

**Conclusions:** Using QI methodology, we systematically identified barriers to uploading glucose data and trialled targeted solutions. Staff were unable to maintain the intensity of the initial intervention due to the covid-19 pandemic, demonstrating the need for ongoing intervention to maintain improvement.

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**Clinical care and other categories posters: Covid-19**

**P123 | Snapshot audit of glucose monitoring for people with covid-19 recently started on dexamethasone (including people with diabetes (PWD) and without diabetes (PWOD))**

**K. S. Higgins**  
*Department of Diabetes, University Hospitals of Leicester NHS Trust, Leicester, UK*

**Aims:** Snapshot audit of initial glucose monitoring for above group of patients against National guidance for glucose monitoring/management for covid-19 treated with dexamethasone published in 2020.

**Methods:** Review of single day’s dexamethasone prescription report (*N* = 17). Data collected from electronic hospital systems.

**Results:** Mean age 66 (28-93 yrs); female:Male, 10:7; 47% frail, 35% PWD (type 2 diabetes); 88% medical ward, 12% HDU. Ninety-four percent had glucose check within 24 hrs of admission. One patient had no glucose check (admission or thereafter). Mean glucose on admission—8.5 mmol/l (12.0 mmol/l PWD : 6.5 mmol/l PWOD). Blood ketone level checked in one patient on admission (glucose—15 mmol/l), diabetic ketoacidosis(DKA) confirmed. Ongoing monitoring appropriate in 35% (50% PWD: 27% PWOD). No patients had HbA1c check in hospital. HbA1c: average 11 months prior to admission (8 months PWD: 15 months PWOD). Patients ranged, day 1–day 4 of dexamethasone treatment. Of PWD, 3 tablet treatment only; 3 insulin only. Three required no adjustment to diabetes medication, two patients (DKA; acutely unwell) required intravenous insulin; one gliclazide increased (refused insulin). Three PWOD not given corrective insulin doses when glucose >12.0 mmol/l; not indicated in remaining patients (except PWD who refused insulin).

**Conclusion:** Despite 94% patients having admission glucose checked, on-going early monitoring was poor and no admission HbA1c checked. Prompt and regular monitoring is critical in identifying hyperglycaemia/decompensation/DKA and allowing timely treatment. Non-specialist teams need to familiarise with guidance, diabetes teams should pro-actively in-reach to clinical areas and all should have a low threshold for excluding diabetes emergencies.

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**P124 | Incidence of deterioration, variance and recovery of e-glomerular filtration rate renal function in patients with diabetes hospitalised with covid-19**

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Refer to Oral number A8

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**P125 | Quality improvement project on in patients with diabetes admitted with covid-19 in a secondary care hospital in Kent**

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*Diabetes Centre, Darent Valley Hospital, Dartford, UK*

**Aims:** To review the data of patients with diabetes admitted with covid-19 infection from March 2020 to May 2020 in our hospital to improve access to specialist care.

**Methods:** Data was retrospectively collected on 72 adult inpatients from our hospital covid database with type 2 diabetes and covid-19 (positive PCR) between March and May 2020. The data extracted from electronic record included demographics, co-morbidities, type of diabetes, complications, antidiabetic medications and outcomes.

**Results:** Out of 72 patients, 46 (63%) were male, 58 (80%) British White, (56) 78% were above 60 years and 43 (59.7%) had a length of stay up to 10 days. 69 (96%) had type 2 diabetes, 7 (10%) had diabetic ketoacidosis, 50 (69%) had HbA1c >7.5% (IFCC 58 mmol/mol) and 42(58%) had blood pressure> 130/80 mmHg: 37(51%) patients were discharged home while 34 (47%) patients died during the hospital stay. Out of 34 deaths, 20 (58%) were above 60 years.

**Conclusion:** Diabetes is a significant predictor of co-morbidity and mortality in patients with covid-19. Patients in elderly age group and those with poorly controlled diabetes and blood pressure had worst prognosis. This pilot data has helped us secure funding for a small research project designed to study the psychosocial aspects to improve the care of these patients post-covid, with regular specialist input as there is lack of community diabetes care.

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**P126 | Impact of the covid-19 pandemic on delivering routine diabetes care in a district general hospital**

**E. Harrison; N. Aung ; R. Poole**  
*Diabetes and Endocrinology Department, Poole Hospital, University Hospitals Dorset, Poole, UK*

**Aims:** Currently 80% of National Health Service (NHS) budget for diabetes is spent on diabetes related complications.
National Institute for Health and Care Excellence (NICE)\(^2\) recommends regular review to identify early complications. The covid-19 pandemic has affected normal diabetes services and we aim to explore how this has impacted diabetes care in accordance to NICE guidelines.

**Methods:** Retrospective study was conducted by analysing the data of patients reviewed in diabetes clinics in Poole Hospital from March to August 2019 compared to the same timeframe in 2020. During the pandemic clinics changed to virtual telephone consultation compared to face-to-face review in 2019. Patients were identified from one clinic list from two different consultants. Data was collected using Electronic Patient Record (EPR), Diabetea3 and Spectra.

**Results:** All routine checks for diabetes review were affected by covid-19. Only 56% of patients had blood pressure, body mass index and foot review during 2020 compared to 91% in 2019. Foot checks were most affected with a 32% decrease; additionally there was a 17% reduction in urine samples compared to previous. 98% of patients had a routine HbA1c in 2019 however this fell to 83% the following year. Retinal screening was least affected with a 9% decrease. Interestingly there was a 2% increase for both thyroid and renal results in 2020.

**Conclusion:** Diabetes care has been adversely affected by the covid-19 pandemic which raises concerns for patient management. We can expect a significant rise in complications related to diabetes and we should therefore target our efforts to address these issues.

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**P127 | Diabetic ketoacidosis (DKA) admissions during and before the covid-19 pandemic**

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Refer to Oral number A10

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**P128 | Improving monitoring and treatment of dexamethasone induced hyperglycaemia in patients with covid-19**

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1Diabetes and Endocrinology, St John's Hospital, Livingston, UK; 2General Medicine, St John's Hospital, Livingston, UK

**Aims:** The use of dexamethasone has increased since its benefit in treating covid-19 was discovered. Hyperglycaemia has been shown to be associated in poorer outcomes in patient with covid-19. The aim of this audit was to improve monitoring and management of hyperglycaemia in covid-19 patients on dexamethasone.

**Methods:** In October 2020 the notes of ten patients on dexamethasone for covid-19 were audited over a 1-week period to determine if they had a glucose chart present, if they were having glucose checked four times daily, and if raised glucose was appropriately actioned upon. Following this a covid-19 bundle was created to improve management of covid-19. This included guidance on monitoring and treatment of hyperglycaemia, with an aim for this to be placed in all patients notes with confirmed covid-19. The bundle was based on covid:Diabetes guidance from the nation in-patient diabetes covid-19 response team. Re-audit was then performed in January 2021 for a total of seven patients.

**Results:** In October 2020 80% of patients were having their glucose levels checked, improving to 100% by January. Appropriate frequency of checking glucose improved from 20% to 57%. Appropriate actioning of hyperglycaemia, if required, improved from 50% to 75%.

**Conclusion:** Providing local education regarding the guidelines for dexamethasone associated hyperglycaemia in covid-19 patients can improve both management and monitoring of hyperglycaemia. Ongoing education is required for both medical and nursing staff to ensure ongoing development in recognition and management of hyperglycaemia.

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**P129 | The impact of the coronavirus disease 2019 (covid-19) pandemic on young people with diabetes and preferences for future care: A patient survey**

I. Cayley; J. Parsons; L. Rich; A. Forbes; N. Sevdalis; T. Soukup Ascendo; K. F. Hunt; R. Forde; S. Chapman; D. Kariyawasam  
1GKT School of Medical Education, Faculty of Life Sciences and Medicine, King’s College London, London, UK; 2Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, King’s College London, London, UK; 3Diabetes Department, Guy’s and St Thomas’ NHS FT, London, UK; 4Centre for Implementation Science, IoPPN, King’s College London, London, UK; 5Diabetes Department, King’s College Hospital NHS FT, London, UK; 6Diabetes Research Group, Faculty of Life Sciences and Medicine, King’s College London, London, UK; 7Department of Child Health, King’s College Hospital FT, London, UK

**Aims:** Covid-19 restrictions have impacted social interaction, work, education and care provision for young people with diabetes. Furthermore, people with diabetes have increased morbidity and mortality from covid-19. We aimed to explore the impact of the pandemic on young people’s diabetes care...
and management; their psychosocial well-being; and identify preferences for future diabetes care.

**Methods:** A survey was emailed to all patients aged 16–23 with diabetes attending two London (UK) hospital-based diabetes clinics. Descriptive and content analyses were conducted.

**Results:** Response rate was 33% (n = 74/222). Respondents reflected clinic population in age, ethnicity and area-level deprivation, although males were underrepresented (34%, n = 25). Since the pandemic 55% (n = 41) felt well supported by their diabetes team; 35% (n = 26) felt more confident and 40% (n = 29) more motivated to manage their diabetes. Conversely 22% (n = 16) felt less confident or motivated, which they attributed to decreased physical activity, disrupted diabetes routines and a lack of support. Mental well-being was reportedly negatively impacted in 57% (n = 42) of patients, with no differences by area-level deprivation or ethnicity. 31% (n = 23) and 41% (n = 30) of respondents felt more negatively about their diabetes and future health, respectively. Face-to-face care in the future remained the most popular option (69%, n = 51), despite increased virtual appointments during the pandemic.

**Conclusion:** Negative impacts on mental well-being, feelings about diabetes and future health need to be considered when providing care for young people with diabetes. Variable experiences and views on care provision indicate the need for a flexible approach to future care delivery models.

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**P130  | Glycaemic control in covid-19 patients in an intensive care unit (ICU) setting**

**C. I. Igwe**1; Y. P. Pang1; J Briggs1; K. Higgins2

1Intensive Care Unit, University Hospitals of Leicester, Leicester, UK; 2Diabetes Department, University Hospitals of Leicester, Leicester, UK

**Background:** We aim to examine the prevalence and management of hyperglycaemia in non-diabetic and diabetic ICU patients with covid-19.

**Methods:** Retrospective study of 27 ICU patients with covid-19 treated with dexamethasone.

**Results:** Mean age 58yrs and 74% male; 26% female. Prevalence of pre-existing diabetes was 44% (12) while 56% (15) had no known history of diabetes. Type 2 diabetes accounted for all of pre-existing diabetes was 44% (12) while 56% (15) had no prior history. Of those with hyperglycaemia, 76% received insulin treatment: 92% of patients with pre-existing diabetes had some form of insulin treatment compared to 53% of patients with no prior history. Treatment regimens: actrapid infusion (73.7%), actrapid infusion with long-acting insulin (15.8%) and novorapid as required doses (10.5%). A third of patients required input from the diabetes team while on ICU.

**Conclusion:** Our data shows that the majority of covid-19 patients treated with dexamethasone, regardless of diabetes history, develop hyperglycaemia and subsequently require insulin. HbA1c is not routinely performed on admission onto intensive care; however it is a useful tool in detecting undiagnosed diabetes at presentation, assessment of prior glycaemic control and degree of insulin resistance in patients with known diabetes. HbA1c measurement has implications for appropriate on-going management and long-term specialist input/follow-up.

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**P131  | Coronavirus disease (covid-19) mortality outcomes in a large teaching hospital in patients with diabetic foot ulceration: A retrospective observational cohort study**

**H. Hiles**1; A. Morgan1; R. Gandhi1; M. Greig1,2

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**Aims:** To investigate the impact covid-19 had on mortality in people with diabetes and co-existing foot disease.

**Methods:** This retrospective observational cohort study involved all patients under active follow-up by the multidisciplinary diabetes foot service at Sheffield Teaching Hospital (n = 524), from 20 March to 10 May 2020, coinciding with the first lockdown in the UK (when only symptomatic individuals were tested). The primary outcome was death from covid-19. Electronic inpatient and diabetes records were examined for admissions, diagnosis of covid-19 and other patient factors.

**Results:** There were 72 unplanned hospital admissions involving 56 patients (mean 1.29 [range 1-4]). 32% (n = 18) of admitted patients tested positive for covid-19. 63% (n = 12) of patients who contracted covid-19 may have acquired the virus during the hospital admission (positive test > 3 days post-admission).

There were 11 deaths in the covid-19 positive group (n = 19, 57.9%) and 7 deaths in the group that were not known to have contracted covid-19 (n = 439, 1.6%), p < 0.001.

**Conclusions:** A third of patients with diabetic foot disease admitted to hospital had or acquired covid-19 and it was associated with extremely high rates of mortality. This figure is substantially greater than the reported mortality in all hospital admissions with covid-19 during the first wave. Changes to services to minimise the need for hospital admissions would
help mitigate risk. By extension this finding makes a case for prioritising vaccination for individuals with diabetic foot disease, due to high mortality rates for those who contract covid-19.

P132 | Demographics, management and outcomes of inpatients with newly diagnosed diabetes in acute covid-19 infection

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**Aim:** To investigate the demographics, management and outcomes of patients with newly diagnosed diabetes in covid-19 infection admitted to Queen Elizabeth Hospital, Birmingham.

**Methods:** All patients with a new diagnosis of diabetes on their admission with covid-19 pneumonia (pre-dexamethasone use) between March and June 2020 were examined. Demographics, comorbidities, medication history, investigations, management and outcomes were analysed.

**Results:** Twelve patients were identified. Demographic analysis revealed (all median [IQR]); Age 59.5 [51.5–69.3] years, body mass index 27.4 [26.0–28.9] kg/m² and length of admission 21.5 [7.5–28.8] days. The majority of patients were male (9/12) and most were diagnosed with type 2 diabetes (9/12). Seven patients had no diabetes symptoms prior to admission and positive family history was uncommon (1/12). Median glucose reading on admission was 16.0 [10.0–29.0] mmol/l, HbA1c 62.5 [47–104] mmol/mol. During admission, median percentage of glucose in target (5–15 mmol/l) for individual patients was 71.6 [46.4–91.0]% and median percentage of glucose levels in hypoglycaemic range (<4 mmol/l) was 0.8 [0.0–2.6]%.

**Conclusion:** A new diagnosis of diabetes in combination with covid-19 infection is associated with high rates of complication relating to glucose control and need for intensive care during admission.

**Acknowledgement:** Dr S Mostafa

P133 | An audit comparing the difference in outcomes between patients with diabetes admitted during first and second wave of the covid-19 pandemic in a large district general hospital

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Refer to Oral number A12

P134 | Business continuity during covid-19 pandemic for paediatric diabetes unit

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**Aim:** To evaluate service delivery during covid-19 pandemic by Paediatric Diabetes Unit.

**Methods:**
- Review of multidisciplinary team (MDT) clinic provision from 1 April 2020 to 31 December 2020.
- Compare Did Not Attend (DNA) rate during pandemic with the 9 months period prior (1 July 2019 to 31 March 2020).
- Evaluate use of technology for review of data from pumps/meters/Apps.
- Compare diabetes ketoacidosis (DKA) rates in newly diagnosed patients during pandemic with previous 9 months.
- Feedback from families and service users (SurveyMonkey) on clinics.
- Innovations/new practices.

**Results:**
- All clinics for 245 Children and Young Person with Diabetes (CYPD) were MDT (diabetes consultant, specialist nurse, dietitian, when possible psychologist) and changed to video (majority) or telephonic.
- 655 MDT appointments offered during pandemic compared to 614 in the 9 months period prior.
- DNA rate 5.34% (35 MDT appointments out of 655) versus 7.81% (48/614) in the previous 9 months. Dietetic 1:1 appointments DNA rate reduced from 13.5% to 3%.
- Use of Diasend, Dexcom Clarity and LibreView for review of glycaemic control, estimated HbA1c, time in range. Use of reports from Apps. Use of screen share facility during video consultation to review data with family.
- All clinics for 245 Children and Young Person with Diabetes (CYPD) were MDT (diabetes consultant, specialist nurse, dietitian, when possible psychologist) and changed to video (majority) or telephonic.
- 655 MDT appointments offered during pandemic compared to 614 in the 9 months period prior.
- DNA rate 5.34% (35 MDT appointments out of 655) versus 7.81% (48/614) in the previous 9-month. Dietetic 1:1 appointments DNA rate reduced from 13.5% to 3%.
- Use of Diasend, Dexcom Clarity and LibreView for review of glycaemic control, estimated HbA1c, time in range. Use of reports from Apps. Use of screen share facility during video consultation to review data with family.
- Newly diagnosed CYPD in DKA were higher during pandemic 46% versus 18.7% (6/13 vs. 3/16).
- 90% CYPD and their families were satisfied with the remote clinics (35/39 responses).
- Innovation: Drive through HbA1c, majority families downloading from home and HbA1c home-testing kits. Virtual
self-care education, pump starts, carbohydrate counting training and psychology sessions.

**Conclusions:** Continuity of service maintained and refined with use of technology/innovations. Lower DNA rates as clinics virtual. Higher DKA at presentation probably due to delay in seeking medical care. High user satisfaction. Learning from this can be used to shape future service.

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**P135 | The need for a steroid de-escalation pathway during the covid-19 pandemic**

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**Background:** Dexamethasone is being increasingly used in the treatment of covid-19 pneumonitis, leading to hyperglycaemia in patients both with and without diabetes. Pandemic related capacity issues are causing inpatient diabetes teams to become stretched with facilitating early supported discharges, where steroid induced hyperglycaemia requiring insulin has occurred. Protocolised solutions are therefore required to counter this problem.

**Aims:** To design a de-escalation pathway using an objective means (HbA1c) to guide non-specialist teams with the management of anti-hyperglycaemic agents initiated during admission for covid-19 pneumonitis and follow-up requirements.

**Methods:** Patients with covid-19 infection on dexamethasone referred to the inpatient diabetes team over a 2-week period were subcategorised using HbA1c values, to determine the need for ongoing insulin therapy and appropriate follow-up.

**Results:** Of 121 referrals, dexamethasone was initiated in 95% of cases leading to steroid induced hyperglycaemia. HbA1c was measured in 61 cases. Only three cases had HbA1c values below the 48 mmol/mol cut-off. These were considered low-risk and suitable for GP follow-up. However, 38 cases (62%) had HbA1c values greater than 70 mmol/mol and thus required insulin therapy on discharge, intensive glucose monitoring and specialist follow-up at 48 hours post-discharge.

**Conclusion:** We suggest measuring HbA1c at the point of admission for all patients presenting with suspected covid-19 infection. Where electronic phlebotomy requests exist, covid-19 admission bundles which include HbA1c may be helpful. HbA1c values can serve as a tool to provide non-specialist teams with a diabetes care plan on how to de-escalate insulin therapy, glucose monitoring requirements and advise on appropriate follow-up. Review of readmission/harm is currently ongoing.

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**P136 | Clinical frailty scale (CFS) for risk stratification in younger patients hospitalised with covid-19**

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Refer to Oral number A7

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**P137 | Effect of covid-19 infection on diabetic ketoacidosis (DKA) in people with type 1 and type 2 diabetes**

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1Diabetes and General Medicine, University Hospitals Birmingham NHS FT, Birmingham, UK; 2Institute of Metabolism and Systems Research, University of Birmingham, Birmingham, UK; 3College of Medical and Dental Sciences, University of Birmingham, Birmingham, UK; 4Institute of Immunology and Immunotherapy, University of Birmingham, Birmingham, UK; 5School of Life and Health Sciences, Aston University, Birmingham, UK

Refer to Oral number A11

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**P138 | Rapid rise in insulin requirements of inpatients with covid-19 given dexamethasone: Adaptations of the national guidelines to local needs**

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**Background:** Hyperglycaemia during admission with covid-19 is associated with worse outcomes. Dexamethasone is used in severe covid-19. The national guidance suggests using prn quick acting insulin followed by twice daily intermediate acting insulin (0.3 units/kg) if blood glucose continues >12 mmol/L.

**Aim:** To evaluate insulin requirements in inpatients with covid-19 and treated with steroids.

**Methods:** Four rapid iterative quality improvement cycles evaluated the strategy for initiating insulin for patients with persistent hyperglycaemia (>11 mmol/L) and given steroids in an inner city teaching hospital trust. We
identified consecutive referrals to the inpatient diabetes team. Exclusions include <7 days of steroids course, admission to intensive care or intravenous insulin. Electronic records were reviewed. Results are mean±SD.

**Results:** Thirty-two referrals identified (63% male), type 2 diabetes 78%/22% no history of diabetes, 66 ± 11 years old, weight 90 ± 24 kg, HbA1c 75 ± 2.8 mmol/mol. covid-4C score 11/21 indicating high-risk patients. Seven days cumulative dexamethasone (or equivalent) dose was 48±23 mg. Admission glucose was 11.5 ± 5.7 mmol/L peaking on day 2 of steroids course (15.2 ± 4.4 mmol/L) and declining to nadir of 11.7 ± 4.2 mmol/L on day 6. Total daily insulin requirements rose rapidly from 0.07 ± 0.18 units/kg (day 1) to a peak of 0.72 ± 0.8 units/kg (day 4) and nadir of 0.64±0.7 units/kg (day 7).

**Conclusions:** We found insulin requirements suggested in the national guidance to be a conservative estimate. In our cohort it is more than doubled in a short period of time requiring rapid titration. Learnings from this work informed the rapid adaptation of the local guidance by advocating early introduction of scheduled intermediate acting insulin when pre-steroids blood glucose is ≥11 mmol/L.

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Clinical care and other categories posters:
Diabetes specialist nurse

**P139 | Impact of the covid-19 pandemic on living with diabetes and the provision of diabetes care across Europe: A survey of diabetes nurses**

**R. Forde:** M. Allen-Taylor; F. Brown; A. Celik; S. Gane; R. Hashem; H. Habte-Asres; J. Sturt; K. Winkley; M. Due-Christensen; A. Forbes; FEND covid-19 consortium members

*Faculty of Nursing, Midwifery and Palliative Care, King’s College London, London, UK*

**Aims:** To describe diabetes nurses’ perspectives of the impact of the covid-19 pandemic on people living with diabetes and diabetes services across Europe.

**Methods:** A cross-sectional electronic survey was disseminated to diabetes nurse across Europe via professional networks. The survey was developed by a multi-national consortium of diabetes nurses using a rapid Delphi method and translated into 17 languages. The questionnaire asked respondents to identify the single biggest impact of the pandemic on people with diabetes and diabetes care, together with the main strategies that helped people with diabetes. Responses were analysed using quantitative content analysis to generate themes and sub-themes.

**Results:** Participants (n = 1829) from 27 countries were included in this analysis. The single biggest negative impacts reported were: reduced access to care (n = 639, 35%); and the emotional impacts of the pandemic (n = 494, 27%). Helpful impacts were: digital/virtual health care support (n = 590, 32%); maintaining access to diabetes care (n = 561, 31%); people with diabetes had more time for their self-management activation (n = 319, 17%); and targeted covid-19 resources (n = 109, 5.9%). The biggest challenges perceived by nurses to providing diabetes care, were: virtual care delivery (n = 788, 43%); access to clinical resources and information (n = 452, 24%); and supporting vulnerable groups (n = 156, 9%). Almost two thirds of respondents reported that innovative methods for service delivery were required to respond to the pandemic (n = 1125, 62%).

**Conclusions:** Diabetes nurses across Europe reported significant disruption to clinical diabetes services during the pandemic. Care delivery systems needed to be adapted to minimise the physical and psychological impact of the pandemic on people living with diabetes.

**Acknowledgement:** FEND covid-19 Consortium

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**P140 | The implementation of Community Diabetes Specialist Nurses (CDSN) to improve care for hard to reach and vulnerable patients within West Lothian**

**C. Elphinstone:** E. Vass; R. J. Wright; S. J. Penswick

*Diabetes, St John’s Hospital, Livingston, UK*

**Aim:** In April 2020, CDSN were introduced into West Lothian with an aim of improving the care of patients with diabetes. To achieve this, objectives were set; prevent hospital admissions by responding to emergency referrals, provide discharge follow-up, review patients who are disengaged from the service to prevent unnecessary hospital admissions, and support patients at home who are unable to attend outpatient diabetes clinics.

**Methods:** Data was collected from May 2020 to January 2021. To evaluate the impact the service is having we have sought to review certain indicators for success; reason and benefit of referral, number of diabetes-related admissions pre- and post-CDSN input, Emergency GP referrals seen within 48 hours, number of severe hypoglycaemia pre- and post-intervention, HbA1c pre- and post-CDSN input and if home visits were required. This data was coded and analysed on an excel spreadsheet.

**Results:** 199 patients are included in the data. The majority of referrals were due to hyperglycaemia (90) and advice regarding optimising insulin regime (30). Main benefits of addressing referrals included avoiding unnecessary clinic appointments (80) and hospital admissions (36), as well as supporting district nursing colleagues (28) and early discharges from hospital (58). Additionally, improvements in HbA1c and reengaging patients back to the service will be discussed.