The National Diabetes Footcare Audit (NDFA): We have lift-off!

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In the December issue of *The Diabetic Foot Journal*, we described the detailed design of an audit scheme that has been planned as a new module in the National Diabetes Audit (NDA) of England and Wales (Jeffcoate et al, 2013). The intention of the footcare audit is to collect two types of information. The first is on the structures of care available to all communities, and the second includes a small number of clinical details (delay to referral, case-mix) of every newly presenting case of foot disease (ulcer and/or Charcot). Implicit in the planning of the new audit has been the importance of reducing the collection of new data to a bare minimum.

The audit is to be managed by the Health and Social Care Information Centre (HSCIC) in partnership with Diabetes UK and the National Cardiovascular Intelligence Network of Public Health England, and we are now pleased to announce that funding has been confirmed. The intention is that data collection will go live in the summer of 2014.

Structures of care

Information on existing care structures will be collected from those responsible for the management of care (commissioners/managers) and will be confined to three groups:

1. Training of people who undertaken routine screening for risk.
2. The existence of a foot protection service.
3. The existence of a multidisciplinary service for the management of established disease.

What will the new audit mean for those who care for people with foot disease?

The audit will mean that each newly presenting person will be asked to give consent for details to be collected on:

1. The type of foot disease (Charcot or not; Ulcer classified by the SINBAD system (*Table 1*).
2. The length of time elapsed since they first asked for professional help (<2 days; 2 days to 2 weeks; 2 weeks to 2 months; >2 months).

This information will be recorded on simple forms to be entered online later.

What other information will healthcare professionals be asked to collect?

Clinicians will be prompted at 12 and 24 weeks after presentation to their service to document whether the person is alive and free from active disease of the foot (even after any amputation).

Use of the information

The new information will be linked by use of the NHS number to core data currently held by the NDA (which includes over 87% of all people with diabetes in England and Wales), and to which access is strictly controlled by the procedures of the NSCIC. Linkage will, however, allow the new information to be aligned with baseline information including age, race, gender and diabetes type and control, as well as with other details on outcome (hospital admissions, operations for foot disease, survival) to be obtained from details of hospital admissions (HES in England; NEDW in Wales) and the Office of National Statistics.

Benefits

Such links will give invaluable information on the relationships between baseline and clinical outcome, and the impact of disease type/severity and the process of management. This will provide individual communities and teams with information needed to improve the quality of overall outcome for people with disease of the foot in diabetes. ■

Table 1. The SINBAD classification/score of foot ulcers (Ince et al, 2008).

Site	Forefoot	0	Hindfoot	1
Ischaemia	No	0	Yes	1
Neuropathy	No	0	Yes	1
Bacterial infection	No	0	Yes	1
Area ≥1cm^2	No	0	Yes	1
Depth* - Deep?	No	0	Yes	1
Total score				0–6

*Deep = University of Texas Grades II–III (reaching to tendon, joint capsule, or bone), or Not Deep = University of Texas Grades 0–I.

Health & Social Care Information Centre (2013) *National Diabetes Audit*. Available at: http://www.hscic.gov.uk/nda (accessed 07.12.2013)

Ince P et al (2008) Diabetes Care **31**: 964–7

Jeffcoate W, Holman N, Young B on behalf of the development and implementation groups of the NDA Foot Care Audit (2013) A new audit scheme with a difference: The foot care module of the National Diabetes Audit. *The Diabetic Foot Journal* **16**: 142–3