation of the suitability of offering one Type 2 diabetes education programme in an inner-city population in the UK

J St John¹, M Jones¹, J Shresthra¹, D Gable², H Jones¹ and I Jones¹

¹Westminster Diabetes Service, Central London Community Healthcare, London, UK, ²Department of Diabetes and Endocrinology, Imperial College Healthcare NHS Trust, London, UK

Background: Structured educational programmes improve people's knowledge and skills and, in addition, support and motivate people with diabetes in taking control of their condition. It empowers them to allow for effective self-management and achieve optimal clinical outcomes (NSF 2001, 2003; NICE 2008). In 2007, NHS Westminster opened access to structured education to people with Type 2 diabetes. General practitioners were given an incentive to refer patients to this programme.

Aim: To investigate the uptake of a universal available structured patient education programme for people with Type 2 diabetes in an inner-city population in the UK.

Method: We recorded referral and attendance rates to the programme between August 2009 and July 2010. As part of service development, we asked patients why they did not attend.

Results: Between August 2009 and July 2010, 20 educational programmes were delivered across the borough. Six hundred and seventeen patients were referred to the programme. Of these, 16.2 per cent ($n = 100$) completed the programme. 23.8 per cent ($n = 167$) attended at least one session but did not participate in the required number of sessions to complete the programme. The remaining 60 per cent ($n = 370$) did not attend any session. Common reasons for not attending included 'The programme is too long and I cannot commit myself to this length of time', 'I have had diabetes for many years and do not feel I would benefit from the programme', 'The time the programme is delivered does not suit me'.

Conclusion: Results highlight that several group education programmes may be required to meet the needs of the variety of individuals with Type 2 diabetes. Further studies investigating patients' health beliefs and shorter targets need to be carried out.

P309

Diabetes: how much do you know?

MD Sinczak¹ and MA Saeed²

¹Department of Diabetes, Oxford Radcliffe Hospitals, Oxford, UK,

²Department of Diabetes, University Hospitals Birmingham, Birmingham, UK

Aims: Diabetes is a common condition. Over 5 per cent of men and 4 per cent of women in England have diagnosed diabetes, with the incidence increasing in all age groups. Good education plays an important role in reducing the incidence and delaying diabetes in high risk groups. The aim of our study was to assess knowledge about diabetes in patients without diabetes.

Methods: A hundred patients on medical and surgical wards in a small district general hospital were asked 15 true and false questions about diabetes. Inclusion criteria for the study were no past medical history of diabetes and normal mental status. Questionnaires were anonymous, and no demographic data were collected in order to gain the confidence of the respondents.

Results: 69 per cent of patients answered 'don't know' to at least one question; 7 per cent selected 'don't know' for all 15 questions. While the majority (80 per cent) of patients could correctly identify symptoms of diabetes, only 62 per cent knew that diabetes could result from a deficiency of insulin. Three per cent did not perceive obesity, lack of exercise and poor diet as risk factors towards diabetes. Forty-nine per cent were unsure about available treatment options. Seventy-nine per cent understood that diabetes increases risk of cardiac and renal complications, but 57 per cent were unsure whether it causes any ocular complications. One per cent thought diabetes could be transmitted through body fluids.

Conclusion: This study highlights lack of public awareness about diabetes. With increasing incidence of diabetes in the general population, education is essential for development of public health. More government initiatives should be undertaken to address this issue.

P310

A cost-effective addition to the structured education pathway for patients newly diagnosed with Type 2 diabetes

E Jennings

Nutrition and Dietetics, Betsi Cadwaladr University Health Board, Wrexham, UK

Aim: To meet the local demand for diet and lifestyle advice of patients newly diagnosed with Type 2 diabetes, patients were piloted using a newly developed 2 h structured education group. The aim was to have access to the group within a month of referral being made into the dietetic department. This would be as an alternative to the traditional individual appointment with a dietitian around the time of diagnosis. The patients would be encouraged to continue onto the X-per structured group education programme at a later date.

Method: A structured group education session was written following national criteria, with messages consistent with other locally offered structured group education. The group format was piloted for 4 months in one locality in north east Wales. Patient knowledge and satisfaction were measured before and after the 2-h session. Cost-effectiveness was evaluated.

Results: Patient knowledge on diet and diabetes increased by 22 and 23 per cent respectively. Average patient satisfaction was rated 9 out of 10. The group format proved to be two and a half times more cost effective than the 30 min individual consultation. If actual time with a