precludes its wider use. Two-stage screening using combination of tests seems to be fascinating but lacks consensus.

Recommendations This review recommends a standard OGTT for diagnostic purposes with plasma glucose levels taken at 0, 1 hr and 2 hrs. However CGMS is likely to become a standard option in the future in developed countries but needs consensus on this.

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G416

SOCIODEMOGRAPHIC AND CLINICAL PREDICTORS OF ATTENDANCE AT GROUP CLINICS FOR YOUNG ADULTS WITH DIABETES (TOGETHER STUDY)

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Aims It has been suggested that group-based care could provide a sustainable addition to traditional one-to-one consultations for young people with diabetes. However, concerns have been raised that young people with worse diabetes control and less confidence in self-management might be less likely to attend such group clinics.

We co-designed and delivered a group-based care model for young adults with diabetes and complex health and social needs in a socioeconomically deprived area. The aim of this study was to conduct preliminary analyses of the socio-demographic and clinical characteristics of patients who chose to attend these group clinics.

Methods 49 participants aged 16–25 attending an adult diabetes services agreed to take part in the study. 23 group clinics were delivered by a youth worker and healthcare staff.

Baseline data were collected from each participant on: age, age at diagnosis, years lived with diabetes, sex, ethnicity, 1st language, deprivation decile, HbA1C, Problems Areas in Diabetes (PAID) score, Patient Enablement Instrument (PEI) score, rating of consultations and the overall service over the past year, proportion of scheduled doctor and nurse appointments attended in past year, number of unscheduled contacts over past year. All variables had less than 10% missing data except for questionnaire scores, ethnicity and 1st language.

Participants were categorised into: non-attenders (26/49), occasional attenders (1–2 clinics, 10/49); regular attenders (3+ clinics, 13/49). Differences between these groups were assessed using t tests for continuous variables and chi-squared tests for categorical variables.

Results White patients (2/7) were more likely to be non-attenders than Asian (11/17) or Black (7/12) patients ($p=0.04$). With this exception, no significant differences were found between attendance groups. Baseline HbA1C was 73.2 mmol/mol, 71.0 mmol/mol, and 74.3 mmol/mol among non-, occasional, and regular attenders respectively.

Conclusion Attenders and non-attenders at group clinics were very similar in their sociodemographic and clinical profile, except for lower attendance rates among White patients which was of borderline statistical significance.

G417(P)

DOES SHARING CARE PROCESSES COMPLETENESS INFORMATION WITH PATIENTS/PARENTS INCREASE THEIR WILLINGNESS TO ENGAGE WITH SELF-MANAGEMENT?

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Aim Test the hypothesis that informing patients looked after by paediatric diabetes team about results of their care processes over the year will improve their commitment to self-management with view to improving diabetes care.

Background Paediatric diabetes team sent a three page annual report to all of their patients. First page was used to reinforce the importance of all annual care processes. Second page was personalised for each patient to list the completion status/results of annual care processes and included a table and colour coded graph of their HbA1c values. The third page listed few personalised recommendations to help patients set their treatment goals for next year. All patients/parents were invited to an online survey to give their views after receiving this report.

Results Total 49 responses were received including 17 responses from young persons. Knowledge of essential care processes was good with only 2 responses denying knowledge of thyroid function tests and 1 denying knowledge of BMI assessment. Knowing results of blood pressure, urine albumin creatinine ratio and cholesterol were felt 'not useful' by only 4.1% of respondents and only 2% respondents felt the letter did not help them setting goals for next year. 89.8% of respondents found colour coded HbA1c graph 'extremely useful' or 'very useful' and 10.2% found it somewhat useful. 71.4% respondents said they will put more effort in their diabetes care next year, 14.2% said 'about the same effort' and 14.2% were 'not so sure'. 95.9% respondents would like to have similar letter next year. One respondent said, 'I feel like I should take it more seriously because I need to be in the green zone.'

Conclusion Majority of respondents found information on care process completion status useful and wanted to have similar report next year. Majority of respondents said they will put more effort in their diabetes care favouring hypothesis that informing patients about their care processes and results increases willingness to learn self-management. However, considering anonymous nature of the survey, it will not be possible to see if individual patients made real improvement in their diabetes care after receiving this report.

G418(P)

POSITIVE IMPACT OF CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT INITIATIVES ON PATIENT CARE IN PATIENTS WITH ADRENAL INSUFFICIENCY

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Background Patients with adrenal insufficiency are required to follow 'steroid sick day rules' in illness or stress. Failure to do so, in particular delays in administering intramuscular (IM) hydrocortisone (HC), may precipitate a potentially fatal adrenal crisis.