

an advocate. The successful advocates attended local Diabetes Eye Complication Screening (DECS) clinics to collect patient experience of care planning. Here, patients were asked a series of questions to determine what they understood by care planning, whether they were receiving care planning and to identify whether care planning was associated with increased confidence in managing their diabetes.

**Result:** Twenty-two patients expressed an interest in becoming care planning advocates. Following the selection and training workshop, 10 people were trained. 240 patients have been interviewed whilst attending their DECS appointment. The feedback collected represents 67% of GP practices in Lambeth and Southwark. 28% of patients interviewed are receiving the minimum standards of care planning and report significantly greater confidence in managing their condition than those not care planning

**Conclusions:** Care planning is a difficult concept to understand and can often be a tick box exercise. Using advocates to collect patient experience of care planning is an innovative way to ensure it is a quality process. It facilitates knowledge transfer between advocate and patient, so while experience is being collected the patient is also being informed about care planning, reinforcing it as an integral part of their care. Furthermore, the information is fed back to general practice as an ongoing way to assess and embed quality care planning.

## 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  $46 \pm 15$  years, 44% male, duration of diabetes  $20 \pm 13$  years) had a record of total daily analogue insulin dose before and after education. HbA1c measurements were available on 44 (36%) patients (aged  $51 \pm 15$  years, 36% male, duration of diabetes  $24 \pm 14$  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).

## P272

### Education of patients with diabetic foot disease: is it effective?

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**Background and aims:** Patients attending multidisciplinary diabetes foot clinics are given advice as part of their treatment, seeking to improve foot outcomes and prevent re-ulceration. The aim of the study was to see whether the advice given to patients who had previously ulcerated had improved their footcare knowledge and behaviour.

**Methods:** The Nottingham Assessment of Functional Footcare (NAFF) questionnaire was used to assess footcare behaviours in consecutive patients attending a diabetes foot clinic with new ulceration. Two groups were assessed: those who had experienced previous ulcers, and those presenting with an ulcer for the first time.

**Results:** To date, data have been collected in 49 patients (19 first ulcers and 30 with previous ulcers). The data showed no significant difference in the NAFF scores between the two groups (mean score  $\pm$  SD for first ulcer group  $54.3 \pm 8.7$  compared with  $57.0 \pm 6.7$  for previous ulcer group,  $p = 0.22$ ). Only 67% of recurrent ulcer patients could recall getting advice on good footcare; these patients did have significantly higher NAFF scores ( $58.8 \pm 6.4$  vs  $53.1 \pm 6.5$ ,  $p = 0.04$ ). Of note, it was found that