

NDFA NEWSLETTER TO SPECIALIST PARTICIPANTS

What's happening with the NDFA during the Covid-19 pandemic?

First and foremost, we want to let you know that HQIP has urged that all the audits linked to the parent National Diabetes Audit should continue if at all possible. We fully realise that this will be impossible for some to continue to provide data for the NDFA – simply because of all the changes that have been forced on routine care and the extra pressures placed on people working in the front line.

We hope that as many people as possible will continue to register new cases together with their 12-week outcomes. And please remember that there is no need to upload details as each person is assessed. It is very possible to do bulk uploads at a later date and that might make things easier.

If you have any queries about the practicalities of uploading the data, contact the NDFA Team NDFA@nhs.net

New data collection details

We will be changing the data items in the audit slightly in August 2020.

A new data item will be added asking -

- **Is this the first diabetic foot ulcer that this person has ever had on either of their feet?**

We are also retiring two items:

- We are not asking for 24-week outcome data anymore because we feel that the 12-week figures give us more information.
- We are not collecting any more data on any associated Charcot foot disease. It is obviously a factor contributing to outcome but we have not been able to derive any clear messages from the data we have already hold and so we are putting it on hold for the time being.

We will not be changing the dataset until August to enable any data for 2019/20 to be entered in the system as it was. If you are able to continue collecting data for the NDFA, please collect this extra information from now on and enter it after August when the changes have been made to the system. We will notify you nearer the time when the changes have been made.

What will we get from audit at the time of the current crisis?

For all the obvious reasons, it seems likely that there will be both a fall in overall referrals to specialist services and those remaining are very likely to have more severe disease – as is clearly apparent from data collected in Swindon in this last month, provided by the integrated footcare team at Great Western Hospitals NHS Foundation Trust, see below.

We will want to see to what extent this is replicated elsewhere and whether or not people with more severe disease do better or worse, and whether or not the late referral of some is also associated with worse clinical outcome. All of this will help reinforce decisions we are all working on to help define which features of a diabetic foot service are central to the delivery of best possible care.

Further development of the role of community podiatry

One change that undoubtedly seems to be taking place is the increasing integration of community podiatry into the broad multidisciplinary foot care service in many parts of England and Wales, encouraged by the enforced reduction in other podiatric services currently being provided. Interestingly, close working and communication between hospital and community teams was one of the 'Success Factors' identified last year in a survey of high performing services. One aim of future attempts to link clinical outcome with the structure of service delivery will be to explore the extent to which this integration has been possible in different communities.

We know that you have had to adapt rapidly over the last few weeks to keep providing care to your patients with a diabetic foot ulcer.

Please stay with us and help us demonstrate how foot care services can be improved across the board – both at time of crisis and beyond.

We are also interested to see the different ways you are managing to continue providing care to patients so if you are happy to share local solutions for managing these high risk patients, please let us know, using the audit email ndfa@nhs.net