

Focus on Feet campaign

A joint initiative between the British Diabetic Association, the Society of Chiropractors and Podiatrists, and the Royal College of Nursing resulted in a 'Focus on Feet' initiative being launched on 6 May in the House of Commons. This is the first time such a collaborative exercise has taken place and it will be warmly received by all those health care professionals involved in the care of the diabetic foot.

Aims of the Focus on Feet campaign

The main aims of the campaign are:

- To raise the profile of diabetic foot ulcer care within the NHS
- To highlight the patient and health service costs of the condition
- To ensure that appropriate priority is attached to diabetic foot care by purchasers
- To ensure equal access to the optimum treatment for all patients
- To maintain high standards of educational material within the area
- To reduce the number of amputations due to diabetic foot ulcers.

All these aims are highly laudable, and the campaign members may well benefit from the experience of the Clinical Standards Advisory Group (1994) whose report *Standards of Clinical Care for People with Diabetes* highlighted some of the difficulties in assessing diabetes services.

It will be important for the campaign group to acknowledge health care purchasers' interest in *local* requirements and enable diabetes teams to present powerful arguments for increased resources. Aggregated national data, while required in global terms, does not necessarily aid purchasers' decision making.

Many health care professionals

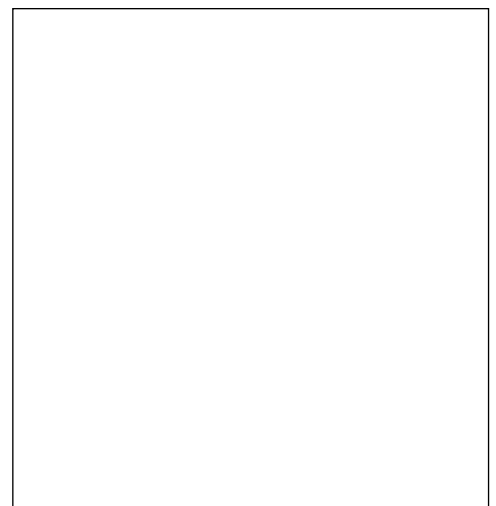
involved in the care of people with diabetes are well aware of the size and nature of diabetic foot disease and there are many published accounts of the economic impact of diabetic foot ulceration and amputation by leading health care professionals in the field.

The stark reality is that up to £1 million a year is spent by the average health authority on diabetic foot problems. I understand that as well as writing to all MPs about the initiative, questionnaires have been sent to every chief executive of every health authority in an effort to establish regional amputation rates and to discover what provisions are being made at present for diabetic foot care locally. The results of these will be made available soon and should prove interesting reading. There may well be a strong case for increased resources.

In the meantime, we must ensure that available resources are utilised in an efficient and effective manner. To paraphrase the much quoted George Bernard Shaw, it is surprising that so much money is spent in removing a man's leg, but so little to save it.

Importance of the role of education

The Focus on Feet initiative acknowledges that many foot problems may be prevented and it is encouraging



A questionnaire has been sent to the chief executive of every health authority.

Alistair McInnes
Editor

that the representatives of all three organisations involved in the campaign have stressed the importance of the role of education. Perhaps the incumbent Prime Minister was not aware of his endorsement of this when he stated his priority of: 'Education, education, education'.

The stated aim

'to maintain high standards of educational material within the area'

will have to include the appropriate use of teaching and learning methods allied to a rigorous approach to the evaluation and assessment of learning outcomes. This evidence must be made available in an attempt to validate the exercise.

In a similar vein, there will be concern about the development of clinical guidelines as suggested by Michael Hall, Chairman of the BDA. There has been a plethora of guidelines published in the field of diabetes and there is evidence to suggest that national guidelines are universally ineffective (Lobach and Hammond, 1997; Grol,

1990). The research suggests that local guidelines developed and 'owned' by the diabetes team are most likely to succeed. However, until evidence is available, 'gold standard' practice will be somewhat elusive, and minimum standard practice will remain the norm.

Again, research will be required to measure the impact of clinical guideline usage, and feedback from those practitioners who do not wish to utilise them will be as valuable as those who do!

However, I am sure that the campaigners are well aware of the pitfalls, challenges and opportunities that lie ahead. Indeed many publications from the organisations themselves highlight the issues that have been alluded to. We wish them every success in their endeavours. ■

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Clinical Standards Advisory Group (1994) *Standards of Care for people with Diabetes*. HMSO, London
 Grol R (1990) National standard setting for quality of care in general practice: attitudes of general practitioners and response to a set of standards. *British Journal of General Practice* **40**: 361-64
 Lobach DF, Hammond WE (1997) Computerized decision support based on a clinical practice guideline improves compliance with care standards. *American Journal of Medicine* **102**: 89-98

Obituary

It is with great sadness that I have to report the untimely death, in May this year, of Anne Donkin, Clinical Head of Diabetes, Department of Podiatry, South Downs Health NHS Trust. Anne had achieved great success in her thirty-one year career as a podiatrist.

Most of us who knew Anne professionally will remember her for her inexhaustible energy in providing the best possible care for her patients. She had a natural rapport with her patients, and counted many as friends. They were never just a 'pair of feet'.

Anne was valued throughout the Trust not only for her dedication and enthusiasm, but also for the support and encouragement she

gave both to her patients and to her colleagues.

She was a tireless self-educator, constantly seeking to increase her knowledge, always with the ultimate aim of improving patient care. Most recently she was engaged in studying for an MSc in podiatry. Characteristically, she made many new friends on the course, and her presence will be sorely missed. Her latest achievement was having an article published in this journal, which was something she had 'been meaning to do for ages'.

On a more personal level, Anne was a warm, compassionate and generous person. She always had time for people, whether they be patients, colleagues, friends or

family. She was never afraid to speak her mind or be herself. Her religious faith was no doubt a source of strength.

Everyone who knew her will miss her lively personality, her infectious laughter and the energetic style in which she threw herself into everything she did. This 'human dynamo' quality was a hit with patients and colleagues alike. Her passion for life and selfless dedication to others will remain an inspiration to us all for many years to come.

Nikki Todd, Senior Chiropodist,
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