Introduction
With increasing number of patients with diabetes mellitus being followed up in GOPCs, it is important to review the workflow regularly to ensure the best possible care is being delivered. All diabetes patients have point-of-care (POC) capillary blood glucose measured by validated glucometers during follow up in KEC GOPCs. Despite this has been part of the routine clinical practice for many years, it was not substantiated by any international guideline or research evidence. Therefore, it is important to review if the practice is clinically useful.

Objectives
1. To evaluate the proportion of patients with hypo- or hyper-glycaemic readings detected by POC capillary glucose measurement in GOPCs. 2. To evaluate the clinical impact of the test in terms of the proportion of patients with change of management based on the abnormal measurements.

Methodology
This was a retrospective review study conducted in two KEC GOPCs. A random sample of 784 out of 5962 diabetes patients who had follow-up visits from 1 May 2014 to 31 August 2014 were included in the study. Patients’ demographic and clinical information in the past 1 year were retrieved for data analysis.

Result
Results: There were 2741 consultations conducted for the 784 patients. The mean age of the subjects was 65.5 years. 52.4% of the subjects were female. The mean duration of diabetes was 7.44 years and their latest mean HbA1c was 6.84% (Range: 4.9%-15.5%). Only 31.2% patients were practising self- monitoring of blood glucose
Clinic capillary blood glucose levels ranged from 2.3mmol/L to 31.5mmol/L. Hypoglycaemia (capillary blood glucose level <4mmol/L) and hyperglycaemia with risk of ketoacidosis (capillary blood glucose level ≥14 mmol/L) were detected in 42 (1.5%) and 123 (4.5%) consultations respectively. For the 349 consultations with home capillary blood glucose levels controlled to target, 64 (18.3%) were found to have discordant clinic capillary blood glucose readings. Doctors intended to change the management (adjust medications/arrange earlier HbA1c test/follow up/refer to hospital) in 686 (25.0%) consultations for which there was no recent HbA1c available in 211(7.7%) consultations. Conclusion: Less than one-third of our GOPC patients were performing SMBG and significant discordance of reported home and clinic capillary blood glucose readings was found. POC capillary blood glucose measurement could detect patients with clinically significant hypoglycaemia or hyperglycaemia. The simple clinic test can also provide physicians with an important clinical parameter in addition to the HbA1c levels for a more timely diabetes management.