

## Diabetes Foot Care in Portsmouth

### **Background:**

Data published in early 2011 showed wide geographical variation in amputation rates in people with diabetes across the country. Portsmouth City PCT was identified as having the second highest major amputation rates for the years 2007-2010.

Diabetes related amputation has a dramatic effect both on a person's quality of life and their life expectancy.

Every 30 seconds a lower leg is lost to diabetes somewhere in the world  
Evidence shows that 95% of all diabetes related amputations are preceded by at least one foot ulcer. In most cases, diabetic foot ulcers and amputations can be **prevented**. It is estimated that up to **85% of amputations** could be avoided  
*(International Diabetes Federation, 2005)*

The prevention starts with the early discovery of foot problems in people with diabetes. Comprehensive education of all patients about diabetic foot problems is advocated; assessment in primary care to identify a person's foot risk with onward referral to the right team, combined with early and appropriate intervention by a wide range of health care professionals (podiatrist, orthotist, tissue viability nurse, Diabetologist, vascular surgeon, orthopaedic surgeon, radiologist, microbiologist, community nurse and general practitioner) all contribute to the reduction in amputation rates.

### **Where we were: 2010**

- One multidisciplinary (MD) diabetic foot clinic provided at St Mary's Hospital run by Diabetologist and Podiatry team from Solent NHS Trust.
- Diabetic Foot pathway for the acute foot problems for hospital care in place, however the pathway of care that did not direct patients with new diabetic foot ulcers to a specialist MD clinic
- Lack of dedicated foot care education for people with diabetes leading to a lack of self care and awareness of foot problems
- Low rates of referral and late referrals to specialist podiatrists (only 50% of patients with major amputations had seen a podiatrist and less 5% attended a multidisciplinary clinic)
- Low rates of foot examination in primary care / lack of education for health care professionals about diabetic foot problems
- Delayed and inadequate access to orthotic services for provision of appropriate insoles / footwear for pressure offloading
- Poor access to Orthopaedic specialists and limited access for "gold standard" off loading by "total contact casting" for troublesome diabetic foot problems

## Changes:

A new pathway of care directing everybody with a diabetic foot ulcer to a specialist Multi disciplinary Podiatry & Diabetologist clinics run three times per week (creating more appointments) with same day access to:

- Radiology reporting (X rays)
- Microbiology advice (Infection management)
- Early access to vascular surgery (where surgery is indicated)
- Access to Orthopaedics with fast access to contact casting
- Fast access to orthotics services
- Access to a dedicated foot ulcer clinic run by Solent NHS Trust Podiatry

To allow this to happen, the MD clinic was relocated from St Mary's to the Diabetes Centre at QA clinics

- To support this, there has been the development of community diabetes model with same day telephone and email advice and 2 visits to every GP surgery twice a year to update on service developments and provide diabetes education and advice to specific patients
- Introduction of diabetes foot education module free to all HCPs 4 times per year to incorporate a standard Diabetic foot assessment tool and "know your foot risk"
- Review and improvements in the Orthotic service provision which goes out to tender next year
- Development of diabetes care document to incorporate foot examination and know your risk for all patients with diabetes
- Foot education provided directly to patients at Diabetes Patient conference annually

## Outcomes:

Amputation rates in those with diabetes already declining sharply in Portsmouth although measure should take many years to filter through as this is a long term complication of diabetes

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| August 2011  | 53 major amputations in preceding 3 years |
| January 2012 | 48 major amputations in preceding 3 years |
| January 2013 | 36 major amputations in preceding 3 years |

The rate of major amputations has fallen from 2.3 per 1000 adults with diabetes to 1.4 per 1000 compared to national average of 1.1

Recurrent (repeat) admissions for diabetic foot disease, those patients admitted once to QA then a second for the same problem, is for the first time comparable to the national average

## **Future:**

- Working with Portsmouth Hospitals to improve inpatient foot care provision through the provision of a dedicated inpatient diabetes podiatry service and improving orthotic provision
- Looking at current multidisciplinary foot clinics to see if a 5 day service is required providing greater capacity (more appointments) – more funding is needed for this to meet the ongoing demand
- Working with Solent NHS Trust Podiatry to provide a 6 day acute foot service in the community
- Working with Portsmouth Hospitals to move towards 7 day diabetes cover
- Working with colleagues in vascular surgery and orthopaedic surgery to improve communication and management of complex patients with diabetic foot problems

National guidance states that anyone who develops an acute foot complication (foot ulcer / Charcot) needs to see members of the Diabetic foot MDT within 24 hours. The vision is to get to that point for Portsmouth and this will dramatically impact on the amputation rate.

In conclusion, the Diabetic foot service is changing and Portsmouth Hospital Trust, Solent NHS Trust and Primary care are working jointly to improve the foot outcomes for patients with diabetes. These new developments do need ongoing sustainable funding to provide the best care for anyone who presents with a diabetic foot complication.