

## PUTTING FEET FIRST – AND FAST

### Commissioning Specialist Services for the Management and Prevention of Foot Disease in Hospitals

#### SOME FACTS

- One in seven people with diabetes will get a foot ulcer at some stage.
- Between 8 and 10% of in-patients in acute hospital trusts in UK have a pressure sore, and 50% of these have diabetes.
- Of all foot ulcers, only 50% will heal without amputation within 6 months.
- There is a direct relationship between time to healing and the length of time an ulcer has been present before first expert assessment.
- When a foot ulcer heals, the rate of recurrence is 40% at one year.
- One in 12 of all foot ulcers results in some form of amputation.
- One hundred people lose a leg because of diabetes each week.
- The cost of foot disease is estimated to be 20% of the total cost of managing diabetes, and may exceed £1 billion each year.
- The cost to the patient and carers – physical, financial and in terms of mood and capacity – is very much higher.
- If the incidence of ulcers and amputation is reduced by 25% using intensive preventive measures, there will be a net cost saving to the NHS.
- It has been shown in two towns in UK that the incidence of amputation was rapidly reduced by 400% following the introduction of coordinated systems of care.

#### BACKGROUND TO THE PUTTING FEET FIRST INITIATIVE

The Foot in Diabetes group, FDUK, and Diabetes UK published a document in 2006 (National Minimum Skills Framework for Commissioning of Footcare Services for People with Diabetes<sup>1</sup>). This defined the clinical skills and resources to which people with diabetes were entitled to ensure optimum strategies were in place to prevent, and to manage new foot disease. In 2009, this was supplemented by the publication by Diabetes UK and NHS Diabetes of the Putting Feet First<sup>2</sup> report – in which the focus was on the skills and resources to which each patient with diabetes should have access in hospital.

The term “Active Foot Disease” applies to any condition of the foot which is either of recent onset, or chronic but deteriorating and includes:

- ulcers, blisters and other breaks in the skin of the foot
- inflammation or swelling of any part of the foot, or any sign of infection
- unexplained pain in the foot
- fracture or dislocation in the foot with no preceding history of significant trauma
- gangrene of all or part of the foot

## KEY POINTS OF PUTTING FEET FIRST

### (a) Prevention

- The National Minimum Skills Framework (2006) outline the services needed in both primary and secondary care to reduce the onset of active foot disease.
- Putting Feet First also stresses that examination of the foot on admission to hospital is an essential part of the management of all people with diabetes.
- Procedures should be in place to ensure that the risk of new foot disease developing is assessed in each patient with diabetes who is admitted to hospital.
- These procedures should include a mechanism for ongoing audit.
- These procedures should include special reference to people with renal failure.

### (b) Treatment of active foot disease

- The National Minimum Skills Framework (2006) stressed the need for all active foot disease to be assessed within one working day by a professional with the skills and contacts needed to ensure that it is promptly and optimally managed.
- All hospitals must have an identified person or team with the specialist skills necessary to assess and manage foot disease present in in-patients.
- Those hospitals which that lack such specialist services must have a local implementation plan to ensure that they are established.

- The advice of the specialist hospital-based person or team should be obtained within one working day.
- Effective management of active foot disease requires close integration of the input of different healthcare professionals, who together have the necessary skills and resources.

### (c) Long term care

- Those who have had an episode of foot disease are at the very highest risk of getting another. This is not part of the Waterlow score routinely used to assess the risk of pressure sores.
- Those who have had an episode of foot disease should have clear plans in place for long term surveillance and care in order to minimise recurrence.
- Those who have had an episode of foot disease have increased mortality with average life expectancy being of the order of 50% at 5 years. Effective measures to reduce cardiovascular mortality, in particular, should be in place.

### (d) Role of the patient and their family/carer

- The patient and their family/carer should be central to the decision-making process.
- The skills and services to which they are entitled should be made explicit in a patient-held card.

1 <http://www.diabetes.org.uk/Documents/Professionals/Education%20and%20skills/NatMinSkillFrameworkFootNov06.pdf>

2 [http://www.diabetes.org.uk/Documents/Reports/Putting\\_Feet\\_First\\_010709.pdf](http://www.diabetes.org.uk/Documents/Reports/Putting_Feet_First_010709.pdf)

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