

Putting feet first: an opportunity to shape the future delivery of diabetes foot care services

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On 12th June NHS Diabetes, working in conjunction with Diabetes UK, hosted a one day symposium in London, 'Putting Feet First', at which they launched the newly developed guidelines for the future of foot care in diabetes. This initiative, which defines the requirements of specialist management of foot disease, could prove to be a turning point in the field.

It is well known that the diabetic foot has been grossly neglected, with many doctors and nurses having little real insight into best management. Doctors tend to restrict their involvement to prescribing antibiotics, while nurses may place inappropriate faith in the choice of different dressing products. The general level of knowledge of many healthcare professionals and awareness of the importance of the condition is not good. Almost inevitably their clinical interest will be limited because it is hard to remain fired up about a condition that is complex in its aetiology, for which there are no clear evidence-based protocols for management, and which is often depressingly unresponsive to intervention.

Podiatrists are potentially best placed to supervise care, but they tend to work in isolation with limited access to important medical details and to lack a close working relationship with the other professionals and the resources which are needed to provide optimum care. In practice, the care of the person with diabetic foot disease requires the

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skills of all of these people working closely together:

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This need for true multidisciplinary team-working has been accepted for years by those who specialise in the field, and it is the principle upon which current National Institute for Health and Clinical Excellence (NICE, 2004) guidelines are based. However, it does not always happen and it is no exaggeration to say that much suffering and many amputations could be avoided. This is the aim which lies behind the 'Putting Feet First' initiative.

The initiative has its origins in two projects driven by Louise Stuart, MBE, Consultant Podiatrist in North Manchester, both undertaken under the umbrella of Diabetes UK but fully endorsed and adopted by NHS Diabetes. The first of these was to define the minimum clinical skills which were needed for each person with diabetes, for routine screening of the foot, assessment and treatment of new disease, and specialist follow-up in order to minimise recurrence (www.diabetes.org.uk/Documents/Professionals/Education%20and%20skills/NatMinSkillFrameworkFootNov06.pdf). The second was the multidisciplinary Task and Finish group which worked through 2008–9

to define the pathways of care for people who have new, or deteriorating, foot disease. This document defines the elements which should be available everywhere in the country (Diabetes UK, 2009). These elements depend on there being in every trust a defined person, or group of people, with the skills and resources necessary to ensure optimum management of every case. It is also spelled out that each person with new, or deteriorating disease of the foot in diabetes — whether an in- or outpatient — should have ready access to this service.

The implication for all providers of diabetes care is that the existence of such a person or team is essential: expert foot care is an essential component of specialist services. The next phase will be the creation of an ongoing system of audit, which will hopefully lead to the creation of a meaningful, country-wide database on foot disease and the effectiveness of its management. This, in turn, will provide the infrastructure for the research into optimal management which is still desperately needed. It looks as though things are about to get very much better for those who suffer with this dreadful complication of diabetes. **WUK**

References

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