I lost my leg and it was because of my diabetes. I didn’t know this would happen and no-one warned me. By the time I knew it was too late.

Lots of long-term conditions are fairly well understood in the UK – people often know the causes and impacts of lung cancer and heart disease for example. But myths and misconceptions about diabetes are common. It is possible to live a happy and healthy life with diabetes, but its seriousness is often misunderstood – and underestimated. Both Type 1 and Type 2 diabetes can lead to costly and life-shattering complications, including kidney failure, blindness and amputations.

As well as raising awareness of the extent and effects of all types of diabetes, Diabetes UK is campaigning to ‘put feet first’. Worldwide, diabetes-related complications result in the amputation of a lower limb every 30 seconds. And it’s estimated that people living with diabetes are up to 30 times more likely to have an amputation compared to the general population. If this isn’t awful enough, we know that amputation rates are set to rise, if current rates continue, from over 6,000 in 2009/10 to more than 7,000 in 2014/15 in England.

Amputation is not only devastating, it’s expensive. In England it is estimated that between £600m and nearly £700m is spent each year on foot ulcers and amputations.

So why do people with diabetes suffer amputations? The majority of diabetes-related amputations are caused by a foot ulcer failing to heal and it is estimated that around 61,000 people with diabetes in England and over 10,000 in Scotland have foot ulcers at any given time.

Damage to the nerves carrying pain sensation from the feet to the brain causes numbness. This means that if you have cuts, bruises or infections they might remain unnoticed, and if infections are untreated they will spread. As well as this, the arteries to the feet can narrow, reducing the supply of oxygen and nutrients essential to keep skin nourished and to heal cuts. So, injuries can progress to ulcers, and ulcers are slow to heal – unfortunately only two thirds eventually do. Diabetic foot ulcers can lead to amputation.

Unsurprisingly amputation and foot ulcers have a huge impact on the wellbeing 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. It’s also the case that 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. Of course this also can impact on people’s ability to work.

The relative likelihood of death following amputation or foot ulcers within five years is greater than colon, prostate and breast cancer.

But here’s the good news – up to 80 per cent of amputations are potentially preventable. By putting feet first we can make a difference – we can prevent many amputations, and give people their quality of life and life expectancy back.

WHAT NEEDS TO HAPPEN TO MAKE THIS CHANGE?

Despite the potential of developing such a devastating complication, more than half of people said they didn’t realise that having the condition puts them at more risk of having an amputation. We’re going to raise awareness about the seriousness of the condition and the impact of diabetes on feet amongst people with diabetes, healthcare professionals and the public. We need your help to do this.

And as well as awareness, we need a dramatic improvement in standards of care. This means that people with diabetes should have annual foot checks, and need to know how to look after their feet. The check should include an examination of skin, circulation and nerve supply, and a healthcare professional should have a discussion about the results with the person with diabetes – including talking about whether people are at low, medium, or high risk. But it’s a sad fact that in 2010–2011 over a quarter of people with Type 1 diabetes didn’t get a foot check – and only 45.7 per cent of people with any type of diabetes had their risk clearly explained to them. As well as this shocking figure on poor care, we know that there’s also a very wide geographical variation in terms of numbers of people who are getting all their nine annual checks, including foot checks. And some areas have far fewer amputations than others. Recent evidence 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.

We also know that there’s a key group that can significantly reduce amputation rates. People with diabetes who see trained staff in Foot Protection and Multidisciplinary specialist foot teams are at much lower risk. At the moment, over one third of hospitals don’t have a multidisciplinary foot team.

We want people to have access to these teams, in all areas. They’re made up of healthcare professionals with specialist expertise in assessment and management of foot disease, working closely with primary care. People with ulcers should be referred to specialist care within 24 hours – it could mean the difference between losing or keeping a foot.

We want people with diabetes in hospital to have their feet checked. Fewer than a third had their feet examined at any time during an admission to hospital. In fact, disturbingly, two in every 100 people with diabetes developed a new foot complication during their hospital stay. Nearly a third (30.9 per cent) of hospitals have no inpatient podiatry service.

Overall, health services need to play a much greater part in caring for people with diabetes, and helping them to look after themselves. That means good diabetes management and support for self management. Complications of diabetes happen because of raised blood glucose, cholesterol and blood pressure levels over a long period of time. It’s essential that the NHS delivers best practice guidance and person centred care planning as set out in the Year of Care programme.

There are other changes that would reduce amputation rates significantly: we want to ensure better 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, inform people about their risk status and how to refer appropriately; and that there’s a structured foot care service between primary and specialist care, coordinated by someone with identified responsibility, so people don’t ‘fall through the net’. This service simply has to improve. Standards of care should be monitored nationally, and the impact this is having on amputation rates should be measured – without monitoring, how will the health service know what has changed?
What are we asking for?

1. **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. A ‘touch the toes test’ guide has been developed so people can get a friend to check their feet.

2. **Commissioners of health services need to deliver the integrated footcare pathway** – 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

3. **Healthcare professionals should understand the risk of diabetic foot disease**, talk about this with people with diabetes, provide annual foot checks (in primary care and secondary care), and refer quickly to specialists when necessary.

4. **There should be a national diabetes implementation plan.** And all of diabetes care should be monitored as part of a national framework – foot care as well as general care. In England, the National Commissioning Board and commissioning groups should do this. As well as this, the indicators in QOF (Quality Outcomes Framework) should require that GPs tell people about their foot risk level and refer to specialist care when appropriate.

At Diabetes UK we’re going to raise awareness about the seriousness of the condition and the impact of diabetes on feet amongst people with diabetes, healthcare professionals and the public. We are campaigning for change. We need your help to do this.

REFERENCES


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There are many areas of diabetes that need to change for the better – both in terms of awareness and quality of care, and this is one area where there are clearly identified solutions to a problem that we should all be ashamed of. We can dramatically reduce the number of amputations suffered by people with diabetes. Join us in making this happen.

www.diabetes.org.uk/putting-feet-first