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or many years, diabetes services in Scotland (including diabetic foot screening and ulcer management) have been delivered in a variety of care settings, with the information regarding treatment carried out being stored locally, and the ability to audit and share this information being very inconsistent. It was felt by stakeholders that a Scotland-wide linked information technology (IT) system to underpin diabetes services was required if the provision of diabetes care was to improve and be driven forward. Such a system has implications for, among others, those tasked with foot screening in diabetes.

The Scottish Health Plan identified diabetes as a key condition for NHS Scotland (Scottish Executive Health Department [SEHD], 2000) and an Option Appraisal Report was commissioned by the SEHD on the most effective method of providing central support for IT to improve diabetes care (Dodd, 2001). The SEHD accepted the recommendation that a national IT system should be based on collaborative development of the Lanarkshire Diabetes System, the Diabetes Audit and Research in Tayside Scotland (DARTS; Morris et al, 1997) system and the Scottish Care Information (SCI) programme. This project is known as SCI-DC (Scottish Care Information - Diabetes Collaboration).

The Scottish Diabetes Framework (SEHD, 2002) identified that wellmanaged, integrated diabetes care must be underpinned by effective IT systems, and the SCI-DC project was initiated to drive forward the Information Management and Technology milestones identified. In 2004, NHS Quality Improvement Scotland (QIS) recommended that all health boards create plans to implement SCI-DC to

## Screening and ulcer management: Part of a service delivery drive

support the management of people with diabetes (NHS QIS, 2004).

The author, along with other healthcare professionals, has been working closely with SCI-DC over the past 12 months to develop the podiatry modules, which incorporate foot screening and ulcer management systems.

## Foot screening system

The foot screening system provides any suitably trained healthcare professional with the opportunity to carry out diabetic foot screening in a standardised, logical and evidence-based fashion (Leese et al, 2006; 2007). The system provides an automatic calculation of a patient's risk of developing a foot ulcer and suggests recommended action, with the option of onward referral, if required, and the downloading of suitable risktargeted footcare advice leaflets.

When foot screening is carried out in Scotland at present, the information is recorded in a variety of ways and stored in various places. The adoption of the SCI-DC system will encourage the standardisation of foot screening across Scotland, and, in the author's opinion, result in the better use of limited resources.

## Ulcer management system

The ulcer management system provides the clinician with a 'shared care' treatment record, which has been devised in three separate stages.

- Initial recording.
- Treatment.
- Final outcome.

The system has been designed in such a way to make it as time efficient as possible for the clinician to use, while providing a centrally stored and robust shared treatment, management and audit facility.

## Impact of SCI-DC

A shared diabetes record has been created and is being used securely throughout each of the 14 health board areas in Scotland as part of the daily clinical care process. SCI-DC now has a handle on the increasing population of people with diabetes in Scotland, and is in a unique position to accurately assess the future provision and funding of services and diabetes management. This will include information on diabetes-related foot problems, and help with future planning of associated services. SCI-DC supports national and regional strategies and statistics, such as the Scottish Diabetes Survey, and is actively contributing towards the Electronic Health Record in Scotland.

SCI-DC currently relies on a single patient identifier (the community health index) in order to link data received from a multitude of diabetes-related sources. It does, however, also have the ability to cope with multiple patient-identifiers. For example, the system could be deployed beyond Scotland using the NHS Number in combination with practice or hospital numbers to create a shared electronic record for diabetes across the UK.

In the author's opinion, the SCI-DC system is revolutionising the way in which diabetes care – including foot screening and ulcer management – is delivered in Scotland by driving forward the idea of a centrally stored patient record accessible to all healthcare professionals involved.

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