1/3 of families find the world foods book really useful 4-5 months later.

2/3 of the families would not buy any of the equipment if it had not been given to them.

2/3 of families find the scales really useful 4 to 5 months later however only 1/3 say they are using them.

Many families gave positive written feedback, that they really appreciated the donation of equipment given to them.

Staff stated that giving these out felt a hugely positive step at first meeting and showed demonstratively that the team cared, building relationships straight away.

Aims HbA1c levels were measured less frequently in our paediatric diabetes clinics as several restrictions were put in place due to the Covid-19 pandemic. We set out to determine whether these restrictions affected our patients’ HbA1c control.

Methods All HbA1c levels of patients with type 1 diabetes were collected from the following time period: (i) pre-lockdown HbA1c (Pre-LD), (ii) first lockdown HbA1c (F-LD), (iii) last lockdown HbA1c (L-LD), coinciding with a gradual phased return to quarterly HbA1c measurement in our clinics, and (iv) first post-lockdown HbA1c (Post-LD), after March 2021. Data were tested for significance using Wilcoxon signed-rank test and expressed as median (IQR).

Results 97 patients aged 14.5 ± 3.3 were included. HbA1c levels increased Post-LD (58 (52-67)mmol/mol) compared to Pre-LD (57 (50-66)mmol/mol; p=0.03). We found no significant differences in all other HbA1c levels. F-LD HbA1c were 58 (50-65)mmol/mol. L-LD HbA1c were 57 (51.5-65)mmol/mol. There was a gradual increase in mean HbA1c level over the time period from 59.0mmol/mol to 61.5mmol/mol.

Conclusion Our study showed slightly worse glycaemic control due to the Covid-19 pandemic although whether this disruption is sustained is unknown. The next part of this study aims to ascertain whether glycaemic control will improve as we return to quarterly HbA1c measurement.

**Abstracts**

**Abstract 658 Figure 1**

Conclusion The 2/3 of families state they wouldn’t have bought the equipment, one wonders if this would be due to not having the finance or other obstacles, time or not knowing where to purchase or using digital resources instead. In future questionnaires this could be verified.

It is interesting that at 4-5 months only 1/3 of families are using the scales. Is this because they now know the carbohydrate content of most of their meals and are good at estimating now?

The information gained from this questionnaire can help shape future ‘diagnosis equipment hand out pack contents’ and also how much further grant money will be needed to maintain this QI project. It also helps to focus future education around carbohydrate training, using the equipment at diagnosis and beyond.
CHILDREN, YOUNG PEOPLE AND PARENT REPORTED QUALITATIVE FINDINGS OF A NATIONAL SERVICE EVALUATION FOR THE STRUCTURED EDUCATION MODULE FOR CHILDREN WITH TYPE 1 DIABETES: SEREN ‘DIABETES AT DIAGNOSIS’

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Aims To evaluate the user-reported usefulness and effectiveness of the first structured education module for children with Type 1 Diabetes Mellitus (T1DM) in Wales – SEREN ‘Diabetes at Diagnosis’.

Methods This reports the qualitative findings from a national retrospective questionnaire-based service evaluation. The SEREN programme is the first standardised Diabetes structured education programme for children and young people (CYP) and their families in Wales. The first module, ‘Diabetes at Diagnosis’, delivers education to empower CYP and their families with self-management of T1DM after diagnosis. It was introduced across Wales in 2016–17.

Results 89/106 responded pre-SEREN and 108/115 post-SEREN, with no demographic differences in age, sex, ethnicity, deprivation quintile and HbA1c at diagnosis. Of these, 45 CYP and their families pre-SEREN, and 93 post-SEREN provided free text feedback on what they felt was useful in the education they received and what could be improved. SEREN resources were frequently described as ‘practical’, ‘easy to understand’ and ‘helped with self-management’. Suggestions for improvement included provision of more emotional and psychological support, further sessions, information on long term impact and help to engage with other families already living with T1DM. Quantitative results from the service evaluation are published elsewhere.

Conclusion This reports qualitative findings of a national service evaluation of the only standardised T1DM structured education programme in use for CYP and their families throughout Wales. These findings have helped inform and improve the revision of the first module, ‘Diabetes at Diagnosis’. Further evaluation from the cohort who have now received subsequent SEREN modules and health care professionals that deliver the programme is required to evaluate the full impact of the SEREN programme. With the rising incidence of T1DM, it is important that health systems invest in improving health responsiveness and patient empowerment for CYP and families living with this life-long condition.

REFERENCE

HYPOTHYROIDISM- USUAL AND THE UNUSUAL

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Aims Hypothyroidism is a well-known cause of delayed puberty in children. But in rare instances, hypothyroidism can also be related to isolated menarche in children. The mechanism remains debatable whilst the overall incidence of the condition remains unknown.

Methods A 6-year-11 months girl presented to children’s emergency with 2 days history of vaginal bleeding. Trauma and hematuria were ruled out. There was a history of lethargy, intolerance to cold, and constipation. The mother reported faltering growth compared to her twin sister. On examination,