

Preventing a “foot attack”



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Since Diabetes UK launched its *Putting Feet First* campaign 2 years ago, there has been more focus than ever before on diabetes-related amputation.

Decision-makers are finally waking up to the fact that, as up to 80% of amputations are preventable with the correct management (Right Care, 2011), they can play an important role in reducing the rate.

The evidence shows that with the provision of an integrated foot-care pathway, with trained staff in foot protection services in the community and speedy access to multidisciplinary diabetic foot teams, amputations can be reduced by over 50%.

Unfortunately, in excess of 6000 leg, foot or toe amputations are still being carried out each year on people with diabetes. This is more than 100 a week (Diabetes UK, 2013). If current rates continue, the number of amputations will rise from more than 6000 in 2011–12 to more than 7000 in 2015–16 in England (Diabetes UK, 2013). This is unacceptable.

Amputations and foot ulcers have a huge impact on quality of life. Up to 80% of people die within 5 years of having an amputation (Khanolkar et al, 2008).

Amputation rates vary widely from one area to another (see sidebar for the latest figures) – in the worst-performing area a person with diabetes is substantially more likely to have a major amputation than in the best (Health and Social Care Information Centre, 2013).

So how can healthcare professionals drive amputation rates down? The starting point is making sure patients are getting a good-quality annual foot check and have the information they need. We know that 15% of people with diabetes are still not getting their annual foot check (Health and Social Care Information Centre, 2010). Even if not carrying out foot checks themselves, healthcare professionals should at the very least be aware of

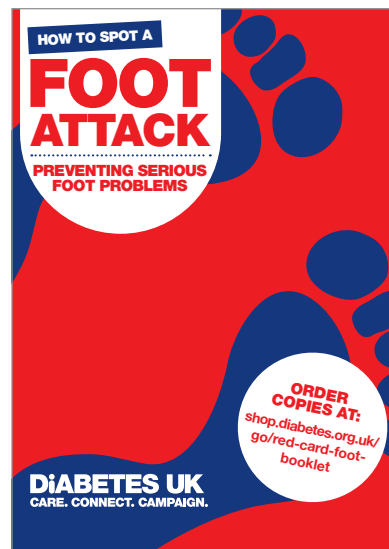
how to signpost patients and impress upon them the importance of having this done.

Individuals need to be told their risk status, understand the implications of it, know how to look after their own feet and realise the importance of urgently seeking medical attention in the event of any problems. More information and resources are available on the Diabetes UK website (www.diabetes.org.uk).

Those in commissioning roles should commission the necessary training so that healthcare professionals are able to deliver good-quality foot checks, inform people about their risk status and refer appropriately.

We know that healthcare professionals welcome practical tools to help their patients. That is why we've produced a new booklet, *How To Spot A Foot Attack*, aimed at people with diabetes who are at high risk of a “foot attack”. It gives people with diabetes the vital

information they need to access help fast. It also includes a card, which can be kept in a wallet, where the person can write the emergency contact numbers of their GP, multidisciplinary foot-care team and podiatry or foot-care services. We want healthcare professionals to order the booklet, discuss it with their patients and, if necessary, help them fill in the contact numbers. It could make all the difference. ■



How To Spot A Foot Attack: Ordering details

Amputation rates vary from area to area in the UK (Diabetes UK, 2014)

Fareham and Gosport in Hampshire is the worst-performing area in the UK for amputations among people with diabetes. People living here are 7.0 times more likely to have an amputation than people in the best-performing area (Brent, London).

The previous year, the rate in the worst-performing area was 5.4 times higher than in the best-performing area.

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Khanolkar MP, Bain SC, Stephens JW (2008) The diabetic foot. *QJM* 101: 685–95

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