

# Westminster Cross Party Limb Loss Group

to inform Members of Parliament so that they may Promote the Prevention of Limb Loss and the Provision of Prosthetic, Orthotic, Wheelchair/Special Seating, Medical and other vital Rehabilitation Services to persons of all ages suffering Limb Loss and associated Disabilities in the United Kingdom and Internationally

Rt. Hon. Cheryl Gillan MP (Chair); Rt. Hon. Lord Hunt PC OBE; Lord McColl CBE; Baroness Tanni Grey-Thompson DBE; Baroness Thomas; Lord Rennard MBE; Richard Bacon MP; Crispin Blunt MP; Kirsty Blackman MP; Dr. Lisa Cameron MP; Peter Kyle MP; Ian Lucas MP; Dame Angela Watkinson DBE MP

## KEEP YOUR FEET AVOID AMPUTATION

This latest guidance from Members of the Diabetic Foot Clinic of King's College Hospital and Guy's and St. Thomas's NHS Foundation Trust with colleagues from the College of Podiatry, the British Association of Prosthetists and Orthotists and Foot in Diabetes UK, identifies barriers to foot care which raise the risks of amputation.



**Lord Rennard** says: *"As someone with peripheral diabetic neuropathy that is causing me significant foot problems, I welcome this review of skilled and caring research and development by allied health professionals. It is very important that it is read widely, studied carefully and acted upon. I express warmest congratulations and heartfelt thanks to all concerned."*

**Lawrence Ambrose** of the College of Podiatry advises: *"that in a recent survey of 6,961 people with diabetes, 32% stated that they were not informed of their risk status at their annual foot screening. The same proportion (32%) said that they were not given advice on how to look after their feet. Shockingly one per cent of people screened were not even asked to remove their shoes or socks at the appointment. The College of Podiatry are particularly concerned about the disparity of quality of foot screening within primary care. If a patient, who is deemed at moderate risk or high risk of*



***developing a foot ulcer, is not referred on to their podiatry service they will be put at higher risk of developing a foot ulcer as they will not be able to access a tailored care package.”***

### **1) National Diabetic Foot Care Barriers Survey**

In 2015, Diabetes UK reported that the number of diabetes-related amputations in England had reached 7042 a year. A recent analysis revealed that the number of diabetes-related amputations in England has reached an all-time high of 20 a day with the annual number of diabetes-related amputations in England now at 7,370.



Foot complications are common within the 3.5+ million people diagnosed with diabetes in the UK, with an estimated 5-7% having current or previous foot ulceration. Diabetes is the most common cause of non-traumatic limb amputation in England despite national campaigns focussed on reducing the number of avoidable lower limb amputations.

Diabetic foot ulcers precede more than 80% of amputations. After a first amputation, people with diabetes are 23 times more likely to have a further amputation as those without diabetes.

Ulceration and amputation reduce quality of life and are associated with high mortality rates: Patients with diabetes and foot ulcers have a high mortality rate (50%) at five years, being third only to patients with pancreatic and lung cancers, with up to 70% of people dying within 5 years of having an amputation. This high mortality rate is believed to be associated with cardiovascular disease, emphasising the importance of good cardiovascular risk management.

Diabetic foot problems have a significant financial impact on the NHS as well as a holistic effect on the person with diabetes and their families/carers. Approximately 10% of the entire NHS budget is spent on diabetes every year, about 80% of which goes toward treating secondary complications (the majority of

which are related to foot issues). In 2014 a report estimated around £1 in every £150 which is spent by the NHS is consumed by the management of foot ulcers or amputations each year.

## **Aim**

The aim of this project is to seek, through the means of a questionnaire, the views of health care professionals of all disciplines regarding the barriers to diabetic foot care which they perceive as having an effect on the provision and the delivery of best practice.

The results of this work will be kept completely anonymous, with the aim of producing a report which will allow an insight into the real issues that health care professionals are facing in this area, discussing these as a whole. If there is a particularly important concern/issue raised in one specific location, the authors of this work will raise this appropriately through the right channels by offering advice and information to the appropriate Health Board/CCG/Clinical Network.

This work will connect with the Strategic Clinical Networks across the country to help focus work streams, reduce delays in the delivery of appropriate treatment and management for people with diabetic foot problems and increase awareness of this important clinical area. From this, resources can be developed to support healthcare professionals in identifying and managing symptoms/signs which may be suggestive of a diabetic foot complication.

This work will also help to identify areas in which healthcare professionals feel they require further information. It will ask respondents to state topics which they would like to see included in future conferences (Master Classes) which the authors of this work will organise.

In any publication which may follow, none of the Health Boards or CCGs will be named individually - all discussion which will occur will focus on the information gained as a whole as the purpose of this project is to identify the gaps and issues faced and will not be a finger-pointing exercise.

The survey (<https://www.surveymonkey.co.uk/r/BarriersToDiabeticFootCare>) will help to identify specific barriers which exist and help direct local work streams to overcome these where required, with an aim to reduce the number of avoidable foot complications and amputations in this population. The survey contains 25 questions in total, and takes less than ten minutes to complete.

As a thank you for taking the time to complete this survey and sharing their experiences, there is the option of the people completing the survey to sign up to be in a prize draw.

This survey will be live until the end of February 2017. We are grateful for any assistance in raising the awareness of this to all practicing healthcare professionals who are involved in the care and management of people with diabetes.

## **2) Diabetic Foot Apps**

Through a unique multi-disciplinary collaboration, the College of Podiatry worked with the British Association of Prosthetists and Orthotists (BAPO) and Foot in Diabetes UK (FDUK), the College's multi-disciplinary special advisory group.

A full literature review was initially conducted, with a review of all available screening methodologies, tools and education platforms currently available. Work was then carried out with FDUK to write evidence-based content for the App.

A clearer vision and sense of responsibility in relation to diabetic foot risk stratification assessment and management interventions outside of wounds and surgery and specific guiding principles on initiating and reviewing best treatment in relation to modifiable risks with the diabetic population are at the heart of this work.

Barriers encountered were twofold:

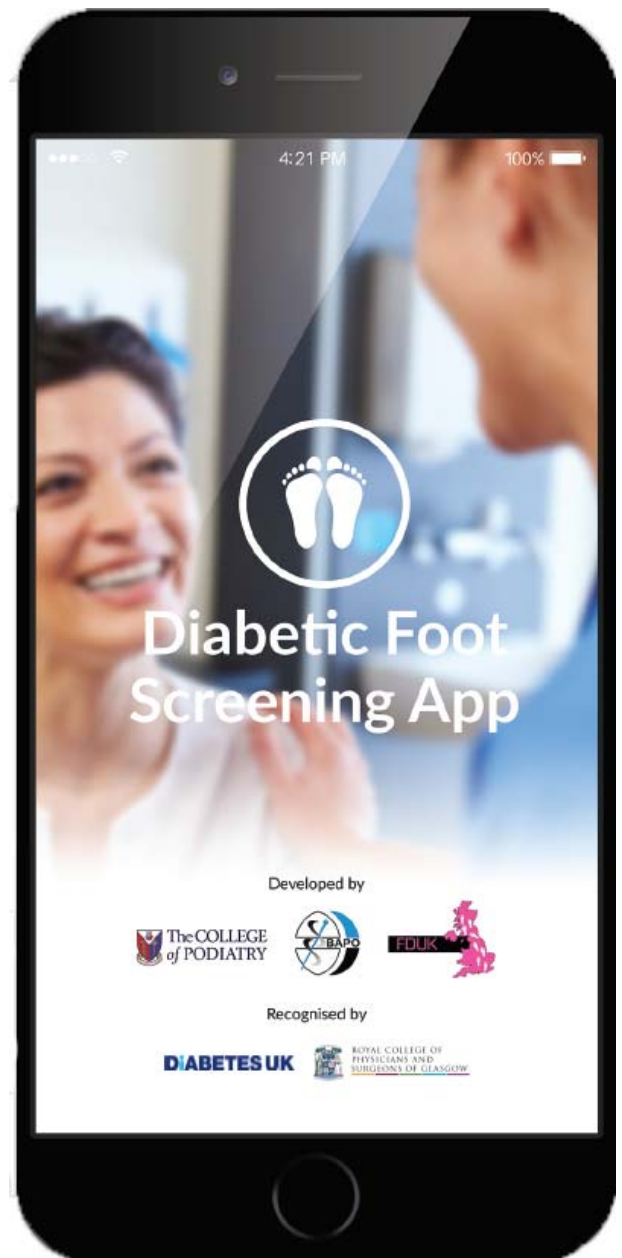
- Recognising that the App would not be able to ensure a practical-based competency of the healthcare professional in performing the screening. To combat this, a parallel classroom based teaching platform has been developed using the same language as the App, which comprises of both a theoretical and practical examination.
- The other barrier was recognition of the fact that not all healthcare professionals would have access to a hand-held tablet/phone during a clinical appointment in order for the App to be used. In order to ensure that the tools available are universal and available for as many professionals as possible, a downloadable desktop-based programme has been developed for people to use in clinical environments, from which electronic reports can be generated which can be uploaded into patient electronic records, or printed for patient files to provide supporting information for any onward referrals.

The College of Podiatry have created two apps to enable increased knowledge around the problems that can occur in the diabetic foot. One is for health care professionals who undertake diabetic foot screenings; the other is for people with diabetes to ensure they are empowered to prevent problems with their feet. Both apps follow NICE (National Institute for Health and Care Excellence) and SIGN (Scottish Intercollegiate Guidelines Network) guidelines.

### For Health Care Professionals:

The app explains the risk categorisation when conducting a foot screening. Those with diabetes will be categorised as either at low, moderate or high risk of developing a foot ulcer. Full explanations of the different levels of risk are given with computerised pictures of the various conditions that can affect those with diabetes. The App will also provide:

- An understanding of the importance of routine foot screenings
- An understanding of how diabetes affects the feet
- Details of how to perform a quality diabetic foot screening
- Information of how to determine the patient's risk status
- Pertinent patient education
- Information of when a referral is required & whom a referral should be sent to



### **For people with Diabetes:**

The App will explain what to expect at your annual foot screening, why this is taking place, what the Health Care Professional will do with the results, and what you should come out with and what this means, i.e. your risk category (at low, moderate or high risk of developing a foot ulcer) and verbal and written information with emergency contact details. There will also be information and video clips on footwear advice, self-care, what to look out for.

It also explains how diabetes can affect the feet and what their foot risk status means. It also allows you to track foot screening appointments (offering reminders when they are due).

The app provides people with detailed, practical information on how to look after their feet, with video clips on footwear advice, self-care, what to look out for and when to seek advice. It allows people to record emergency contact details for their GP, Podiatrist, etc....

### **3) Diabetic Foot Screening School**

The need to develop a framework for foot screening has been recognised in order to ensure that the right basic education is consistently provided to people performing foot checks to people with diabetes in order to reduce variation between healthcare professional disciplines as well as a regional variation. Following a literature review, the development of a foot screening school has been drafted, along with a framework of teaching materials. This is currently being reviewed by the College of Podiatry for development.

### **4) Renal Foot Care**

Work has been undertaken with the London Diabetes Clinical Network: Diabetes Foot Care Group to raise the profile of the vulnerable renal foot.

To date, a Best Practice document has been produced, along with a screening tool for foot risk stratification of people with renal disease.

These documents can be located for download from the London Clinical Networks website:

<http://www.londonscn.nhs.uk/>

A full suite of shared foot care patient information leaflets have also been developed which have been nationally ratified.

These documents will soon be available for download from the College of Podiatry website:

<http://www.scpod.org/>

### **5) HIV and Foot Care**

Work with RHIVA (Rehabilitation in HIV Association) to develop the recognition and the role of rehabilitation services and Allied Health Professionals in the management of people with HIV. Connections have been made with the London Diabetes Clinical Network: Foot Care Group, BAPO and RHIVA to raise the profile of lower limb conditions with this disease. A foot risk screening algorithm has been developed, along with work to develop the first ever healthcare essentials list for people living with HIV.

The BeYou+ App has been designed by experts in HIV from Chelsea and Westminster Hospital NHS Foundation Trust to provide users with reliable information about their body, mind and life when living

with HIV (<http://www.cwplus.org.uk/innovation/ehp/beyouplus.htm>). Discussions are under way to include a foot care section within this App.

A full suite of foot care patient information leaflets for people diagnosed with HIV are also in process, which will be shared on the website of the College of Podiatry once completed.

## 6) Using Mirrors to Improve the Quality of Foot Checks

Following conferences where healthcare professionals raised the issues and problems faced when performing inpatient foot checks for people with diabetes, renal failure and other conditions which can result in them being at risk of developing pressure damage/ulceration, the identification of the need to develop a tool to improve inpatient foot checks was identified. With multidisciplinary assistance, a mirrored foot check tool has been developed which overcomes the barriers and problems faced that were raised by the practicing community. This is a mirrored card which attaches to the clothes of the healthcare professional performing the foot check on a retractable lanyard. Two versions have been developed: One following the CPR (Check, Protect, Refer) protocol developed in Scotland, and one following the CARE (Check, Assess, Record findings, Early Referral) protocol developed in Wales.

A version of this mirrored card has also been developed for Community services which relates to diabetic foot screening, directing the healthcare practitioner to the requirements of diabetic foot screening as well as the annual health processes for people with diabetes.

These cards are to be piloted across the four nations (England, Wales, Scotland and Northern Ireland) with ratified information leaflets for healthcare professionals and patients also developed.

The mirrors are flexible, shatterproof, with bevelled edges and compliant with infection control policies.

Work is also in development to raise the awareness of ward staff to inpatients who are at high risk of developing foot complications and those with active foot conditions, utilising the magnetic whiteboards present in the Nurses station and Drs room of each ward.



## **7) Foot Care and Rheumatoid Arthritis**

An inter-professional conference for the management of Rheumatoid Arthritis was organised and run within King's Health Partners in June 2016, which highlighted the need for raising the profile of foot care and orthotics provision in this area.

**FOR FURTHER INFORMATION PLEASE CONTACT  
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