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| **Title** | **Date** |
| Putting Feet First: Diabetes UK position on preventing amputations and improving foot care for people with diabetes   |  | | --- | |  | | October 2015 |
| **Key points** | |
| * There are over 7,000 diabetes related amputations annually in England. This is over 135 amputations a week amongst people with diabetes (1). * There are large geographical variations in amputation rates. Across England there is 4-fold variation in the incidence of major amputation (2). * Up to 80% people die within 5 years of having an amputation – mortality rate of 39% - 80%. Some studies suggest only 50% survive two years (3). * Diabetic foot ulcers precede more than 80% of amputations (4). * Amputations and foot ulcers have a huge impact on quality of life in terms of pain, mobility, depression, relationships and ability to work. * There is evidence that providing an integrated foot care pathway, with trained staff in foot protection services in the community and speedy access to multidisciplinary specialist teams, considerably lowers risk of amputation (5). * Diabetes UK launched a campaign in March 2012 to raise awareness of the complications of diabetes, including foot problems and amputations; to improve foot care services for people with diabetes and raise awareness of the services people should receive. * So far the campaign has made some significant progress in raising awareness of amputations and foot care for people with diabetes, and in service improvements in some of the areas with the highest amputation rates in England. * Moreover, the major amputation rate in England has slightly reduced along with the variation in major rates. The overall amputation rate is not reducing, however, and more still needs to be done. | |
| **Introduction** | |
| Worldwide, diabetes related complications result in the amputation of a lower limb every 30 seconds (6). In the UK people living with diabetes are over 20 times more likely to have an amputation compared to the general population (7). In England there are now over 7,000 diabetes-related amputations a year (8), while in Scotland, there are 490 amputations a year (9).  Amputations are costly to the NHS, for example in England in 2012 it was estimated that between £639 - £662 million is spent each year on foot ulcers and amputations (10). This is approximately £1 in every £150 the NHS spends. In Scotland it is estimated that over £60m is spent annually on foot ulcers and amputations.  Amputations also cost lives. Up to 80% of people die within 5 years of having an amputation or a foot ulcer – a mortality rate of 39% - 80%. This is a higher mortality rate than colon, breast or prostate cancer (11). Some studies suggest that only 50% of people with diabetes who have had an amputation survive for a further two years (12).  Amputation and foot ulcers have a huge impact on the lives of people living with diabetes. These complications cause low self esteem, a reduced quality of life and depression, which itself is associated with an increased risk of mortality. Living with foot disease can be painful, affect people’s social lives and relationships, and even result in discrimination and reduced independence through lack of mobility. This also can impact on peoples’ ability to work. In 2012 it was estimated that over 61,000 people with diabetes in England have foot ulcers at any given time and the prevalence of diabetic foot ulcers (current or past) has been estimated at 5–7% of the diabetes population (13).  Despite the potential of developing such a devastating complication, more than half of people with diabetes surveyed in 2007 said that they did not realise that having the condition puts them at more risk of having an amputation (14).  However, amputations and ulcers are preventable through access to good quality structured care and improved awareness amongst people with diabetes about their risk status and what action to take. The Atlas of Variation in Healthcare notes that one reason for the wide variation in amputation rates is differences in the ethnic composition of local populations – people with diabetes from South Asian and Black ethnic groups are significantly less likely to experience diabetic foot disease, but ethnicity is unlikely to account for all the variation. Some may be due to differences in the organisation of care for people with diabetes (15).  NICE Guidance sets out best practice recommendations for prevention and management of foot problems for people with diabetes (16). This includes providing an annual foot check to everyone with diabetes and assessing their risk status; having foot protection services for all those at increased risk of diabetic foot disease; and ensuring rapid access to a multidisciplinary foot care team /service (MDT) for people who are having a “foot attack” – an acute foot problem in someone with diabetes requiring urgent attention. | |
| **Current situation** | |
| The rate of major amputations is reducing slightly in England and has dropped from 9 per 10,000 people in 2009-12 (when the Putting Feet First campaign was launched) to 8 per 10,000 in 2011 - 14. In England the rate of all amputations in people with diabetes has remained constant at 26 per 10,000 people in 2011 – 2014. The wide variation across England is unchanged - some localities carry out less than one amputation per year per thousand people with diabetes; others carry out more than five amputations per thousand. However, more positively, the variation continues to narrow for major amputations (10).  Everyone with diabetes over the age of 12 should get an annual foot check (review). In 2012-2013, over a quarter (27.7%) of adults with Type 1 diabetes did not get an annual foot check and 13.3% of people with Type 2 did not receive a foot check (17). In 2011 a survey found that only 45% of people with any type of diabetes had their risk clearly explained to them (18). In Scotland in 2014, 63.6% of patients with Type 1 diabetes and 80.4% of those with Type 2 had their foot scores recorded in the previous 15 months (19). There is also a very wide geographical and age variation in the numbers of people who are getting all their eight care processes, including foot checks (20). Younger people (under 40 years) are less likely to get annual foot checks.  There is evidence that where effective services are in place for people with diabetes who have foot problems they are at much lower risk of amputation. NICE guidance (21) states that commissioners and service providers should ensure that:   * there is a foot protection service for preventing foot problems in people with diabetes and for treating and managing diabetes-related foot problems in the community * there is a multidisciplinary foot care service for managing diabetes-related foot problems in hospital and for assessing and treating people in the community that require the specialist expertise of the MDT * there are robust protocols and clear pathways for the integrated care of people across all settings * people with ulcers or foot infections are referred within one working day to the specialist multi-disciplinary foot care team (MDT) and assessed by a member of the MDT within one working day of being referred. * there are regular reviews of treatments and patient outcomes in line with the National Diabetes Foot Audit.   The roles, skill sets and organisation of these teams is set out in the recent NICE guidance and in the *Putting Feet First National Minimum Skills Framework* (22)*.*  Nearly 40 per cent of hospitals did not have an MDT before the campaign launched in 2010. This has now improved to 28 per cent of hospitals without a multi-disciplinary foot care team by 2013 (23), but is still not good enough.  People with diabetes in hospital should have their feet checked and protected. This has been improving during the course of the Putting Feet First campaign, but in 2013 still less than half (42.4%) people in England and Wales had their feet examined at any time during an admission to hospital. The overall percentage of inpatients with diabetes in England and Wales that developed a foot lesion whilst in hospital fell significantly from 2.2 per cent in 2010 to 1.4 per cent in 2013 (25).  Complications of diabetes happen because of raised blood glucose and blood pressure levels, smoking and high cholesterol over a long period of time. Good diabetes management and support for self-management is important for the prevention of all complications of diabetes including foot problems. It is essential that the NHS delivers person-centred care, based on best practice guidance and through a continuous process of care planning as illustrated by the house of care framework.  There is a need for improved education and training for staff working in primary care; that all healthcare professionals looking after people with diabetes know how to carry out foot checks and inform people about their risk status and know how to refer appropriately.  Standards of care should be monitored nationally, and the impact on amputation rates should be measured. All staff should be encouraged to participate in diabetes audits, including the Diabetes Foot Audit launched in 2014. | |
| **Diabetes UK calls to action or Recommendations** | |
| **People with diabetes should be involved more in their own care** – they should know how to look after their feet, what risk they have of developing a complication, and what care they should get from the health service.  Diabetes UK and the Putting Feet First campaign has produced:   * “What to expect at your annual foot check” for everyone with diabetes * “Ten Steps to Healthy Feet” for people with diabetes * A ‘touch the toes test’ guide so people can get another person to check their feet * “How to Spot a Foot Attack” for people at increased or high risk of a foot problem   **An integrated footcare pathway should be delivered across primary, community and acute health services**  This means providing the right treatment at the right time and in the right place for all people with diabetes:   * Set up referral within one working day for those with ulcers to a multidisciplinary specialist footcare team and ensure people are seen by a member of the team within one working day of referral * Ensure appropriate referral to a foot protection service which has specialist expertise in assessment and management of disease of the foot * Create and participate in local diabetes networks to join up and improve foot care for people with diabetes.   Diabetes UK and the Putting Feet First campaign has produced a structured, integrated care pathway based on the annual foot review and a stratification of people’s risk status:  [integrated foot care pathway](http://www.diabetes.org.uk/Documents/Professionals/Education%20and%20skills/Footcare-pathway.0212.pdf) (PDF 772KB)    **Healthcare professionals should understand the risk of diabetic foot disease,** talk about this with people with diabetes, provide annual foot checks by trained health care professionals and ensure that people with diabetes have their feet checked when they are in hospital and take appropriate action.  **There should be national and local diabetes action plans and targets for improvement.** All diabetes care – foot care as well as general care – should be monitored as part of a national framework. | |
| **Conclusion** | |
| Diabetes UK’s foot campaign Putting Feet First aims to improve foot care services for people with diabetes and reduce amputations. Raising awareness of the importance of good foot care amongst people with diabetes and all those who are involved in their care is crucial. It is also important to raise awareness of the services that should be provided and ensure that these are in place in all localities. The campaign has made progress since 2012, but more still needs to be done to make an impact on the still high amputation rates in people with diabetes. | |
| **Further information** | |
| For more information about the Diabetes UK foot campaign visit: [www.diabetes.org.uk/putting-feet-first](http://www.diabetes.org.uk/putting-feet-first)  Resources for health care professionals to give to people with diabetes and to use to improve foot care can be found here: <https://www.diabetes.org.uk/Professionals/Resources/Feet/>  Resources and tools to improve footcare for people with diabetes can be found here:  <https://www.diabetes.org.uk/Professionals/Resources/shared-practice/Footcare/>  For more information about the minimum skills framework: *Putting Feet First: National minimum skills framework*, Diabetes UK and NHS Diabetes, 2011 <http://www.diabetes.org.uk/About_us/What-we-say/Improving-services--standards/>  Revised NICE guidance (published 2015):  NICE, 2015, *Diabetic foot problems: prevention and management* NG19 <https://www.nice.org.uk/guidance/ng19> | |
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