

The tools to put feet first

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Of all the complications of diabetes, foot disease is the most common reason for admission of a person with diabetes to hospital. Furthermore, people with diabetes have the greatest risk of developing a heel ulcer during an inpatient stay. Length of stay in hospital is increased for those with diabetic foot disease and it is estimated that approximately 100 limbs are lost weekly in the UK, with 2-year mortality figures for amputation in the region of 50%. The financial burden of diabetic foot disease is some £252 million per annum (NHS National Diabetes Support Team, 2008).

These depressing statistics will be familiar to many of the readers of *The Diabetic Foot Journal*. What will be discussed here is the launch of an exciting new initiative, *Putting Feet First* (Diabetes UK and NHS Diabetes, 2009), which provides guidance for inpatient diabetic foot care and aims to improve outcomes for these people.

Developing the guidance

Putting Feet First was born out of the frustration of a number of specialists in diabetic foot care who, having recognised and demonstrated the enormous benefits of structured organised foot care, have been dismayed by the widespread and continued neglect of the condition across the UK. Determined to make a change, this group, supported by a partnership between FDUK and Diabetes UK, came together to develop a pathway of care and a service specification which, if implemented, would ensure that those with acute foot problems have rapid access to healthcare professionals with the necessary skills and experience to manage their condition. The report has been produced by Diabetes UK and NHS Diabetes, the latter leading the partnership to focus on implementation in an initiative entitled “*Putting Feet First*”, to be launched on 12 June 2009.

This report defines the principles of management of people with diabetes admitted to hospital with new or deteriorating diabetic foot disease, and the prevention of foot ulceration during hospitalisation. The report provides an integrated care pathway, detailing what care a person with diabetes should expect to receive in the first 4 hours following admission, in the intermediate phase of their stay (up to 48 hours) and the continuing care thereafter. In addition to the document, these phases of care are summarised on a single page poster, useful in acute care settings. Finally, there is a wallet-sized card for people with diabetes, outlining the foot care that they should expect. This includes an annual foot examination, the need for preventative foot care if admitted to hospital for any reason, and the need for specialist care if admitted with an active foot problem.

Making the guidance work

NHS Diabetes is tasked to work with partners to drive dissemination and adoption of this initiative across the UK. The launch will be followed by a number of regional workshops and the development of a network of specialists to support the implementation, audit foot care practice and outcomes and undertake much needed research. Successful implementation of the standards contained within the report should mean that every person with diabetic foot disease admitted to hospital receives prompt care from appropriately trained staff.

We believe that *Putting Feet First*, alongside increased awareness and investment, should revolutionise care for people with diabetic foot disease and be a major step toward reducing foot ulceration and amputation among people with diabetes. ■

Diabetes UK, NHS Diabetes (2009) *Putting Feet First*.
Diabetes UK, NHS Diabetes, London
NHS National Diabetes Support Team (2008) *Improving Emergency and Inpatient Care for People with Diabetes*.
NHS Diabetes, London

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