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POSTER ABSTRACT BOOK

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- The abstracts in this supplement have been edited minimally from the submitted versions, primarily for house style on units.
- For full authorship details, please refer to the posters.
- Funding declarations are presented only where explicitly supplied with the abstracts. For full details, please refer to the posters.

P1

A virtual multidisciplinary model for complex diabetes care in primary care: The Apollo PCN experience

Submitting author: Anusha Ali

Aims: To describe the use of a virtual multidisciplinary team (vMDT) to support people with poorly controlled diabetes and additional complications across Apollo Primary Care Network (PCN). **Methods:** As part of wider diabetes service planning, 149 patients with HbA_{1c} ≥75 mmol/mol were identified across the five PCN practices. Patients with uncontrolled diabetes and additional complications were selected for vMDT review. Approximately four one-hour meetings were held monthly between November and March, with around six cases discussed at each meeting. The MDT included an endocrine specialist, two GPs, a diabetes nurse, a mental health nurse and a dietitian. Cases were discussed to agree treatment changes, investigations and follow-up. **Results:** MDT discussions led to changes in diabetes medication and, where appropriate, treatment for blood pressure and cholesterol. Further investigations were arranged. Some patients received follow-up from the dietitian or mental health nurse, while ongoing clinical review was provided by GPs or practice diabetes nurses. **Conclusions:** Virtual MDT meetings enabled primary care and specialist clinicians to review complex diabetes cases together and agree ongoing management. The meetings supported treatment changes, further investigation and input from dietetic and mental health services, with follow-up continuing in primary care. This model could be used by other PCNs to support patients with complex diabetes. ■

P2

Closing the prediabetes referral gap: A primary care audit of NICE PH38 adherence

Submitting author: Oluwapemi Eniiyi Folorunsho

Aims: Non-diabetic hyperglycaemia offers an opportunity to prevent progression to type 2 diabetes, particularly in high-risk populations. This audit aims to assess adherence to NICE PH38 recommendations for annual HbA_{1c} monitoring and referral to an evidence-based intensive lifestyle-change programme. **Methods:** A retrospective audit was conducted at a GP practice in North West England serving a socioeconomically deprived, predominantly South Asian population. Of 481 patients on the non-diabetic hyperglycaemia register, 200 met the eligibility criteria, and 50 were randomly selected. Records were reviewed for HbA_{1c} testing within the preceding 52 weeks and documented offers of programme referral. The standard was 90% for both criteria. Re-audit was planned within 12 months. **Results:** HbA_{1c} monitoring exceeded the standard, with 46/50 patients (92%) tested. However, only 40/50 (80%) had a documented referral offer, 10 percentage points below the standard. Of the 10 patients without an offer, four had a normal body mass index and six received verbal lifestyle advice without structured referral. All four patients without up-to-date HbA_{1c} testing had not attended despite repeated text-message reminders. **Conclusions:** Monitoring met the audit standard, but structured referral did not. Three potential barriers were identified: verbal advice replacing programme referral, possible overreliance on body mass index, and reduced response to repeated text reminders, consistent with message fatigue. Staff training, clearer referral pathways and alternative follow-up for non-attenders were recommended. Re-audit should assess whether these changes improve preventive care. ■

P3

Beyond the code: Closing the SGLT2 safety loop in primary care

Submitting author: Saranika Ganesathas

Aims: To improve provision and documentation of SGLT2 sick-day advice and patient information in primary care. **Methods:** A PA-led audit identified 224 patients with T2DM currently taking an SGLT2 inhibitor using EMIS. Baseline assessment was undertaken from 27 August to 3 September 2026. Audit criteria were discussion of sick-day advice, documentation of advice, and written SGLT2 information where appropriate. The standard and target were 100% compliance. Administrative/non-clinical and unrelated consultations were excluded. A PA-led clinician prompt encouraged use of the existing Ardens SGLT2 template/EMIS coding, documentation and patient information. Re-audit was undertaken from 4 to 10 September 2026, one week after intervention, identifying 39 consultations among the 224 patients; 12 were eligible after exclusions. **Results:** At baseline, 3/224 patients (1.3%) had a specific sick-day rule code. Manual review of the remaining 221 demonstrated documented sick-day advice in 78/221 (35.3%), written patient information in 36/221 (16.3%), and neither in 122/221 (55.2%). At re-audit, sick-day advice was coded in 9/12 (75%) eligible consultations, including 6 newly coded consultations; 3/9 had been coded previously. No eligible consultation had evidence of written patient information (0/12). **Conclusion:** The PA-led intervention improved documentation of SGLT2 sick-day advice, with sick-day advice coded in 75% of eligible re-audit consultations. Although the short re-audit period limits assessment of longer-term sustainability, early improvement was demonstrated. The 100% target was not achieved and written patient information remained a gap. An approved SGLT2 sick-day SMS campaign could improve delivery of written information alongside clinical review and coding. ■

P4

A retrospective audit of adherence to NICE guidelines on structured education and diabetic eye screening referral following a new diagnosis of type 2 diabetes

Submitting author: Eniola Suleiman

Aims: To assess adherence to NICE guideline NG28 regarding the offer of structured education (SE) and referral to a Diabetic Eye Screening Programme (DESP) following a new diagnosis of type 2 diabetes mellitus (T2DM), and to identify opportunities for improvement. **Methods:** A retrospective baseline clinical audit was conducted using EMIS Web to identify adults aged ≥18 years with a new diagnosis of T2DM between 1 March 2024 and 1 March 2025. Following application of inclusion and exclusion criteria, 43 patients were included. Audit criteria required documented evidence of SE being offered and DESP referral within four weeks of diagnosis, against an 85% standard for each criterion, agreed with the audit supervisor. A re-audit is planned in 12 months to assess the impact of the recommendations. **Results:** 35/43 patients (81%) had documented evidence of SE being offered within four weeks of diagnosis, narrowly missing the 85% standard. 31/43 patients (74%) were referred to DESP within four weeks, representing an 11-percentage-point shortfall. Coding inaccuracies and documentation gaps were identified as potential contributors, while nurse-led diabetes review appointments appeared to support more consistent care delivery and documentation. **Conclusion:** The Surgery did not meet the 85% standards for either SE or DESP referral, with DESP referral demonstrating the greater shortfall. Recommendations include improving diagnostic coding, offering SE at diagnosis, continuing nurse-led diabetes reviews, and reinforcing the benefits of DESP referral with patients who decline. Re-audit will determine whether these changes improve adherence to NG28. ■

P5

Diabetes care for the Refugee, Asylum Seeker and Vulnerable Migrant (RAAS) populations in an inner city Liverpool GP surgery

Submitting author: Juliette Palmer

Aims: To establish and evaluate diabetes care within the Refugee, Asylum Seeker and Vulnerable Migrant (RAAS) population. To improve equitable access to diabetes support, education and management for people living with diabetes and experiencing significant barriers including language differences, trauma, and exclusion from mainstream healthcare pathways. **Method:** A weekly half-day diabetes drop in and appointed clinic introduced in April 2026. Coordinated by a patient care coordinator with strong links to the asylum community, supporting engagement and trust. Regular searches on numbers of new patient registrations, type of diabetes. Care delivery utilising a multidisciplinary volunteer workforce providing real-time translation and culturally sensitive care.

Interventions including structured diabetes education, medication optimisation, and personalised support, alongside integration with wider services such as social prescribing, dietetics, and safeguarding. Home visits if appropriate. **Results:** High patient engagement. All medication required for diabetes management up to date on script (to support if relocated). Patients demonstration of improved understanding of diabetes and self-management principles after engagement. Adaptations to educational approaches addressing linguistic, numerical, and technological barriers. Access to technology. Positive patient feedback and improved adherence to treatment pathways. **Conclusion:** The clinic represents a responsive and valuable service for an underserved population. By addressing clinical needs alongside wider social determinants of health, this model promotes equity, accessibility, and patient empowerment in diabetes care. ■

P6

Sight lost in plain sight: A systematic case series review of nutritional optic neuropathy following bariatric surgery and its implications for primary care

Submitting author: *Arqam Syed*

Aim: Bariatric surgery is an established, cost-effective intervention for severe obesity, yet its long-term nutritional consequences remain under-recognised in primary care. Nutritional optic neuropathy (NON) – optic nerve dysfunction secondary to micronutrient deficiency – is a rare but devastating and potentially preventable complication. Following discharge from specialist bariatric services (typically at two years post-surgery), monitoring responsibility transfers to primary care, yet awareness of visual complications remains low. We aimed to systematically identify and characterise all published case reports of NON following bariatric surgery, to define the clinical profile of affected patients and establish implications for primary care surveillance. **Methods:** A systematic search of PubMed/MEDLINE and PubMed Central was conducted from inception to September 2026 using two complementary Boolean search strings combining MeSH and free-text terms for bariatric surgical procedures (bariatric surgery, gastric bypass, sleeve gastrectomy, biliopancreatic diversion, duodenal switch, gastric band, Roux-en-Y, metabolic surgery) with ophthalmic outcomes (optic neuropathy, visual loss, blindness, night blindness, nyctalopia, optic atrophy, visual field loss) and study design (case report, case series). A secondary search added micronutrient deficiency terms (copper deficiency, vitamin A deficiency, vitamin B12 deficiency, folate deficiency, zinc deficiency) to capture cases where optic involvement was not the primary indexed term. The reference list of Haughton et al. (Clinical Obesity, 2025) – a systematic review of 83 bariatric nutritional deficiency case reports – was hand-searched for additional ocular cases. Cases of Wernicke's encephalopathy with isolated ophthalmoplegia or nystagmus without optic nerve involvement were excluded, as this subset has been previously reviewed (Singh & Kumar, Neurology, 2007). Data were extracted on: procedure type, time to symptom onset, deficiency identified, presenting visual features, management, and visual outcome. **Results:** Twenty-eight cases of NON following bariatric surgery were identified across 25 publications (1999–2025), representing the largest pooled case series reported to date. Malabsorptive procedures predominated: biliopancreatic diversion (with or without duodenal switch) accounted for approximately 36% of cases, and Roux-en-Y gastric bypass for approximately 29%. The most prevalent deficiency was vitamin A (approximately 54% of cases), followed by copper (approximately 25%), with folate, vitamin B12, and zinc accounting for the remainder; several cases involved combined deficiencies. Time from surgery to visual symptom onset ranged from under one year to 26 years, with the majority presenting between two and fifteen years post-operatively. Presenting features included bilateral visual acuity loss, central or caecocentral scotoma, dyschromatopsia, and nyctalopia. Non-adherence to prescribed micronutrient supplementation was the most frequently reported contributing factor. With prompt nutritional repletion, approximately 39% achieved complete or near-complete visual recovery and approximately 32% had partial improvement. Critically, 4 patients (14%) sustained permanent visual loss or blindness despite treatment – in all four, diagnosis had been significantly delayed. **Conclusion:** NON is a rare but potentially blinding complication of bariatric surgery that disproportionately affects patients under long-term primary care follow-up. The 14% rate of permanent blindness – confined entirely to delayed-diagnosis cases – establishes a clear rationale for regular visual symptom enquiry and targeted micronutrient monitoring (vitamins A, B12, copper, and folate) in post-bariatric patients managed in primary care, extending well beyond the two-year specialist discharge point. Given the rising burden of bariatric surgery in the UK, GPs require structured awareness and a low-threshold pathway to urgent ophthalmological review when visual symptoms arise. ■

P7

Closing the gap in diabetic eye screening uptake: A two-cycle audit of NHS Diabetic Eye Screening attendance in an inner-city Liverpool practice

Submitting author: *Arqam Syed*

Aims: Diabetic retinopathy remains a leading cause of preventable sight loss in working-age adults, and annual retinal screening is the principal safeguard. Attendance is consistently lower in deprived inner-city populations. This audit aimed to measure NHS Diabetic Eye Screening (DES) uptake among patients on the diabetes register at an inner-city Liverpool practice, identify why patients were non-compliant, and implement targeted interventions to improve attendance. **Methods:** A two-cycle clinical audit was undertaken using EMIS searches of all patients on the practice diabetes register (QOF indicator DM017). The standard applied was documented DES attendance within the preceding 12 months, target 100%. Non-compliance was categorised as either recorded non-attendance (DNA) or absence of any screening record. Baseline data were collected in May 2026 and re-measured in August 2026. Following presentation to the practice team in September 2026, six interventions were introduced: batch recall of patients with no screening record; telephone recall of recorded DNAs; a targeted letter for patients under 40; an EMIS template prompt at diabetes review; staff training on appropriate exception coding; and an automated alert at new diagnosis. Cycle two data collection is scheduled for October 2026. **Results:** In May 2026, 444 patients were on the register. Screening attendance was documented in 234 (52.7%); 56 (12.6%) had recorded DNAs and 154 (34.7%) had no screening record, giving overall non-compliance of 210 (47.3%). Re-measurement in August 2026 (n=447) showed attendance in 282 (63.0%), DNAs in 61 (13.6%) and no record in 104 (23.3%), with non-compliance of 165 (36.9%). The fall in non-compliance between measurements preceded the interventions and reflects routine screening and data-quality activity, establishing a stable pre-intervention baseline. Absent screening records, rather than active non-attendance, accounted for the majority of non-compliance throughout, indicating that data capture and recall are the dominant modifiable factors. Post-intervention results from cycle two will be presented. **Conclusion:** Over a third of patients on the diabetes register in this inner-city practice remain outside the recommended screening interval, and most of this gap is driven by missing screening records rather than patient refusal. This is an addressable, primary-care-level problem. Targeted batch recall, structured telephone follow-up of DNAs and template-embedded prompts offer a low-cost route to improvement, and the model is readily transferable to similar practices serving deprived populations. ■

P8

The impact of continuous glucose monitoring on glycaemic control in adults with type 2 diabetes in primary care

Submitting author: *Ghazala Nasir*

Aims: Type 2 diabetes (T2D) affects around 5 million people in the UK, and poor glycaemic control raises the risk of microvascular and macrovascular complications. Continuous Glucose Monitoring (CGM) provides real-time glucose data that can support behaviour change and treatment optimisation, and is recommended for defined T2D groups under NICE NG28 (updated 2022). Real-world evidence from routine primary care remains limited. This service evaluation assessed the impact of CGM initiation on HbA_{1c} in adults with T2D managed in a single primary care setting. **Methods:** Retrospective single-centre audit with no control group. 59 adults with T2D were offered CGM (April–September 2025). Age, gender, baseline and follow-up HbA_{1c}, start date and reasons for non-completion were extracted. The primary outcome was change in HbA_{1c}. Paired baseline-versus-follow-up analysis was performed for the 24 patients with complete data; engagement was categorised across all 59.

Results: 24 of 59 (41%) had paired data. Mean HbA_{1c} fell from 76.7 to 61.1 mmol/mol – a mean reduction of 15.6 mmol/mol (17.6%); median reduction 8.5 mmol/mol (12.9%). 22/24 (92%) improved and 10/24 (42%) reached the NICE ≤53 mmol/mol target, with the largest falls in those with the highest baseline. Across the full cohort, 32% did not engage and 14% declined. **Conclusion:** CGM initiation was associated with clinically meaningful HbA_{1c} improvement in engaged patients, greatest in poorly controlled T2D. However, low uptake and a responder-enriched, self-selected subgroup limit generalisability. Larger controlled evaluation with longer follow-up is warranted. ■

P9

Addressing emotional eating in weight management: A primary care quality improvement audit

Submitting author: *Khurum Butt*

Aims: To identify emotional eating as a barrier to weight management in primary care and evaluate the impact of introducing a structured intervention on clinical and psychological outcomes. **Methods:** During the baseline period, 157 patients were referred to the practice Health Coach for weight management. Emotional eating was identified as a barrier in 18 patients (11.5%). A new 8-session Emotional Eating Programme was introduced to address this unmet need. The audit standard was that 100% of patients identified with emotional eating would be offered the programme. All 18 patients were invited; 14 accepted (77.8%). Seven completed all eight sessions and were included in outcome analysis; patients attending <50% were excluded. The programme incorporated CBT principles, mindfulness, emotional coping and habit-change techniques. Four psychological outcome measures were completed at baseline and following the intervention: Weight Bias Internalisation Scale (WBIS), Rosenberg Self-Esteem Scale (RSE), Salzburg Emotional Eating Scale (SEES), and Contingencies of Self-Worth Scale (CSWC). BMI, weight and HbA_{1c} were recorded at baseline and re-audit at 12 months. Four validated psychological measures were completed pre- and post-programme. **Results:** Mean BMI reduced from 35.65 to 31.30 kg/m² at one year (–4.35 kg/m²). Mean weight reduced from 94.70 to 87.05 kg (–7.65 kg) and HbA_{1c} from 48.5 to 42.5 mmol/mol (–6.0 mmol/mol). 75% of participants demonstrated improvement across all four psychological outcome measures, including emotional eating, self-esteem, self-worth and weight bias internalisation. **Conclusion:** The audit identified emotional eating as an unmet need within routine weight-management care. Introducing a structured programme enabled all identified patients to be offered targeted support, with improvements in BMI, weight, HbA_{1c} and psychological outcomes sustained at one year. ■

P10

Monitoring of the diabetes 8 care processes within general practice

Submitting author: *Esther Afetorgbor*

Background: The National Institute for Health and Care Excellence (NICE) recommends eight health checks (care processes) to be done in the primary care setting within the General Practice (GP) for Type 2 Diabetes Mellitus (T2DM) patients. The National Diabetes Audit (NDA) data for 2021–2022 figures show that only 26.5% of 19–25 year olds completed all their Eight Care Processes (8CPs) compared to the 51.6% of 60–79 year olds with T2DM who completed all their 8CPs. The focus practice in the Quality Improvement Project (QIP) was behind other local practices at 45.32% of monitoring all 8CPs for their T2DM patients below the Ardens Manager national average of 53.25% for people living with T2DM. **Aims:** The aim was to increase the percentage of monitoring of (8 of 8) diabetes care processes done within the practice from a baseline of 45.32% on 1st August 2024 to 65.32% by 22nd November 2024 in T2DM patients. The objectives included identifying T2DM patients, training nurses and health care assistants (HCAs) to monitor the 8CPs and involving clinicians in managing identified issues as they present. **Methods:** The QIP introduced a process map for monitoring the 8CPs in the focus practice to improve patient experience, improve health outcomes, efficient use of appointment times and managed comorbidities through medication treatments or lifestyle advice. Three Plan, Do, Study, Act (PDSA) cycles were used to enhance the quality and efficiency of monitoring these 8CPs within the practice. **Result:** This resulted in a 5.6% improvement as opposed to 20% increase desired for the QIP done over the 4 month period. The QIP helped to identify all patients living with T2DM registered within the practice, trained and involved all nurses and HCAs to monitor the 8CPs within the practice and followed agreed diabetes management plans to better manage identified presentations, comorbidities and or complications of T2DM within the practice. ■

P11

What are you ready to get rid of to lose your extra weight? Shifting patient mindsets from restriction to sustainable behavioral relinquishment in obesity management

Submitting author: *Lana Al Hayek*

Aims: To evaluate real-world obesity treatment outcomes over a 6-month period, demonstrating that a patient's psychological "readiness to sacrifice" deeply habituated lifestyle obstacles is the single most critical driver of maximized weight loss, even when utilizing highly effective dual GIP/GLP-1 receptor agonist pharmacotherapy. **Methods:** A clinical consultation framework was implemented for a cohort of 30 patients undergoing tirzepatide (Mounjaro) treatment over 6 months. The framework actively shifted the patient dialogue from passive chemical dependency to intentional behavioral relinquishment. Consultations systematically evaluated and supported patient willingness to surrender three critical barriers: health-harming dietary coping mechanisms (including addressing the intense emotional grief and tears associated with past overeating habits), the "all-or-nothing" perfectionist mindset that triggers severe nighttime dietary regret [1.0], and deeply ingrained sedentary defaults. **Results:** Observational data from the 30-patient cohort revealed a distinct variance in weight loss outcomes that did not correlate purely with medication dosage. The individuals who achieved the most significant, rapid, and sustained weight reduction over the 6-month period were consistently those who successfully paired pharmacotherapy with active lifestyle and behavioural modification. Patients who relied solely on the medication without actively confronting and surrendering their psychological and environmental lifestyle barriers experienced notably slower progress and higher rates of dietary relapse. **Conclusions:** To combat the obesity crisis effectively, primary care practitioners must utilize modern anti-obesity medications as enablers for profound behavioural breakthroughs rather than standalone solutions. Actively evaluating and cultivating a patient's emotional readiness to let go of lifestyle obstacles reduces clinical non-compliance, eliminates nighttime dietary anxiety, and ensures significantly more effective, permanent weight loss outcomes. ■

P12

From uncertainty to confidence: Impact of a supported CGM pathway for adults with complex type 2 diabetes in primary care

Submitting author: *Asfia Aftab*

Aims: To evaluate the impact of a supported continuous glucose monitoring (CGM) pathway on engagement, self management and clinical outcomes in Type 2 diabetic adults with health inequalities and previous limited concordance. **Method:** Type 2 diabetics eligible for CGM attended education sessions, entered the pilot, received named care coordinator and 3 and 6 month follow ups. Healthcare professionals jointly viewed CGM reports including time in range. Engagement, medication changes, self reported behaviour, diabetes related admissions, glycaemic measures and weight were assessed against baseline. **Results:** 94% showed improved engagement (despite needing a carer, translator, living with schizophrenia or neurodiversity in some instances); 82% reported CGM driven behaviour change and were advised on medication changes. Visual continuous feedback was perceived as motivating and preferable to finger-prick testing. Before CGM, 94% were not monitoring regularly limiting safe, valid glucose data or informed medication titration. 75% saw improvements in HbA_{1c} and 62% achieved target time in range. Among those with a very high HbA_{1c}, 75% achieved a reduction. 94% reduced or maintained weight. There were no hospital admissions. **Conclusion:** Supported CGM transformed previously inaccessible glucose patterns into shared, actionable information, strengthening engagement, personalised medication review and self-management. Combining visual biofeedback with technology-enhanced consultations and named relational support may build confidence, reinforce behaviour change and reduce inequalities where complex needs may make conventional monitoring ineffective. ■

P13

Optimizing chronic kidney disease (CKD) identification and SGLT2 inhibitor (SGLT2i) prescribing in patients with diabetes in primary care: A quality improvement project

Submitting author: Shruthi Palayam Devaraj

Aim: To improve CKD identification through increased urine albumin-to-creatinine ratio (uACR) testing and SGLT2 inhibitor (SGLT2i) prescribing in eligible patients with diabetes in primary care. **Background:** CKD is a common complication of diabetes, increasing cardiovascular and renal morbidity. Identification requires eGFR and uACR, with persistent abnormalities confirming CKD. Annual uACR testing is recommended, and SGLT2i provide renal and cardiovascular benefits in eligible patients with type 2 diabetes and CKD. **Methods:** A quality improvement project was undertaken across four primary care sites using Plan-Do-Study-Act (PDSA) methodology. Baseline data were collected for 598 patients with diabetes. A call-and-recall system encouraged uACR testing in patients with eGFR <90 mL/min/1.73 m². A second PDSA cycle is proposed, incorporating uACR, routine blood tests and home blood pressure monitoring approximately four weeks before pharmacist-led medication reviews. **Results:** In 2026, 15.8% of patients had uACR testing ordered and reported, 21.07% had documented CKD, 48.4% were prescribed an SGLT2i, and 62.04% had eGFR <90 mL/min/1.73 m². **Conclusion:** The second PDSA cycle aims to increase uACR testing to >80%, supporting earlier CKD identification and appropriate SGLT2i prescribing. ■

P14

Closing the gap between monitoring and treatment optimisation in type 2 diabetes: An audit of NICE NG28 adherence in a UK general practice

Submitting author: Vyshna Thaneswaran

Aims: To evaluate adherence to NICE NG28 guidance for type 2 diabetes mellitus (T2DM) in a UK general practice, focusing on HbA_{1c} monitoring and target attainment, treatment escalation, SGLT2 inhibitor prescribing in patients with cardiovascular disease (CVD) and/or chronic kidney disease (CKD), and annual medication review. **Methods:** A retrospective clinical audit reviewed a random sample of 50 anonymised patients with T2DM from an East London general practice using EMIS Web. Standards were derived from NICE NG28. Annual HbA_{1c} and medication review were defined as occurring within the preceding 12 months. SGLT2 inhibitor indication was defined as documented CVD and/or CKD. Where no individualised HbA_{1c} target was recorded, the relevant NG28 target was applied. **Results:** Annual HbA_{1c} monitoring and medication review achieved 96% compliance. Despite this, only 48% of patients met their individualised HbA_{1c} target, while 20% recorded HbA_{1c} >75 mmol/mol. Treatment escalation was documented in only 44% of records. SGLT2 inhibitors were prescribed in 30% of eligible patients, with non-prescribing attributed to adverse effects, contraindications or patient refusal. **Conclusion:** The audit identified a clear gap between strong routine monitoring and subsequent treatment optimisation. More structured review of patients above HbA_{1c} targets, clearer documentation of escalation decisions, and improved recall/flagging systems may strengthen adherence to NG28 and support more consistent evidence-based diabetes care. A future re-audit could assess the impact of these recommendations. ■

P15

Are patients with type 2 diabetes in a UK general practice (GP) being managed according to NICE NG28 guidelines?

Submitting author: Vyshna Thaneswaran

Aims/objectives: To assess adherence to NICE NG28 guidance for the management of type 2 diabetes mellitus (T2DM) in a UK general practice, focusing on annual HbA_{1c} monitoring and target attainment, documentation of treatment escalation in patients above target, appropriate sodium-glucose cotransporter-2 (SGLT2) inhibitor prescribing in patients with cardiovascular disease (CVD) and/or chronic kidney disease (CKD), and annual medication review. **Methods:** A retrospective clinical audit was conducted using a random sample of 50 anonymised patients with T2DM from an East London general practice. Electronic records were reviewed using EMIS Web. Standards were derived from NICE NG28. Annual HbA_{1c} and medication review were defined as occurring within the 12 months preceding June 2026. SGLT2 inhibitor indication was defined as documented CVD and/or CKD. Where an individualised HbA_{1c} target was not documented, the relevant NG28 target was assigned. **Results:** Annual HbA_{1c} monitoring and medication review demonstrated 96% compliance. However, only 48% of patients achieved their individualised HbA_{1c} target, with 20% recording HbA_{1c} >75 mmol/mol. Treatment escalation was documented in 44% of patient records. SGLT2 inhibitor prescribing among eligible patients was 30%, with documented reasons for non-prescribing including adverse effects, contraindications and patient refusal. **Conclusion:** The audit demonstrated strong adherence to annual monitoring but identified opportunities to improve glycaemic control, documentation of treatment escalation and appropriate SGLT2 inhibitor use. Introducing clearer recall and flagging systems, alongside more structured review of patients not meeting HbA_{1c} targets, may help improve adherence to NICE NG28 guidance and support more consistent diabetes management in primary care. The impact of these recommendations could be assessed through a subsequent re-audit of practice. ■

P16

Improving engagement in a Diabetes Prevention Service through implementation of an automated SMS text messaging service

Submitting author: Rachel Long

Background: The Diabetes Prevention Service in Swansea Bay University Health Board provides support for people at high risk of developing type 2 diabetes through a one to one appointment with a dietetic support worker. The aim of this quality improvement initiative was to reduce administrative process while enhancing the service users' journey. Using a convenient method of communication it would optimise attendance and reducing administrative costs. **Method:** A SMS text messaging service was offered as an alternative to letters confirming appointments agreed by telephone. Over a 4-month period, clinic attendance rates were compared against pre text service attendance rates. During the booking process and clinic appointment, service users were encouraged to share feedback. **Results:** On average each month, out of 192 appointments booked, 152 service users accepted communication via text. This provides a cost saving on average of £96/month, equating to £1152/year compared to postal letters. Data collected before and after implementation, showed a reduction in DNA rate by 10%, with attendance rates increasing from 80% to 91%. Service user feedback was positive; they felt a reminder text before their appointment to be beneficial. For staff, automation reduced the administrative burden associated with manual appointment booking by 15 hours/month. This released administrative and clinical time, increasing service capacity. **Conclusion:** This quality improvement project demonstrates how a simple digital intervention can support preventative healthcare delivery by improving communication, enhancing service user engagement, and increasing operational efficiency within a diabetes prevention service. ■

P17

Dancing to a Different Tune: Equipping health professionals to deliver culturally relevant physical activity advice in diabetes and obesity care

Submitting author: Tahira Bashir

Aim: Practical, culturally relevant education is important in diabetes and obesity management, particularly for high-risk and underserved populations. As an Advanced Specialist Dietitian working with diverse communities and Senior Lecturer delivering the online MSc Advancing Diabetes Care at Birmingham City University, I recognised the need to support health professionals (HPs) to translate knowledge into individualised, culturally appropriate lifestyle advice. This project aimed to develop a practical teaching tool to support HPs in delivering culturally relevant physical activity advice, to ethnic diverse communities. **Methods:** A lifestyle and culture webinar was introduced into two MSc modules. I collaborated with a physical activity instructor to co-produce an educational video demonstrating three activity levels - chair-based, moderate and aerobic, using Bollywood music to illustrate accessible, culturally relevant exercise. The video was embedded in modules, 'Physical Activity Management in Diabetes' and 'Psychological and Psychosocial Aspects of Diabetes' from 2022/23 onwards. Student feedback informed its continued use. **Results:** Between 2022/23 and 2025/26, 66 students

completed the physical activity module and 46 the psychosocial module. Feedback was strongly positive, with students identifying the video as an excellent example of promoting physical activity in a practical, culturally relevant and empowering way. Students highlighted its potential with South Asian women recognising barriers that could affect participation including time, family influences, cultural and religious considerations, and reluctance to attend sports centres. The resource continues to be used across both modules. **Conclusion:** Embedding culturally relevant, practical teaching tools within postgraduate diabetes education can equip HP's internationally to deliver more inclusive, individualised advice. ■

P18

Effectiveness and tolerability of tirzepatide in adults with type 2 diabetes during Ramadan fasting: A phase 4 study

Submitting author: *Charlotte Mary Griffin*

Aim: This study evaluated the effectiveness and tolerability of tirzepatide initiated pre-Ramadan in adults with type 2 diabetes (T2D). **Methods:** This phase-4, single-arm study enrolled two cohorts (2025, 2026); tirzepatide was started 8–20 weeks (W) before start of Ramadan (SoR) and titrated per label. Endpoints were change in HbA_{1c} from baseline to end of study ([EoS]; W4–8 from SoR); percentage weight change, weekly 7-point self-monitoring blood glucose (SMBG) during Ramadan and safety. **Results:** Of 166 participants, 138 were dosed. The mean (SD) number of days fasted per month: 24.8 (6.6; n=103). Baseline mean (SD) age was 47(11) years; HbA_{1c} 72.4(20.0) mmol/mol; weight 91.9(19.6) kg; BMI 32.9(6.2) kg/m^2; 64% male; (UAE: 52%, Saudi Arabia: 48%). HbA_{1c} reduced from baseline to EoS: least square mean change –32.7 mmol/mol (95% CI –32.7 (–34.9, –30.6)), as did body weight: –9.8% (95% CI –11.1, –8.4). Weekly SMBG remained stable. During Ramadan, hypoglycaemic TEAEs were reported by 6 (4.3%) participants (11 events; all Level 1), with 5 patients breaking fast due to hypoglycaemia; gastrointestinal adverse events [GIAE] were reported by 2 (1.4%) participants (4 events; mild diarrhoea) during Ramadan. AE-related discontinuation occurred in 5%. 43.5% escalated their dose during Ramadan, de-escalations due to AE occurred in 5 (3.6%) participants **Conclusion:** Tirzepatide initiated pre-Ramadan delivered effective glycaemic control, stable 7-point SMBG through the fast, with ongoing dose escalation during Ramadan. Safety profile was generally favourable with low incidence of GIAE and hypoglycaemia, supporting per-label use of tirzepatide in adults with T2D who fast during Ramadan. ■

P19

Navigating the unknown: Momen's experiences of menopause and support needs in type 1 diabetes

Submitting author: *Harriet Evans*

Aims: To explore women's experiences of type 1 diabetes during (peri)menopause, including the impact on type 1 diabetes management, support needs, and healthcare experiences. **Methods:** Semi-structured interviews were conducted with 11 women with type 1 diabetes who were experiencing or had experienced (peri)menopause. **Results:** Seven themes were identified: *"What the hell is happening to me?"*: Destabilisation in embodied knowledge, *Too much to hold*: The compounding burden of type 1 diabetes and (peri)menopause, *Mind the gap*: Siloed services and unmet support needs, *'Good enough' is not good enough*: Experiences of inadequate and dismissive care, *"Information is power"*: The need for accessible expertise and guidance, *Holding it all together*: Expanding patient roles in managing care and *Finally, someone who gets it*: Finding support within an isolating experience. Findings highlighted how (peri)menopause disrupted familiar patterns of type 1 diabetes management, contributing to uncertainty, increased self-management burden, emotional distress, and reduced confidence in embodied expertise. Siloed and poorly informed healthcare often left women feeling unsupported and responsible for navigating intersecting challenges independently, making validation and understanding highly valued forms of support. **Conclusions:** Managing type 1 diabetes during (peri) menopause was experienced as physically, emotionally, and psychologically demanding, whilst healthcare systems were often perceived as insufficiently equipped to support these experiences. The findings highlight the often-overlooked impact of (peri)menopause on type 1 diabetes management and women's unmet needs for information, understanding, and support during this life stage. ■

P20

Cardiovascular outcomes in older patients: A prespecified analysis of SURPASS-CVOT

Submitting author: *Charlotte Mary Griffin*

Aim: This study compared the effects of tirzepatide and dulaglutide on major adverse cardiovascular events (MACE) and cardiometabolic parameters in older participants within the SURPASS-CVOT study. **Methods:** SURPASS-CVOT, a phase-3, active-controlled, multicentre trial, randomized adults with type 2 diabetes (T2D) and pre-existing cardiovascular disease 1:1 to tirzepatide (up to 15 mg) or dulaglutide (1.5 mg) weekly. MACE-3, MACE-4 and components by age groups are reported. Analysis used Cox proportional hazards models, stratified by baseline SGLT-2 inhibitor use and ANCOVA for changes in cardiometabolic parameters with multiple imputation for missing values. **Results:** Participants aged ≥75yrs (N=1440), 65–<75yrs (N=5198), and <65yrs (N=6527). At baseline, older participants exhibited lower BMI and HbA_{1c} values. No meaningful differences between treatment and age categories were observed for changes in cardiometabolic parameters or kidney function. In pooled treatment, participants ≥75 had rates of MACE-3: 5.62, and MACE-4: 6.79 per 100 patient-yrs vs 3.92 and 5.45 in the 65–<75 group, and 2.54 and 3.99 in the <65 group. There were no significant interactions between treatment and age categories for Hazard Ratio of composite MACE endpoints or components. Serious adverse events (45%, 36%, 26%) and levels 2 and 3 hypoglycaemia (9.8%, 7.6%, 5.9%) occurred more frequently among elderly participants with similar relative incidence observed between treatment groups within each age category. **Conclusion:** Tirzepatide demonstrated comparable MACE outcomes, cardiometabolic effects, and safety profile to dulaglutide across a wide range of patient ages. Thus, tirzepatide may represent an appropriate treatment option for elderly patients with T2D who are at increased cardiovascular risk. ■

P21

Duration of hypoglycaemia with once-weekly insulin efsitora alfa versus once-daily basal insulins in adults with type 2 diabetes: Exploratory analysis of QWINT 2–4

Submitting author: *Charlotte Mary Griffin*

Aims: Insulin efsitora alfa (efsitora) is an innovative basal insulin designed for once-weekly administration. Efsitora's flat pharmacokinetic profile and long half-life allow for weekly dosing. In the phase 3 QWINT program, treatment with efsitora resulted in similar HbA_{1c} lowering with low and comparable rates of hypoglycaemia versus once-daily basal insulins in adults with type 2 diabetes (T2D). **Methods:** This exploratory analysis investigated the duration of hypoglycaemic events (for ≥15 consecutive minutes) assessed by masked continuous glucose monitoring (CGM) for efsitora versus once-daily basal insulins. Median durations of overall combined Level 1 hypoglycaemic events (glucose <3.9 mmol/L) with recovery to glucose ≥3.9 mmol/L (for ≥15 minutes) and Level 2 events (glucose <3.0 mmol/L) with recovery to glucose ≥3.0 mmol/L (for ≥15 minutes) were evaluated. Data from masked CGM sessions in three phase-3 T2D trials were included: QWINT-2 (insulin-naïve, insulin degludec comparator), QWINT-3 (prior basal insulin only, insulin degludec comparator), and QWINT-4 (prior basal/prandial insulin, insulin glargine comparator). **Results:** Across all three studies, durations of overall hypoglycaemic events were similar between efsitora and once-daily basal insulin comparators. For all on-treatment CGM sessions combined, the median duration of combined Level 1 and 2 hypoglycaemic events was 40 to 42.5 minutes with efsitora versus 40 minutes with once-daily comparators. The median duration of Level 2 hypoglycaemic events was 35 to 40 minutes with efsitora versus 35 minutes with once-daily comparators. **Conclusion:** The duration of hypoglycaemic events, assessed by masked CGM, was similar with efsitora versus once-daily basal insulins in participants with T2D. ■

P22

Real-world outcomes of total diet replacement for type 2 diabetes remission in Wales

Submitting author: *Maria Cole*

Introduction: Earlier-onset type 2 diabetes is associated with longer lifetime exposure to dysglycaemia

and complications. Evidence shows that weight loss through total diet replacement (TDR) can lead to type 2 diabetes remission. This service evaluation aims to assess the real-world effectiveness of TDR in Wales across two delivery models: health board-delivered dietetic care and a refer-out model. **Method:** Routine service data were analysed for 142 adults referred between May 2022 and January 2026. Participants met predefined eligibility criteria aligned to the DiRECT study. Allocation was pragmatic: 78 participants entered health board delivery and 64 entered the refer-out model. Outcomes included uptake, dropout, HbA_{1c} and weight change. **Results:** Completion or partial completion was 63% for health board delivery and 59% for the refer-out model. Among participants with paired HbA_{1c} data, mean HbA_{1c} fell by 7.1 mmol/mol in health board delivery (n=56) and 8.8 mmol/mol in the refer-out model (n=42). Follow-up HbA_{1c} below 48 mmol/mol was achieved by 33 and 17 participants respectively. Both models achieved clinically significant weight loss: at 12 weeks: 10.7% (n=65) in the health board model and 9.6% (n=58) in the refer-out model. At 52 weeks this was 11.0% and 10.2% (n=38, n=17) respectively. **Conclusion:** TDR appears feasible in NHS Wales diabetes remission services, achieving meaningful weight loss and glycaemic improvement across both health board and refer-out delivery. Interpretation is limited by non-random allocation, incomplete follow-up, missing medication data and HbA_{1c} testing outside fixed intervention time points. Standardised outcome data would strengthen analysis, future evaluation and commissioning decisions. ■

P23

Improving cardiorenal outcomes in type 2 diabetes through a primary care pharmacist-led optimisation service

Submitting author: *Elizabeth Jenkins*

Aim: To evaluate the impact of a pharmacist-led cardiorenal optimisation service on implementation of NICE-recommended therapies for people with type 2 diabetes (T2DM) at increased renal and cardiovascular risk. **Methods:** Baseline prescribing (June 2023) was compared with re-audit data (March 2026). Adults with T2DM and chronic kidney disease or cardiovascular risk (eGFR 25–60 mL/min/1.73 m², elevated urinary albumin-creatinine ratio or QRISK >10%) were identified electronically. Pharmacy technicians screened eligibility, and prescribing pharmacists optimised treatment in line with NICE NG28 through initiation of sodium–glucose cotransporter-2 inhibitors (SGLT2i), optimisation of renin–angiotensin–aldosterone system inhibitors and statins, deprescribing, and patient education. The audit standard was optimisation of all eligible patients unless contraindicated or declined. **Results:** Forty-three practices (83%) participated. Of 3667 eligible patients, 2490 attended review and 2218 received treatment optimisation, including 1445 SGLT2i initiations. SGLT2i prescribing increased from 28% to 44%, exceeding 56% in patients with moderate albuminuria and 66% in those with severe albuminuria. Deprescribing gliptins in 123 patients generated £42 700 in annual savings. Health economic modelling estimated prevention of 60 cases of end-stage renal disease, 111 cardiovascular events and 40 deaths over four years, with potential healthcare cost avoidance exceeding £2 million. Before intervention, only 1.2% of patients were aware of sick day rules. **Conclusion:** A pharmacist-led optimisation service improved evidence-based prescribing, patient education and cardiorenal risk management. The service demonstrated clinical and economic benefits, received positive feedback from patients and GPs, informed wider implementation across Wales, and highlights the pivotal role of pharmacy teams in improving outcomes for people with T2DM. ■

P24

Community health screening and diabetes education event

Submitting author: *Gurpreet Kaur*

Background: Type 2 diabetes mellitus (T2DM), cardiovascular disease (CVD), hypertension and hyperlipidaemia remain significant public health challenges in the UK. Early identification and intervention are essential to prevent disease progression and associated complications. A community health screening and education event was conducted in Sandwell, an area of high deprivation with a large South Asian population, who are at increased risk of T2DM and CVD. The event aimed to improve awareness, identify undiagnosed conditions and provide personalised education on diabetes and cardiovascular health. **Aims:** To increase awareness of diabetes and cardiovascular disease; promote understanding of preventative healthcare, kidney and heart health; improve awareness of the nine diabetes care processes and three treatment targets; provide personalised lifestyle and medication advice; educate attendees on updated NICE NG28 guidance and the role of SGLT2 inhibitors; support diabetes self-management through education on blood glucose monitoring and continuous glucose monitoring (CGM); and evaluate the impact of the event through participant feedback. **Methods:** The event was delivered by a multidisciplinary team comprising a Diabetes Specialist Nurse and Pharmacists. Point-of-care testing was undertaken using the Afinion 2 Analyser, enabling rapid assessment and real-time discussion of results. Screening included diabetes risk assessment, HbA_{1c} testing, cholesterol profiling (including LDL and HDL), blood pressure measurement and pulse rhythm assessment. Individual consultations provided tailored lifestyle, medication and cardiovascular risk reduction advice. Educational discussions addressed common cultural misconceptions relating to diet, diabetes management and contemporary topics such as weight management injections. **Results:** A total of 36 individuals participated in the screening programme. Screening identified one previously undiagnosed case of diabetes, demonstrating the value of community-based case finding. Immediate access to results facilitated personalised discussions around glycaemic control, cardiovascular risk and lifestyle modification. Attendees reported increased awareness of diabetes prevention, self-management, kidney health, monitoring technologies and current treatment options. Detailed screening outcomes are presented in the accompanying results table. **Discussion:** Despite modest attendance, the event delivered meaningful clinical and educational benefits. The ability to perform rapid point-of-care testing supported immediate intervention and personalised advice. Discussions regarding kidney health and urine albumin-creatinine ratio (ACR) testing highlighted persistent gaps in public understanding, despite recent awareness campaigns. Education on NICE NG28 guidance and the evolving role of SGLT2 inhibitors enhanced patient understanding of contemporary diabetes management and cardiovascular–renal protection. The event also facilitated valuable knowledge exchange among healthcare professionals, informing future service development and community engagement initiatives. **Conclusion:** This community-based screening and education event successfully combined clinical assessment, patient education and self-management support within a high-risk population. The identification of previously undiagnosed diabetes and the positive educational outcomes demonstrate the value of targeted community outreach. While sustainability of point-of-care testing equipment and consumables remains a potential limitation, the initiative highlights the important role of community engagement in improving health literacy, supporting early diagnosis and promoting long-term diabetes and cardiovascular health. ■

P25

Can we reduce medication waste by rationalising repeat prescription lists – with a focus on glucose monitoring? A SusQI Project

Submitting author: *Lois Buckland*

Aim: The aim of this SusQI was to reduce medication waste within the patient population of those who have T2DM within the practice who were prescribed glucose test strips but were not on a medication with a hypoglycaemia risk. **Methods:** We ran a search and identified 101 patients. For these patients we looked at the last issue date, possible alternative indications for the testing strips, and whether this reason was documented. **Results:** Out of the 101 patients: •27 patients required a discussion with the GP Diabetes Specialist Nurse as their indication was unclear – all had some form of monitoring issued in last 12 months. •24 patients had not had a prescription issued in the last 12 months – this was then removed from their repeat prescriptions. •50 patients had been issued a prescription in the last 12 months. Of those who had been issued a prescription in the last 12 months – only 8% had a clear indication for a continued prescription. •For those with no indication to continue we sent a text message alerting them that the strips had been removed. **Conclusions:** Often strips had been prescribed alongside hypoglycaemic medications, and not removed when these were stopped. Therefore it is crucial to review the full repeat medication list when altering drugs. There was

confusion around increased use of GLP-1 mimetics – clarification of the standard by the pharmacy team within GP would be beneficial. If there is a more rare indication it would be useful if the indication could be stated (especially if this is a less obvious reason) for clarity for other HCPs. Some patients monitored for self-reassurance – however patient education may be more effective. ■

P26

Diabetes care: More than just numbers. Because good diabetes care is about supporting the whole person – not just managing their blood glucose

Submitting author: *Jolene Bulliment*

Aim: The aim of this project is to highlight that good diabetes care is about much more than numbers. It focuses on the importance of treating people as individuals and providing supportive, non-judgemental care. **Methods:** I looked at the key values that underpin good diabetes care, including person-centred care, communication, shared decision-making, education and empowerment. I also considered how the language we use as healthcare professionals can affect how people feel about their diabetes and their engagement with care. **Results:** This highlighted the importance of understanding the person behind the diabetes. There can be many barriers to managing diabetes, including work, family life, finances, mental wellbeing and health literacy. Using supportive language, listening to what matters to the person and agreeing realistic goals together can help people feel more confident and involved in managing their condition. **Conclusion:** Diabetes care should not just focus on HbA_{1c}, weight or blood glucose readings. Good care means listening, understanding individual circumstances and working together to make achievable changes. Every contact is an opportunity to support and empower someone living with diabetes, rather than making them feel judged. ■

P27

Supporting implementation of hybrid closed-loop systems through a national diabetes network: an all-Wales collaborative improvement approach

Submitting author: *Joanne Oliver*

Background: Hybrid closed-loop therapy has transformed type 1 diabetes management; however, implementation at scale presents challenges relating to workforce capacity, variation in local pathways, education requirements and equitable access. The All-Wales Diabetes Strategic Clinical Network was tasked with supporting delivery of the NHS Wales five-year implementation plan and reducing unwarranted variation across Health Boards. **Methods:** A national network-led implementation programme was established to coordinate delivery across Wales. Key interventions included a national implementation plan, an all-Wales Working Group, standardised resources and pathways, workforce education, support for Health Board business cases, procurement optimisation, shared learning events and routine performance monitoring. **Results:** Network-led interventions supported a substantial increase in uptake across Wales despite the absence of ring-fenced national funding. National adult uptake increased from 15.3% in March 2024 to 21.0% in March 2025 and 25.2% by May 2026. More than 4000 people with type 1 diabetes were using the technology by May 2026, with uptake across Health Boards ranging from 12.8% to 38.0%. The Network supported implementation through standardised onboarding processes, workforce education, procurement efficiencies and business case development. National benchmarking enabled identification of variation and targeted support to lower-performing services. Collaborative improvement activity facilitated dissemination of successful implementation models and service redesign approaches, including data-driven patient prioritisation, which released over 50 clinic appointments in one service. **Conclusion:** A national clinical network can play a pivotal role in accelerating implementation of diabetes technology. The all-Wales approach demonstrates how coordinated leadership, shared learning, performance oversight and practical implementation support can increase adoption at scale while promoting more equitable access for people living with type 1 diabetes. ■

P28

Periodontitis: The overlooked complication of diabetes

Submitting author: *Adefunke Adeniyi*

Aim: To evaluate adherence to NICE Guideline NG28 (2022) regarding counselling patients with type 2 diabetes about the association between diabetes and periodontitis during annual diabetes reviews. **Methods:** A retrospective clinical audit was conducted using anonymised patient data extracted from the General Practice Education Management Information System (EMIS). The audit was benchmarked against the Healthcare Quality Improvement Partnership (HQIP) (2020) audit framework and NICE Guideline NG28 (2022). A predefined search strategy and strict inclusion and exclusion criteria were applied to identify eligible patients. Data collected included documentation of counselling on the relationship between diabetes and periodontitis, signposting to dental services, patient demographics, diabetes-related complications, and GP consultations for dental problems. Ethical approval was obtained from University and local governance processes. All data were anonymised, securely stored, and managed in accordance with NHS information governance standards and the General Data Protection Regulation (GDPR). **Results:** Of the 270 patients included, only 12 (4%) had documented counselling on the relationship between diabetes and periodontitis during their annual diabetes review. Sixty-two patients (23%) had no recorded diabetes-related complications, while 208 (77%) had one or more complications. Seventy-seven patients (29%) consulted their GP for dental-related concerns, of whom 64 (83%) had established diabetes complications, suggesting a strong association between poor oral health and diabetes-related morbidity. No records were available to indicate whether patients were registered with a dentist, highlighting a significant gap in the integration of medical and dental care. **Limitations:** This was a single-centre audit with a relatively small sample size (n=270), which may limit the generalisability of the findings. As the audit relied on EMIS documentation, counselling may have occurred but not been recorded. In addition, the content and quality of documented counselling varied between clinicians. **Practice improvements implemented:** The audit findings were disseminated across all practices within the Primary Care Network. Oral health counselling was incorporated into the annual diabetes review template, and educational sessions were delivered across GP practices within the network, with plans for wider regional dissemination. **Conclusion:** This audit demonstrates poor adherence to NICE Guideline NG28 (2022) regarding counselling patients with type 2 diabetes about the relationship between diabetes and periodontitis. The findings highlight the need to improve awareness among healthcare professionals, strengthen the integration of oral health into routine diabetes care, and promote collaboration between primary medical and dental services to improve patient outcomes. ■

P29

British-Pakistani women with Gestational Diabetes Mellitus (GDM): Understanding the antenatal and postnatal factors contributing towards their future risk of type 2 diabetes

Submitting author: *Ifra Ali*

Background: Gestational diabetes mellitus (GDM) disproportionately affects South Asian Women in the UK, who also face a higher risk of postnatal progression to type 2 diabetes mellitus (T2DM). British-Pakistani women (BPW) are a large yet underserved South Asian group who have a higher prevalence of GDM compared to some other South Asian groups and have a higher risk of postnatal progression to T2DM compared to White British women. However, limited evidence exists on the modifiable risk factors that may be contributing to their increased risk of T2DM following GDM as studies often treat South Asian women as a homogenous group. **Aim:** To understand the antenatal and postnatal experiences of BPW with GDM that may be contributing to their future risk of postnatal progression to T2DM, and how their GDM care may be improved to improve their outcomes. **Objectives:** **1.** Examine the knowledge of GDM, management and the associated risk of T2DM, amongst BPW with GDM. **2.** Compare the engagement rates of BPW with GDM to the NHS Diabetes Prevention Programme with other ethnic groups. **3.** Explore the barriers and facilitators in navigating antenatal and postnatal management and care of GDM, from BPW and healthcare provider perspectives. **4.** Co-produce recommendations for action to improve GDM care for BPW in collaboration with BPW and HCPs. **Methods:** This mixed methods study includes four work packages: **1.** Cross-sectional, mixed methods survey of BPW with GDM conducted

within secondary care sites in the UK. **2.** Retrospective cohort study using routinely collected data from the NHS Diabetes Prevention Programme. **3.** Qualitative interviews with BPW and healthcare professionals involved in the delivery of GDM care. Co-production workshops with BPW and HCPs. ■

P30

Real-world effectiveness and safety of oral semaglutide in adults with type 2 diabetes mellitus: a retrospective observational study from India

Submitting author: *Adimulam Vahik*

Background and aims: Oral semaglutide is the first orally available glucagon-like peptide-1 (GLP-1) receptor agonist approved for type 2 diabetes mellitus (T2DM). Real-world data in Indian patients, who develop diabetes at a younger age and with greater adiposity than Western populations, remain limited. We evaluated the effectiveness and safety of oral semaglutide in real world practice. **Methods:** We retrospectively analysed 236 adults with T2DM initiated on oral semaglutide at the Magna Centres for Obesity, Diabetes and Endocrinology. Weight, body mass index (BMI), glycated haemoglobin (HbA_{1c}) and metabolic parameters were recorded at baseline and at 0–3, 3–6, 6–12 and >12 months. Within-patient change was assessed using paired-samples t-tests and repeated-measures analysis of variance (ANOVA); change by timing of sodium–glucose co-transporter-2 inhibitor (SGLT2i) co-initiation and by switch from a dipeptidyl peptidase-4 (DPP-4) inhibitor was compared using independent-samples t-tests. **Results:** Patients had a mean age of 46.3 ± 12.9 years (54.7% female), mean T2DM duration of 5.0 ± 3.0 years, mean baseline BMI of 35.8 ± 6.3 kg/m² and mean HbA_{1c} of 8.21 ± 1.76%. Oral semaglutide produced significant reductions versus baseline in weight (3.8–5.3 kg), BMI (1.4–2.0 kg/m²) and HbA_{1c} (0.5–1.0 percentage points) at every follow-up window (all $p \leq 0.05$). Repeated-measures ANOVA confirmed a significant within-subject effect of time for weight ($F = 8.32$), BMI ($F = 7.74$) and HbA_{1c} ($F = 7.85$; all $p < 0.001$). Simultaneous initiation of an SGLT2i with oral semaglutide produced significantly greater weight and BMI reduction than adding semaglutide to prior SGLT2i therapy (e.g. 4.29 vs 1.78 kg at 0–3 months, $p = 0.002$). Effectiveness did not differ significantly according to whether patients had been switched from a DPP-4 inhibitor. Systolic and diastolic blood pressure and triglycerides also declined while renal function remained stable, although these parameters were descriptive. The drug was generally well tolerated; adverse events were predominantly mild gastrointestinal symptoms, and 89.3% and 76.9% of evaluable patients continued treatment at 3 and 3–6 months, respectively. **Conclusions:** In a young, obese Indian T2DM population managed in routine practice, oral semaglutide achieved clinically meaningful and progressive improvements in weight, BMI and glycaemic control with good tolerability and persistence. The greater benefit observed with simultaneous SGLT2i co-initiation is hypothesis-generating and warrants prospective confirmation. ■

P31

Treatment inertia and injection anxiety in type 2 diabetes

Submitting author: *Ayad Rasheed*

Background: Delay in treatment escalation remains common in the management of type 2 diabetes mellitus (T2DM), particularly when injectable therapies are indicated. Patient-related injection anxiety and clinician-related barriers may contribute to therapeutic inertia, resulting in prolonged periods of suboptimal glycaemic control. **Aim and methods:** This qualitative study explored patient and clinician perspectives on barriers to initiating injectable therapy in primary care, with particular focus on insulin and GLP-1 receptor agonists (GLP-1 RAs). Semi-structured interviews were conducted with 10 patients with T2DM to explore attitudes towards injectable therapies. Findings were analysed thematically and considered alongside a practice-based review of factors contributing to treatment inertia. **Results:** Patients identified fear of needles and pain (40%), concerns regarding frequent blood glucose monitoring (40%), anxiety about treatment permanence (20%), fear of hypoglycaemia (20%), and dexterity difficulties related to arthritis or neuropathy (20%) as barriers to insulin initiation. Qualitative findings suggested that insulin was often perceived as a long-term commitment associated with dose titration, intensive glucose monitoring and hypoglycaemia risk. In contrast, GLP-1 RAs were generally viewed more favourably due to once-weekly administration, simplified dosing, lower perceived monitoring burden and recognised weight-loss benefits. Clinicians reported that lack of confidence with insulin initiation and titration, concerns regarding hypoglycaemia and adverse effects, treatment complexity, workload pressures, anticipated patient resistance and resource limitations may contribute to delayed treatment escalation. **Conclusion:** Treatment inertia in T2DM may arise from a combination of patient and clinician barriers rather than patient anxiety alone. Compared with insulin, GLP-1 receptor agonists may be perceived as more acceptable by both patients and clinicians because of their simplified administration, reduced monitoring requirements and lower perceived treatment burden. Where clinically appropriate, GLP-1 therapy may support earlier treatment escalation and may also act as a stepping stone towards insulin therapy when subsequently required. ■

P32

Diabetes control in patients with aphasia

Submitting author: *Pradeep Deshpande*

We collected the level of diabetes control in stroke patients with aphasia to identify the unique challenges. **Aim:** To tease out a qualitative analysis of experience in diabetes management with partners and carers of diabetes. **Results:** The main issue was understanding the change in medication. Communication between carers and patients was another factor. The carers who had diabetes education did well compared to those who were not given the specific education. Support from diabetes nurse was very useful but not if carers were not involved in education. ■

P33

Improving glycaemic outcomes through culturally tailored lifestyle medicine in a diverse primary care population: A service evaluation

Submitting author: *Nana Adwoa Efrima Ocran*

Aims and objectives: To evaluate the impact of a culturally tailored lifestyle medicine service on glycaemic outcomes among patients with prediabetes and type 2 diabetes in a diverse UK primary care population. **Methods:** A retrospective service evaluation was undertaken of patients referred to a lifestyle medicine clinic within a Primary Care Network between 2024 and 2026. Patients received personalised lifestyle medicine consultations incorporating culturally tailored dietary advice, physical activity guidance, behaviour change support and follow-up reviews. Demographic data, ethnicity, referral source and HbA_{1c} measurements were collected from routine clinical records. Baseline and follow-up HbA_{1c} values were compared. **Results:** Seventy-four patients were included, representing a diverse population including Black African, Black Caribbean, South Asian and White British backgrounds. Clinically significant reductions in HbA_{1c} were observed across the cohort. Several patients achieved reductions exceeding 30 mmol/mol, with some moving from poorly controlled diabetes into the prediabetes or non-diabetic range. Improvements were maintained at second follow-up measurements in a number of patients. Patients frequently reported that culturally relevant dietary advice and practical lifestyle strategies improved their understanding of diabetes self-management and confidence in making sustainable behaviour changes. **Conclusions:** A culturally tailored lifestyle medicine approach delivered within routine primary care was associated with meaningful improvements in glycaemic control in a diverse patient population. These findings suggest that personalised, culturally relevant lifestyle interventions can support effective diabetes prevention and management and may be a valuable addition to primary care services serving ethnically diverse communities. ■

P34

Improving early prediabetes management through structured patient education

Submitting author: *Eleanor Edmonds*

Prediabetes affects approximately 6.3 million people in the UK and is associated with an increased risk of progression to T2DM. Early lifestyle intervention has been shown to reduce this risk. This project aimed to improve management of patients newly diagnosed with prediabetes through structured education, written information and planned follow up in primary care. **Criteria:** Adults with newly diagnosed prediabetes

(HbA$_{1c}$ 42–47 mmol/mol). The intervention consisted of a telephone consultation, lifestyle counselling, electronic leaflet distribution and repeat HbA$_{1c}$ testing at 3 months. **Standard:** 100% of eligible patients should receive verbal explanation of results, lifestyle advice, a patient information leaflet and repeat HbA$_{1c}$ testing. **Target:** Improve HbA$_{1c}$ outcomes and achieve repeat testing in ≥90% of patients. **Exceptions:** Patients with established diabetes, those who declined follow up, moved practice or did not attend repeat testing. **Time between baseline and re-audit:** 3–6 months. **Results and conclusion:** Twenty patients aged 32–77 years received the intervention. At review, 13/20 (65%) had repeat HbA$_{1c}$ testing, while 7/20 (35%) had not. Of those with results (n=13), 10 (77%) improved, 2 (15%) were unchanged, and 1 (8%) increased slightly. HbA$_{1c}$ reductions ranged from 1–5 mmol/mol, greatest being 42 to 37 mmol/mol. Stable results included 42–42 and 44–44 mmol/mol; one increased from 43 to 44 mmol/mol, remaining within range. These findings are based on a pilot dataset. A simple, low-cost intervention in primary care was associated with improved glycaemic outcomes and high engagement. Structured education and follow up may support self-management and reduce progression to Type 2 diabetes. ■

P35

SGLT-2 inhibitor prescribing in high-risk type 2 diabetes patients in a deprived urban practice: a completed audit cycle

Submitting author: *Rachel Lee*

Aims: SGLT-2 inhibitors are recommended by NICE for patients aged 40 and over with type 2 diabetes and a QRISK score exceeding 10%, yet prescribing rates in deprived urban primary care remain poorly characterised. This audit aimed to quantify guideline adherence at Newham Vicarage Practice and evaluate the impact of a structured intervention. **Methods:** A retrospective audit was conducted using the EMIS database. A systematic sample of 70 patients was selected from 589 with type 2 diabetes using every-fifth-patient methodology. After applying inclusion criteria, 52 eligible patients were identified. The audit standard was 75% of eligible patients prescribed SGLT-2 inhibitors, accounting for contraindications. Baseline data were collected in March 2024 with a re-audit in July 2024 following five weekly medication review clinics. **Results:** At baseline, 81% of eligible patients (42 of 52) were not prescribed SGLT-2 inhibitors, falling significantly short of the 75% target. Following intervention, in which 51 of 75 scheduled patients were reviewed, only one additional patient was initiated on an SGLT-2 inhibitor and nine were prescribed alternative agents. Prescribing improved minimally from 19% to 21%, failing to meet the standard. **Conclusions:** This audit identified a substantial and persistent gap in guideline adherence in a high-risk, deprived urban population. Limited improvement likely reflects clinician unfamiliarity with the cardiovascular benefits of SGLT-2 inhibitors, patient reluctance to alter stable regimens, concerns about side effects, and the complexity of managing multimorbid patients in primary care. Findings support electronic prescribing decision-support tools, structured clinician education and regular re-audit to improve guideline adherence and cardiovascular outcomes in underserved communities. ■

P36

Improving glycemic control with the use of continuous glucose monitoring to support South Asian women with type 2 diabetes in primary care

Submitting author: *Samantha Hirst*

South Asian women experience disproportionately high rates of type 2 diabetes (T2D) and face significant cultural, linguistic, and systemic barriers that limit access to effective diabetes education and self management support. This quality improvement project aimed to evaluate the use of continuous glucose monitoring (CGM) alongside structured lifestyle and dietary education for South Asian women aged 34–55 with T2D in a primary care setting. Five participants were enrolled and used CGM continuously for three months, supported by monthly education and behaviour change sessions delivered by a practice nurse. Baseline HbA$_{1c}$ was recorded prior to CGM initiation and compared with levels after three months. Four of the five participants demonstrated improved glycaemic control, with HbA$_{1c}$ reductions ranging from 15% to 45%. Participants reported feeling more empowered, motivated, and engaged in their diabetes management, describing CGM as a valuable educational tool that increased their understanding of glucose patterns and the impact of lifestyle choices. Analysis highlighted variability in outcomes, suggesting that individual factors such as baseline HbA$_{1c}$, adherence, and cultural influences may affect response to CGM supported interventions. Overall, the project demonstrated that CGM, when combined with culturally sensitive education, can significantly improve glycaemic control and patient engagement among South Asian women with T2D. Despite these positive outcomes, broader health inequalities persist, underscoring the need for tailored diabetes education programmes and wider implementation of CGM in primary care. Improving outcomes in this high risk group has the potential to reduce long term complications and contribute to lowering the substantial NHS expenditure associated with diabetes care. ■

P37

Isle of Wight (IOW) Diabetes Project: GLP-1–based therapies drive superior metabolic outcomes in early-onset type 2 diabetes

Submitting author: *George Gavoyannis*

Aims: Early-onset type 2 diabetes is associated with rapid progression and high lifetime cardiometabolic risk. This study aimed to compare real-world metabolic outcomes by treatment class following structured primary-secondary care review. **Methods:** A structured tabletop review of 226 adults with early-onset T2D was undertaken across 12 GP practices on the Isle of Wight. Paired pre- and post-review data (mean follow-up 14 months) were available for 181 patients. Outcomes included HbA$_{1c}$, BMI, systolic blood pressure (SBP), lipids, and urine albumin:creatinine ratio (ACR). Subgroup analyses were performed by therapy class. **Results:** Across the cohort, mean improvements were: HbA$_{1c}$ –3.4 mmol/mol, BMI –1.1 kg/m², SBP –3.0 mmHg, lipids –0.13 mmol/L, and ACR –2.2 mg/mmol. GLP-1 receptor agonist regimens (n=42) produced the greatest benefits: HbA$_{1c}$ –14.3 mmol/mol, BMI –2.1 kg/m², SBP –4.4 mmHg, with 72% achieving HbA$_{1c}$ <49 mmol/mol. Metformin + SGLT2i (n=15) achieved HbA$_{1c}$ –5.1 mmol/mol and SBP –5.8 mmHg. Insulin-only (n=9) was associated with HbA$_{1c}$ increase (+15.7 mmol/mol) and weight gain, despite improvements in SBP and lipids. **Conclusion:** In this real-world early-onset cohort, structured review improved metabolic outcomes across all therapies. GLP-1–based regimens produced the greatest and most consistent benefits, supporting early adoption of GLP-1–containing strategies for young adults with type 2 diabetes. ■

P38

Isle of Wight (IOW) Diabetes Project: Structured tabletop review and treatment optimisation in primary care improves glycaemic category in early-onset type 2 diabetes

Submitting author: *George Gavoyannis*

Aims: Early-onset type 2 diabetes is associated with poor outcomes and suboptimal glycaemic control. This study aimed to assess whether structured consultant-led tabletop review across a primary care network improves glycaemic category in adults with EOT2D. **Methods:** A diabetes specialist team conducted structured tabletop reviews across all GP practices on the Isle of Wight. HbA$_{1c}$ trends were assessed in 226 patients with early-onset T2D attending review clinics (May 2016–August 2025), categorised as good (<49 mmol/mol), moderate (49–85 mmol/mol), or poor (>85 mmol/mol). **Results:** Mean age was 35 years; 43.2% male. At baseline, 30.5% had good glycaemic control, 52.2% moderate, and 17.3% poor. By final re-review, good control rose to 39.7% (a 30% relative increase), moderate fell to 37.7% (28% relative reduction), and poor declined to 14.1% (18% relative reduction). Mean BMI decreased by 0.9 kg/m² and systolic BP by 4.7 mmHg. Lipids remained stable and urine ACR showed a non-significant reduction. **Conclusion:** Structured review was associated with sustained improvements in HbA$_{1c}$ distribution, with a one-third relative increase in patients achieving HbA$_{1c}$ <49 mmol/mol. These findings support structured specialist-primary care review as an effective strategy to optimise glycaemic and metabolic outcomes in this high-risk population. ■

P39

Isle of Wight (IOW) Diabetes Project: Early Onset Type 2 Diabetes (EOT2D)

– a clinical review of classification leading to 10% reclassification

Submitting author: George Gavoyannis

Aim: To identify all people with early-onset type 2 diabetes (EOT2D) across 12 GP practices and assess diagnostic accuracy through primary-secondary care collaboration. **Methods:** Practice records were searched for all patients with T2D aged <40 years (June 2023–February 2025). Structured tabletop reviews were conducted by a consultant diabetologist, assessing presentation, biochemistry, family history, and time to insulin. Selected patients underwent confirmatory testing (GAD, IA2, ZnT8 antibodies or serum C-peptide). **Results:** Of 9270 patients with T2D, 251 (2.7%) had EOT2D. Of these, 67 (26.6%) required classification review; 16 (6.3%) did not have diabetes (prediabetes/miscoding). Of 51 invited for testing, 7 were reclassified as type 1 diabetes and 2 as monogenic diabetes (MODY: HNF1A and INS-MODY). In total, at least 25 patients (10%) were reclassified to non-diabetes or a different diabetes type. Family members of those with MODY were also reclassified. **Conclusion:** At least 9.5% of young adults labelled with T2D required a change in diagnosis, with >6% not having diabetes at all. This highlights the critical importance of systematic diagnostic review and confirmatory testing in younger patients to ensure correct classification and management. ■

P40

Post-GDM surveillance in primary care: a PCN (8 practices) quality improvement audit

Submitting author: Covenant Umeh

Background: Women with prior gestational diabetes mellitus (GDM) have a substantially increased risk of type 2 diabetes, and NICE NG3 recommends annual HbA_{1c} surveillance in primary care. Uptake of post-GDM monitoring is often poor, and there are limited UK data on systematic recall approaches in routine practice. **Aims:** To quantify baseline adherence to NICE NG3 annual HbA_{1c} testing for women with prior GDM across an 8-practice primary care network (PCN), and to assess the impact of a PCN-wide systematic recall intervention. **Methods:** Retrospective quality improvement audit across eight NHS general practices. Two cohorts were defined: (1) women with a coded GDM diagnosis between 2020–2025 (n=372); (2) all women with a coded history of GDM irrespective of diagnosis date (n=731). Outcomes were: (a) annual HbA_{1c} surveillance since GDM coding; (b) HbA_{1c} testing in the last 12 months. A PCN-wide recall system (searches plus SMS/letter invitations) was implemented over the preceding 12 months. Pre- and post- intervention surveillance rates were compared. Dysglycaemia was defined as prediabetes or type 2 diabetes. **Results:** In the all-GDM cohort (cohort 2), surveillance increased from 17% at baseline to 62% with an HbA_{1c} in the last 12 months after implementation of systematic recall. In the recent-GDM cohort (cohort 1; 2020–2025 diagnoses), surveillance increased from 30% to 58% in the last 12 months. Overall, 22.4% of women in cohort 2 had developed prediabetes or type 2 diabetes. **Conclusions:** Systematic recall is a feasible, simple and high-impact intervention to close the post-GDM surveillance gap in routine NHS primary care. In this 8-practice PCN, a shared recall protocol substantially improved surveillance, helping to identify a high burden of dysglycaemia, offering a replicable model for other networks. ■

P41

Improving nine key care process completion in early-onset type 2 diabetics: Audit-driven practice improvements

Submitting author: Mina Hunjan

Background: Early-onset type 2 diabetes (diagnosed under age 40) is rising rapidly due to increasing obesity and social factors. It follows a more aggressive phenotype with faster beta-cell decline, earlier complications, and elevated lifetime cardiovascular and renal risk. National audits show overall 9KCP (Nine Key Care Processes) completion of 54.3% in type 2 diabetes, dropping to approximately 37% in younger cohorts. In our primary care surgery, baseline performance was even lower. **Aim:** To evaluate current 9KCP delivery in patients with early-onset type 2 diabetes (EOT2D) and implement targeted, audit-driven interventions to improve completion rates and timely risk management. **Methods:** A retrospective review was conducted of 18 surgery patients diagnosed with type 2 diabetes under age 40. Nine Key Care Processes (HbA_{1c}, blood pressure, serum cholesterol, urine ACR, foot checks, BMI, smoking status, retinal screening, and structured education) were audited at 12 months post-diagnosis. Interventions included: •Automated IT-generated reminders at 3, 6, and 9 months post-diagnosis for urine ACR, foot checks, and retinal screening. •An embedded AI Bot within the clinical system to flag overdue processes. •Advocacy for new-diagnosis consultations extended to at least 30 minutes to allow in-depth education, motivated by the NHS T2DAY programme for under-40s. •Enhanced patient engagement strategies and education delivery. **Results:** Baseline completion of all nine processes was only 37.5%. Excellent uptake was achieved for HbA_{1c}, blood pressure, cholesterol, BMI, and smoking status (100%), but significant gaps remained in urine ACR (62.5%), retinal screening (75%), foot checks (68.7%), and structured education (12.5%). Mean BMI of the cohort was 37.3 kg/m². Post-intervention improvements were demonstrated across all processes, with notable gains in previously deficient areas, although monitoring gaps persisted, highlighting ongoing engagement challenges in this high-risk group. **Conclusion:** This audit-driven quality improvement project demonstrates that simple, low-cost interventions (automated recalls, AI support, and extended consultation time) can meaningfully improve 9KCP completion in early-onset type 2 diabetes. Timely completion of these processes enables prompt initiation of cardio-renal protective therapies. The project has changed my clinical practice, with increased prioritisation of 9KCPs in younger patients and greater awareness of stigma and individual barriers. Future re-audit is planned for 2026, alongside exploration of earlier SGLT2i/GLP-1 use in line with updated NICE guidance. **Reflective learning:** The work reinforced the value of proactive, holistic strategies to address the unique challenges of early-onset type 2 diabetes. ■

P42

Closing chronic kidney disease (CKD) outcome gaps through primary care case-finding and treatment optimisation

Submitting author: Clair Ranns

Aims: To evaluate whether a primary care programme combining targets, digital case-finding, education and clinical support improved CKD detection, coding and evidence-based treatment across 85 GP practices in 2025/26. Baseline CKD stage 3–5 prevalence was below the national average (3.55% versus 4.55%), suggesting underdiagnosis of CKD. Dialysis demand was rapidly rising (45% among people with diabetes). **Method:** Practices aimed to increase uACR testing in people with hypertension by five percentage points, identify and code CKD through proactive searches, and optimise RAAS inhibitors in defined CKD cohorts. Support included clinical searches, electronic templates and nephrology-led education sessions on CKD. April 2025 outcomes were compared with April 2026 re-audit data. **Results:** ACR testing increased from 40 876 people (38.4%) to 57 188 (53.7%), a 15.3 percentage-point rise. CKD stage 3–5 coding increased from 5531 to 8708 people (57.4%), while recorded prevalence rose from 3.55% to 4.50%. Maximum tolerated RAAS inhibitor prescribing increased by 21.2%. People with diabetes represented 31% of newly identified cases and 50% of those receiving maximum tolerated doses. **Conclusions:** Combining incentives, digital case-finding, practical tools and specialist education improved CKD testing, coding and treatment, with clear relevance to diabetes care. This approach is transferable to other primary care teams seeking to close cardiorenal outcome gaps. A second year will maintain detection and coding activity while shifting treatment optimisation towards SGLT2 inhibitor initiation for eligible people with CKD.