P270
Is the insulin passport taking off?
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Aims: The National Patient Safety Agency (NPSA) issued an alert in 2011 with the aim to empower people with diabetes to take an active role in their safety after a review of 16,600 incidents involving insulin. Insulin passports (IPs) along with patient information booklets (PIBs) were recommended. Much smaller, credit-card-sized insulin safety cards (ISCs) have also been agreed as suitable alternatives. This audit aimed to assess the use of IPs that were mainly provided by primary care (our unit provides ISCs to new insulin starters).

Methods: Characteristics of IP use were studied through distribution of a 28-point anonymous questionnaire to patients attending diabetes clinics in a large teaching hospital.

Results: Out of 171 people approached, 124 took insulin and 40% (n = 50) had an IP. There was no major difference between availability of passports to English and non-English speaking patients (40% vs 46%, respectively). Only 54% (n = 27) received PIBs with their IPs. Two-thirds regularly carry their IPs and only 12% (n = 6) found it inconvenient to carry. 86% (n = 43) never voluntarily present their IPs in primary/secondary care consultations. A third reported that the recorded therapy in their IP was not up to date.

Conclusions: Ideally, patients should play an active role towards their safety by carrying and presenting their IPs at consultations across all healthcare sectors. One year after the introduction of IPs, trends indicate that patients’ use of this document could be optimised by awareness raised by healthcare professionals and diabetes charities in regard to its vital role in patient safety.

P271
Community-based Type 1 diabetes education reduces HbA1c, total insulin usage and insulin treatment costs
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Introduction: The West Hampshire Community Diabetes Service delivers the Southern Health Intensive Insulin Education (SHINE) programme to patients with Type 1 diabetes (4h per week over 4 weeks). Insulin dosage at baseline and course completion was available for 123 patients. We determined how insulin usage changes post course and the potential cost savings.

Method: The 123 patients with Type 1 diabetes (aged 46 ± 15 years, 44% male, duration of diabetes 20 ± 13 years) had a record of total daily analogue insulin dose before and after education. HbA1c measurements were available on 44 (36%) patients (aged 51 ± 15 years, 36% male, duration of diabetes 24 ± 14 years).

Results: In all, 78% of patients (n = 96) reduced their total daily analogue insulin usage by week 4 of education. 14% (n = 17) increased insulin usage whilst 8% (n = 10) recorded no change. Across all subjects there was an average 11% reduction in daily insulin usage (57 to 51 units). From the 44 (36%) patients with HbA1c recorded at 6 months, there was an average 4mmol/mol (0.4%) reduction in HbA1c; 36 (82%) of these subjects had reduced their insulin usage and achieved the same average reduction in HbA1c.

Conclusion: A community-based intensive diabetes education course can reduce total daily insulin dose and HbA1c. This reduction in insulin represents an average cost saving of £0.14 per day and £52.56 per patient per year (based on an average £0.024 per unit insulin).