

SUPPLEMENTARY DATA

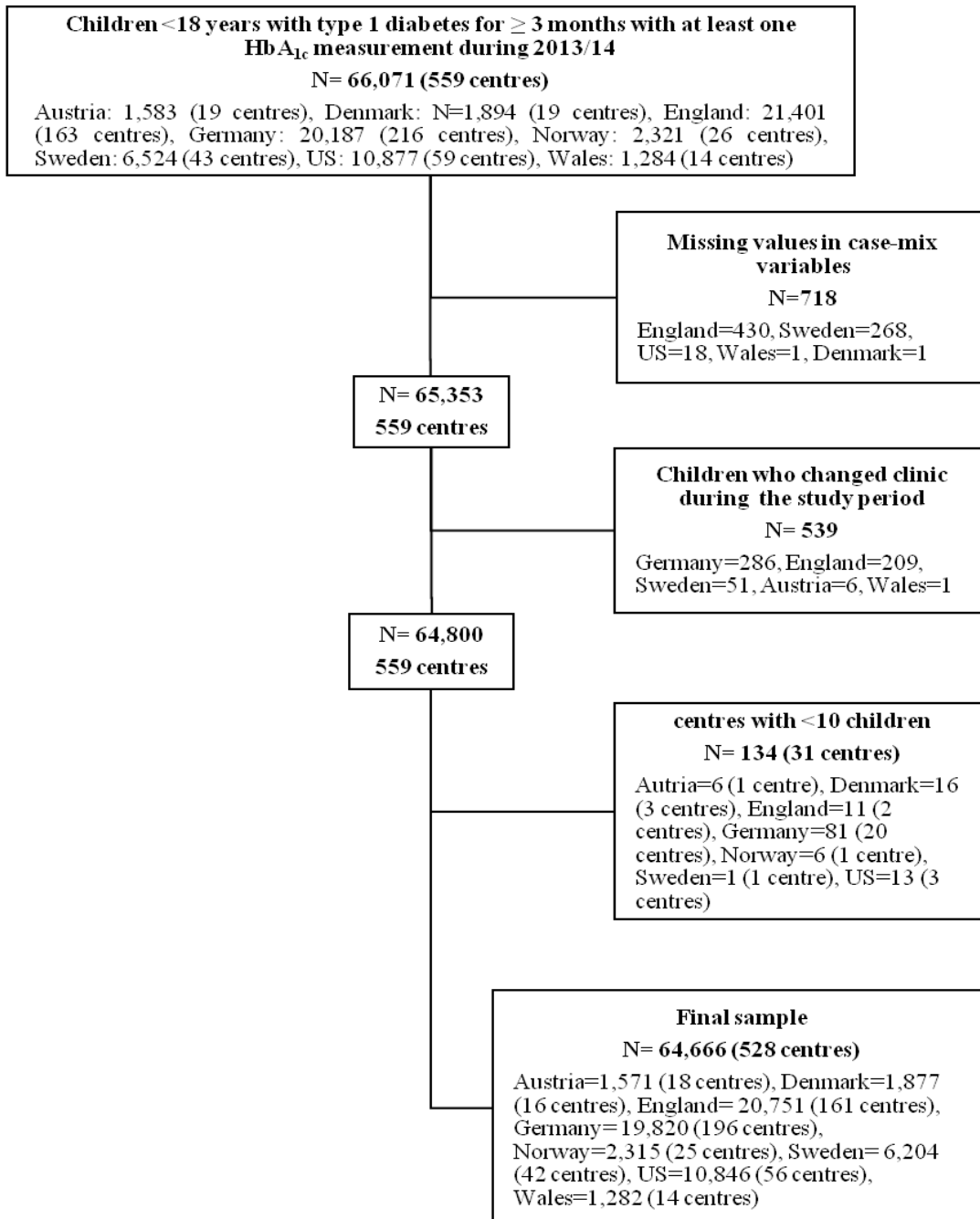
Supplementary Table S1. Characteristics of diabetes centres by country expressed as median values (middle 50% range across centres) *

Country	No of centres	Mean HbA _{1c}		% male	Mean age (years)	Mean duration of diabetes (years)	% minority status
		%	mmol/mol				
Sweden	42	7.5 (7.3-7.7)	59 (58-61)	53 (51-56)	12.3 (12.0-12.7)	4.9 (4.6-5.1)	10 (7-13)
Germany	196	7.8 (7.4-8.1)	61 (57-65)	53 (49-57)	12.0 (11.6-12.3)	4.5 (4.0-5.0)	19 (10-28)
Austria	18	7.8 (7.5-8.3)	62 (59-67)	54 (50-56)	11.8 (11.3-12.3)	4.5 (4.1-5.1)	25 (16-33)
Denmark	16	8.1 (7.8-8.3)	65 (62-67)	50 (48-53)	12.8 (12.5-13.0)	5.1 (4.8-5.5)	6 (3-8)
Norway	25	8.2 (8.0-8.3)	66 (64-68)	52 (49-58)	12.7 (12.3-12.9)	5.3 (4.8-5.5)	4 (1-5)
England	161	8.7 (8.4-8.9)	71 (68-74)	52 (49-55)	12.4 (12.0-12.7)	4.7 (4.4-5.0)	14 (5-47)
USA	56	8.7 (8.4-9.0)	71 (68-75)	52 (49-55)	12.5 (12.2-13.0)	5.7 (5.1-6.2)	16 (10-27)
Wales	14	8.8 (8.4-9.0)	72 (69-75)	49 (49-56)	12.3 (11.8-12.4)	4.8 (4.3-5.0)	2 (0-3)

* Patient characteristics were aggregated at the level of the centre by calculating mean values for each centre. Mean values of all centres in each country were then ranked and presented as median values (middle 50% range across centres).

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Supplementary Figure S1. Flow diagram of study population



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Supplementary Figure S2. Random-effects meta-analysis of change in children’s HbA_{1c} levels (mmol/mol) (95% confidence interval) per 5 mmol/mol (0.5%) increase in centre HbA_{1c}-SD. A positive association indicates worse glycaemic control in children attending centres with more variable glycaemic performance. I² statistic quantifies the percentage of total variation in estimates that can be attributed to between country heterogeneity. Estimates derived from country-specific models with a random effect for centre adjusted for patient characteristics (age, gender, diabetes duration, minority status) and centre volume.

