

Preventing unnecessary amputations: Spotting a “foot attack”



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Decision makers are recognising that, as up to 80% of diabetes-related amputations are preventable with correct management (Right Care, 2010), they can play an important role in reducing the rate.

Diabetes UK’s Putting Feet First campaign has encouraged more hospitals than ever before to introduce a multidisciplinary foot care team. But amputation rates still vary widely from one area to another and we want to support Clinical Commissioning Groups in their bid to minimise variation and drive down incidence.

More than 6000 leg, foot or toe amputations are still being carried out each year on people with diabetes (Health & Social Care Information Centre, 2010; 2011) and this figure is anticipated to keep rising as the numbers of people with type 2 diabetes continue to soar, in part due to our ageing population and our ever-expanding waistlines.

The starting point for driving amputation rates down is making sure patients get a good quality annual foot check. We have heard from some patients who have supposedly received their foot check but not even been asked to remove their shoes. Currently, 15% of people with diabetes are not even getting their annual foot check, and this figure has not improved in recent years (Health & Social Care Information Centre, 2010). It is essential that there are enough people who have been trained to deliver foot checks – whether in a primary or secondary setting. Patients also need to be reminded about the importance of getting the

foot check by all healthcare professionals. We also want you to make sure patients understand the implications of their risk status, know how to look after their own feet and realise the importance of urgently seeking medical attention in the event of any problems.

A problem identified by experts at a think tank event organised by Diabetes UK and the College of Podiatry was how to ensure people with diabetes get the right care at the right time and in the right place through an integrated foot care pathway. Crucially, this needs to happen wherever that person lives. We know that people with diabetes who have acute foot problems – a “foot attack” –

often do not get assessed and treated quickly enough by a member of the multidisciplinary foot care team, which is what NICE (2011) recommends should happen.

That led us to produce a new booklet aimed at people with diabetes who are at high risk of a foot attack. *How To Spot a Foot*

Attack is based on information in the integrated footcare pathway, it gives people with diabetes the vital information they need to access help, fast. It also includes a card, on which the person can write the emergency contact numbers of their GP, multidisciplinary foot care team and podiatry/footcare service.

A foot attack is when the foot is red, warm or swollen or if there is a break in the skin or any discharge and it is especially important the person seeks urgent medical attention if the person is feeling unwell. A person is at high risk of a “foot

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attack” if they have a previous history of foot ulcers, previous amputation or two or more of the following: neuropathy/loss of sensation, peripheral vascular disease/poor circulation, deformity (e.g. bunions, claw toes).

The booklet has been sent to every GP surgery in England and Northern Ireland. Free copies can also be ordered at: shop.diabetes.org.uk/go/red-card-foot-booklet

People with diabetes are up to 20 times more likely to have an amputation than the general population (Khanolkar et al, 2008). But if an integrated footcare system is in place with prompt access to specialist care, and people with diabetes have a better understanding of what they need to do should a “foot attack” occur, then potentially thousands of amputations could be prevented.

Spare a few minutes to place your order and discuss it with your patients and colleagues. Your action could make all the difference. ■

Health & Social Care Information Centre (2010) *National Diabetes Audit 2009/10*. HSCIC, London

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Right Care (2010) *The NHS Atlas Of Variation In Healthcare: Reducing Unwarranted Variation To Increase Value And Improve Quality*. NHS, London. Available at: <http://bit.ly/S82LiS> (accessed 23.05.14)