

# PUTTING FEET FIRST

FAST TRACK FOR A FOOT ATTACK:  
REDUCING AMPUTATIONS

February 2013



**DiABETES UK**  
CARE. CONNECT. CAMPAIGN.

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# THE FOOT ATTACK

Each week in England there are around 120 amputations in people with diabetes. The majority of diabetes-related amputations are caused by a “foot attack” – a foot ulcer or infection failing to heal. When people with a foot attack get rapid access for treatment by a specialist multi-disciplinary team this has been shown to promote faster healing and fewer amputations, saving money and lives.

Amputation is not only devastating in its impact on the person with diabetes and their family, leading to loss of independence and livelihood, it is also expensive for the NHS. Over £119 million is spent each year in England on diabetes-related amputations.

Currently the numbers of amputations are rising from 5,700 in 2009/10 to over 6,000 in 2010/11. It is projected that there will be over 7,000 amputations in people with diabetes in England by 2014/15 if urgent action is not taken to reduce these<sup>1</sup>.

Only 50 per cent of people with diabetes who have an amputation survive for two years. The relative likelihood of death within five years following amputation is greater than for colon, prostate and breast cancer.

The most shocking fact of all, however, is that most of these amputations are preventable.

Amputations have been reduced by over 50% where hospitals have introduced multidisciplinary footcare teams and promoted rapid access to them. In addition, through the reduction of costly amputations, such teams can save over four times their cost<sup>2</sup>.

This is why Diabetes UK, the Society for Chiropractors and Podiatrists and NHS Diabetes are promoting the commissioning of an integrated footcare pathway through the Putting Feet First campaign. The pathway would ensure that in the event of a “foot attack”, those people with diabetes who are at increased risk of foot problems get identified and then fast-tracked to the specialist team that can expertly assess and treat them.


In October 2012 people with diabetes, vascular surgeons, podiatrists, diabetologists, commissioners, researchers and policy advisers, GPs and a health economist came together in Westminster to spend a day sharing their expertise and experience of footcare for people with diabetes. They were all in agreement that rapid access to specialist assessment and treatment for all those with a foot problem would make all the difference in achieving the goal of reducing amputations by 50% over the next five years. Action needs to be taken by the NHS Commissioning Board, Clinical Commissioning Groups (CCGs) and Health and Wellbeing Boards. We set out below key recommendations for Clinical Commissioning Groups arising from the day.



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# SETTING TARGETS TO REDUCE AMPUTATIONS

Improving diabetes footcare and reducing amputations saves lives and saves money.

It also impacts considerably on health outcomes and all five domains of the NHS Commissioning Board by:

- preventing people from dying prematurely
- enhancing quality of life for people with a long-term condition
- helping people recover from episodes of ill health or injury
- ensuring a positive experience of care
- protecting people from avoidable harm.

Clinical Commissioning Groups (CCGs) should set themselves challenging targets for reducing amputations each year with the involvement of people with diabetes and local clinicians.

In order to set targets CCGs can:

- look at the recently published footcare profiles at and take action to address shortfalls in local outcomes
- conduct a root cause analysis for every major amputation
- establish a multi-disciplinary footcare team where one does not exist
- commission the integrated footcare pathway
- audit diabetic foot disease outcomes and processes
- support footcare networks and ensure engagement of staff and people with diabetes.

## FOOTCARE PROFILES

The recently published Diabetes Footcare Activity Profiles have been developed to provide information on the inpatient care of people with diabetes who are admitted to hospital for a range of footcare conditions. They are designed to allow those involved in the provision and commissioning of this care to appreciate the scale of activity and relate this to similar trusts and CCGs across England. The data used is from the Hospital Episode Statistics database and covers all episodes of inpatient care between April 2009 and March 2012.

There is a considerable variation in amputation rates across England. All CCGs should be looking at how they can improve footcare for people with diabetes, and those CCGs which have high rates of amputations compared to the England average should take urgent action to reduce these.

All CCGs should also take action to address those aspects of footcare highlighted in the profiles where their local services are performing poorly against the national position.

To see the footcare profile for your CCG visit <http://yhpho.york.ac.uk/diabetesprofiles/foot/default.aspx>

## ROOTING OUT THE CAUSE

A tool for conducting a root cause analysis (RCA) of amputations has been developed by the NHS Diabetes Footcare Network.

A root cause analysis of every amputation across 13 London hospitals was conducted in April and May 2012 and examined 27 patient datasets. The results suggested a lack of integration of the pathway across primary and secondary care – only 54% of those having amputations were known to footcare services. A number of recommendations were made and work is now being taken forward to target specific local issues including:

- establishing a Central Phone Line
- having a named Diabetic Foot Protection Team including podiatrists with expertise in diabetes
- having a named Multidisciplinary Footcare Team.

A further root cause analysis was conducted across 27 Trusts in December 2012.

The RCA tool has now been refined and is available from [Leena.Sevak@diabetes.nhs.uk](mailto:Leena.Sevak@diabetes.nhs.uk)

## ESTABLISH MULTIDISCIPLINARY FOOTCARE TEAMS

The National Institute for Health and Clinical Excellence (NICE) recommends that a Multidisciplinary Footcare Team should manage the care pathway of patients with diabetic foot problems who require inpatient care.

Diabetes UK recommends that the Multidisciplinary Footcare Team should comprise specialists with relevant complementary skills who work either together or in close communication with each other. The team must include, or have ready access to, members of the following specialist groups and have an identified clinical lead<sup>3</sup>:

- medical: diabetologists
- surgical: vascular, orthopaedic and plastic surgeons
- other medical staff including microbiologists
- diagnostic and Interventional radiologists
- podiatrists and podiatric surgeons
- diabetes specialist nurses
- plaster theatre nurses
- other nursing staff
- orthotists.

In 2011 the National Diabetes Inpatient Audit (NaDIA) found that 75 hospital sites (40.5 per cent) in the audit did not have a multi-disciplinary team comprising:

- a diabetologist with expertise in lower limb complications
- a surgeon with expertise in managing diabetic foot problems
- a diabetes specialist nurse
- a specialist podiatrist
- a tissue viability nurse.

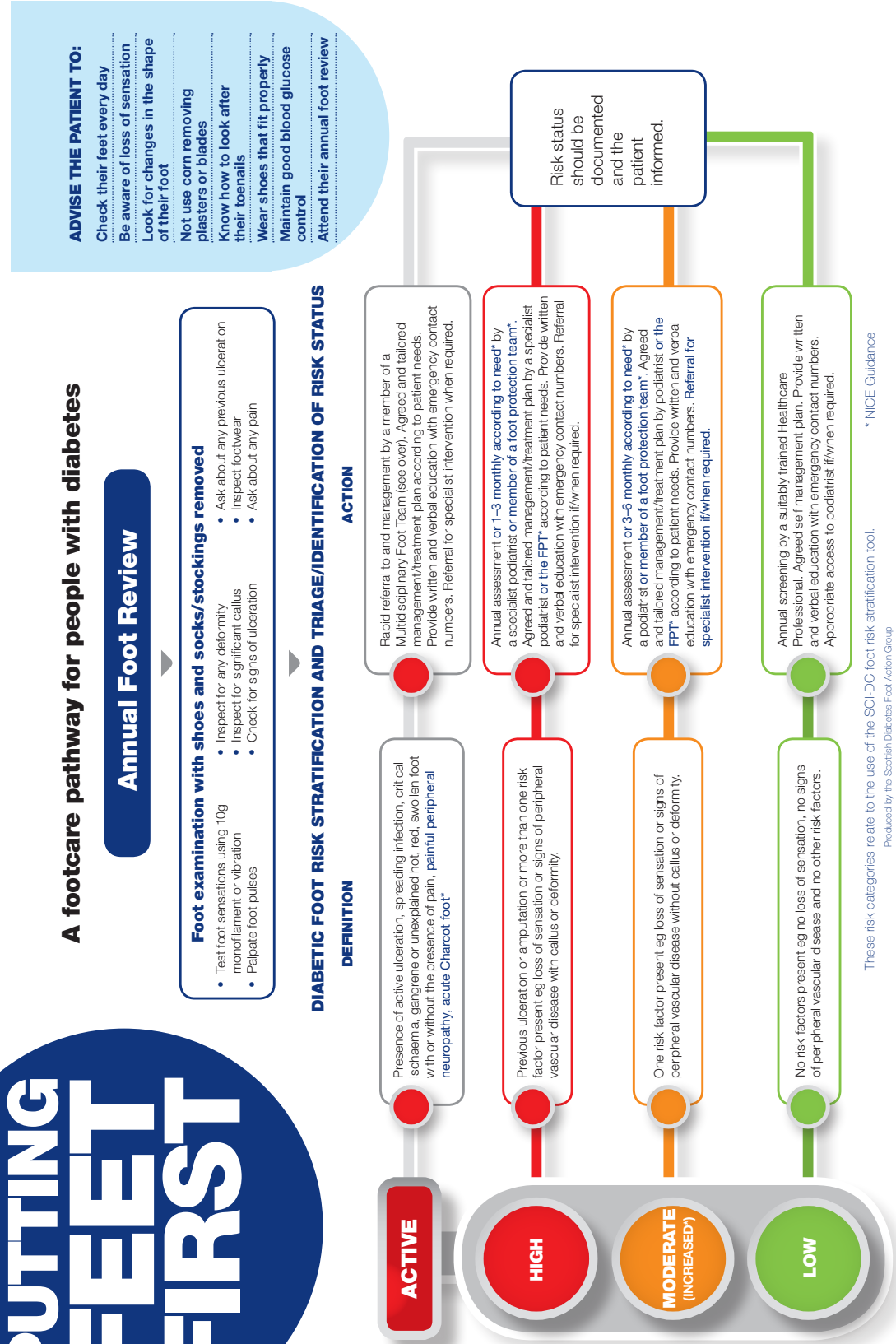
There had been no improvement from the previous year.

The Multidisciplinary Footcare Team also plays a crucial role in being available to assess outpatients with active foot disease within one working day of presentation. In order to ensure that people who have active foot disease can be referred and assessed within 24 hours an integrated footcare pathway needs to be in place and accessible seven days a week. The team should have unhindered access to services for managing major wounds, urgent inpatient facilities, antibiotic administration, nurses who have expertise in dressing diabetic foot wounds, microbiology diagnostic and advisory services, orthopaedic/podiatric surgery, vascular surgery, radiology and orthotics.

# COMMISSION THE INTEGRATED FOOTCARE PATHWAY

A footcare pathway which supports NICE guidance and which has been agreed by organisations of diabetologists, podiatrists, people with diabetes and other experts has been published by Diabetes UK:

<http://www.diabetes.org.uk/Documents/Professionals/Education%20and%20skills/Footcare-pathway.0212.pdf>



## Rapid referral for a foot attack

The integrated footcare pathway highlights the importance of rapid referral to, and management by, a member of the Multidisciplinary Footcare Team if someone has active ulceration or infection in their foot. It is also important to ensure that those at high risk of foot problems can be identified through good quality annual foot checks and regular review by a specialist podiatrist or a member of the Foot Protection Team. In addition, people with diabetes who are at high risk of foot problems, and their carers, need to know what to look out for and where to go in the event of a problem.

## Foot Protection Team

A Foot Protection Team (FPT) is made up of healthcare professionals (HCPs) with specialist expertise in the assessment and management of disease of the foot in diabetes, for example:

- podiatrist
- diabetes specialist nurse
- diabetologist
- vascular surgeon.

Members of the FPT will work closely with the Multidisciplinary Footcare Team (MDfT) and may also be members of it. The FPT should be contactable by phone, fax or email, and their identity and contact details should be readily available to other HCPs working in the community.

The roles of the FPT may include:

- specialist surveillance of people at risk (including those who are hospital inpatients)
- education of other HCPs in routine examination and definition of the at risk foot
- close liaison with the MDfT
- management of selected cases of foot disease in the community
- sharing care with the MDfT of selected cases of foot disease
- long-term management of people with successfully treated foot disease
- discussion and agreement of plans to support the patient in managing their condition<sup>4</sup>.

## Education of specialist staff and patients

It is necessary that those who examine feet to determine risk status have the necessary training and competence. Training will be a role which can be provided by the FPT. An essential part of the annual review of feet is patient education. The person with diabetes should be aware of the results of the examination, the services to which they should have access if they require specific preventive measures and action to be taken if they develop a foot problem.

## Integrated care

Having a fully integrated diabetes service helps to embed an integrated footcare pathway. At the Diabetes UK Policy Think Tank in October 2012, clinical managers from Derby and North West London presented their integrated diabetes services. Key factors in promoting integration are:

- shared understanding of 'integration'
- patient engagement
- joint governance with performance and evaluation framework
- unified diabetes budget across primary and secondary care
- IT systems aligned/information sharing.

## AUDIT DIABETIC FOOT DISEASE OUTCOMES AND PROCESSES

Experts at the Diabetes UK Policy Think Tank in October 2102 strongly recommended that CCGs CCGs audit outcomes and processes of care.

The national diabetes footcare audit pilot has just concluded and planning for a national roll out will commence in the next few months. This will enable organisations to compare their performance with others.

See [http://www.diabetes.nhs.uk/information\\_and\\_data/diabetes\\_audits/diabetes\\_footcare\\_audit\\_project/](http://www.diabetes.nhs.uk/information_and_data/diabetes_audits/diabetes_footcare_audit_project/) for the latest information.

CCGs should participate in the audit and encourage the services they commission to regularly collect audit data.

## FOOTCARE NETWORKS

NHS Diabetes has launched a National Footcare Network. The network works with individuals, healthcare professionals and partner organisations to improve the quality of footcare services for people with diabetes across primary, community and acute settings.

The NHS Diabetes network aims to:

- establish a national network of clinicians and commissioners of service to promote improvement in diabetic footcare
- support the development of systems and processes to improve footcare for people with diabetes in primary, community and acute sector
- establish local and regional footcare networks.

There are currently regional footcare network coordinators in the ten regions of the country.

CCGs are urged to support footcare networks and encourage the participation of local healthcare professionals and people with diabetes.

For further information on footcare networks see [www.diabetes.nhs.uk/networks/footcare\\_network](http://www.diabetes.nhs.uk/networks/footcare_network)

Any correspondence on this report to [nikki.joule@diabetes.org.uk](mailto:nikki.joule@diabetes.org.uk)

<sup>1</sup> Based on the annual increase in the number of episodes of inpatient care where amputations have occurred among people with diabetes. Source: The Information Centre for Health and Social Care. Hospital Episode Statistics 2007/08–2010/11.

<sup>2</sup> Kerr M. 2012. Foot Care for People with Diabetes: the Economic Case for Change. NHS Diabetes and Kidney Care.

<sup>3</sup> Putting Feet First: national minimum skills framework; The national minimum skills framework for commissioning of footcare services for people with diabetes, Revised March 2011, Diabetes UK, NHS Diabetes.

<sup>4</sup> Putting Feet First: national minimum skills framework; The national minimum skills framework for commissioning of footcare services for people with diabetes, Revised March 2011, Diabetes UK, NHS Diabetes.



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2013-0027A