## Position Statement

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<td>Putting feet first: Diabetes UK position on preventing amputations and improving foot care for people with diabetes</td>
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### Key points

- Around 6,000 people with diabetes have leg, foot or toe amputations each year in England. This is over 120 amputations a week amongst people with diabetes (1)

- There are huge geographical variations in amputation rates – across England there is a ten-fold variation in the incidence of major amputation (2)

- Up to 80% people die within 5 years of having an amputation – mortality rate of 39% - 80%. Some studies suggest only 50% survive two years (3)

- Amputations and foot ulcers have a huge impact on quality of life in terms of pain, mobility, depression, relationships and ability to work

- Up to 80% amputations are preventable (4)

- There is evidence that providing an integrated foot care pathway, with trained staff in foot protection services in the community and speedy access to multidisciplinary specialist teams, considerably lowers risk of amputation (5)

- Diabetes UK launched a campaign in March 2012 to raise awareness of the complications of diabetes, including foot problems and amputations; to improve foot care services for people with diabetes and raise awareness of the services people should receive.

- So far the campaign has made some significant progress in raising awareness of amputations and foot care for people with diabetes, and in service improvements in some of the areas with the highest amputation rates. The overall amputation rate is not reducing, however, and more still needs to be done.
Introduction

Worldwide, diabetes related complications result in the amputation of a lower limb every 30 seconds (6). People living with diabetes are over 20 times more likely to have an amputation compared to the general population (7). Amputation rates are set to rise, if current rates continue, from over 6,000 in 2009/10 to more than 7,000 in 2015/16 in England (8), while in Scotland, there are 490 amputations a year (9). In England the incidence of major amputation was recorded as 9 per 10,000 people with diabetes and the incidence of minor amputation as 17 per 10,000 people with diabetes in 2009–12. This has remained constant in 2010 – 2013, though the variation across the country has widened slightly for all amputations and narrowed slightly for major amputations (10).

Amputations are costly to the NHS, for example in England in 2012 it was estimated that between £639 - £662 million is spent each year on foot ulcers and amputations (11). This is approximately £1 in every £150 the NHS spends. In Scotland it is estimated that over £60m is spent annually on foot ulcers and amputations.

Amputations also cost lives. Up to 80% of people die within 5 years of having an amputation or a foot ulcer – a mortality rate of 39% - 80%. This is a higher mortality rate than colon, breast or prostate cancer (12). Some studies suggest that only 50% of people with diabetes who have had an amputation survive for a further two years (13).

Amputation and foot ulcers have a huge impact on the lives of people living with diabetes. These complications cause low self esteem, a reduced quality of life and depression, which itself is associated with an increased risk of mortality. Living with foot disease can be painful, affect people’s social lives and relationships, and even result in discrimination and reduced independence through lack of mobility. This also can impact on peoples’ ability to work.

However, up to 80% of amputations are potentially preventable (14) through access to good quality structured care and improved awareness amongst people with diabetes about their risk status and what action to take.

Current situation

Despite the potential of developing such a devastating complication, more than half of people with diabetes surveyed in 2007 said that they did not realise that having the condition puts them at more risk of having an amputation (15).

NICE Guidance sets out best practice recommendations for prevention and management of foot problems for people with diabetes (16). This includes providing an annual foot check to everyone with diabetes and assessing their risk status; having foot protection services for all those at increased risk of diabetic foot disease; and ensuring
rapid access to a multidisciplinary foot care team (MDT) for people who are having a “foot attack” – an injury or infection in a foot of someone with diabetes.

In 2012-2013, over a quarter (27.7%) of people with Type 1 diabetes did not get an annual foot check and 13.3% of people with Type 2 did not receive a foot check (17). In 2011 a survey found that only 45% of people with any type of diabetes had their risk clearly explained to them (18). In Scotland in 2013, 61.6 per cent of people with Type 1 diabetes had a foot risk assessment compared with 80.3 per cent of people with Type 2 (19). There is also a very wide geographical and age variation in the numbers of people who are getting all their eight care processes, including foot checks (20). Younger people (under 40 years) are less likely to get annual foot checks. Evidence from England also shows a wide variation in amputation rates: some localities carry out less than one amputation per year per thousand people with diabetes; others carry out more than five amputations per thousand (21).

There is evidence that where effective services are in place for people with diabetes who have foot problems they are at much lower risk of amputation. There should be an integrated foot care service between primary and specialist care, coordinated by someone with identified responsibility. There should be trained staff in foot protection services in the community with speedy access to multidisciplinary specialist teams for people who have a foot problem; people with ulcers or foot infections should be seen by a member of the specialist multi-disciplinary foot care team (MDT) within 24 hours of being referred. The roles, skill sets and organisation of these teams is set out in Putting Feet First (22) and recommended by NICE, but nearly 40 per cent of hospitals did not have an MDT before the campaign launched in 2010. This has now improved to 28 per cent of hospitals without a multi-disciplinary foot care team by 2013 (23), but is still not good enough.

People with diabetes in hospital should have their feet checked. This has been improving during the course of the Putting Feet First campaign, but in 2013 still less than half (42.4%) people in England and Wales had their feet examined at any time during an admission to hospital. Four per cent of hospitals have no access to a specialist podiatrist (24), which is slightly improving. However, the overall percentage of inpatients with diabetes in England and Wales that developed a foot lesion whilst in hospital fell significantly from 2.2 per cent in 2010 to 1.4 per cent in 2013 (25).

Complications of diabetes happen because of raised blood glucose and blood pressure levels, smoking and high cholesterol over a long period of time. Good diabetes management and support for self management is important for the prevention of all complications of diabetes including foot problems. It is essential that the NHS delivers person centred care, based on best practice guidance and through a continuous process of care planning as illustrated by the house of care framework.
There is a need for improved education and training for staff working in primary care; that all healthcare professionals looking after people with diabetes know how to carry out foot checks and inform people about their risk status and know how to refer appropriately.

Standards of care should be monitored nationally, and the impact on amputation rates should be measured. All staff should be encouraged to participate in diabetes audits, including the Diabetes Foot Audit launched in 2014.

**Diabetes UK calls to action or Recommendations**

**People with diabetes should be involved more in their own care** – they should know how to look after their feet, what risk they have of developing a complication, and what care they should get from the health service.

Diabetes UK and the Putting Feet First campaign has produced:
- “Ten Steps to Healthy Feet” for people with diabetes
- A ‘touch the toes test’ guide so people can get another person to check their feet
- “How to Spot a Foot Attack” for people at increased or high risk of a foot problem

**An integrated footcare pathway should be delivered across primary, community and acute health services**
– that means providing the right treatment at the right time and in the right place for all people with diabetes:
  - Set up referral within 24 hours for those with ulcers to a multidisciplinary specialist footcare team
  - Ensure appropriate referral to a foot protection team which has specialist expertise in assessment and management of disease of the foot
  - Create local diabetes networks to join up and improve foot care for people with diabetes.

Diabetes UK and the Putting Feet First campaign has produced a structured, integrated care pathway based on the annual foot review and a stratification of people’s risk status: [integrated foot care pathway](https://www.diabetes.org.uk/professionals/feet/foot-care-pathway) (PDF 772KB)

**Healthcare professionals should understand the risk of diabetic foot disease**, talk about this with people with diabetes, provide annual foot checks by trained health care professionals and ensure that people with diabetes have their feet checked when they are in hospital and refer quickly to specialists when necessary.

**There should be national and local diabetes action plans.** And all of diabetes care should be monitored as part of a national framework – foot care as well as general care.
Conclusion

Diabetes UK’s foot campaign “Putting Feet First” aims to improve foot care services for people with diabetes and reduce amputations. Raising awareness of the importance of good foot care amongst people with diabetes and all those who are involved in their care is crucial. It is also important to raise awareness of the services that should be provided and ensure that these are in place in all localities. The campaign has made progress since 2012, but more still needs to be done to make an impact on the still high amputation rates in people with diabetes.

Further information

For more information about the Diabetes UK foot campaign visit www.diabetes.org.uk/putting-feet-first


NICE Guidance:
Type 1 Diabetes in Children, young people and adults NICE Clinical Guideline 15 http://www.nice.org.uk/CG015NICEguideline (currently being reviewed)

Type 2 Diabetes: Prevention and management of foot problems Clinical Guideline 10 http://guidance.nice.org.uk/CG10 (currently being reviewed)

Diabetic Foot Problems - Inpatient Management NICE Clinical Guideline 119 http://guidance.nice.org.uk/CG119 (currently being reviewed)


For recommendations to CCGs in England see Fast Track for a Foot Attack: http://www.diabetes.org.uk/Get_involved/Campaigning/Our-campaigns/Putting-feet-first/

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