

## Legs Matter...and so do feet!



DEBBIE SHARMAN  
*Consultant Podiatrist, Dorset HealthCare NHS Foundation Trust; Visiting Lecturer, University of Southampton; Co-chair Foot in Diabetes UK*

The Legs Matter coalition includes, as one of its members, Foot in Diabetes UK (FDUK). This is a multidisciplinary group with over 2000 members and is an organisation dedicated to continuous improvement in the care and management of people with diabetic foot problems. Recently, the Legs Matter core committee met to review what could be done as "influencers" to support change and improvement in respect of lower limb care.

People with leg or foot wounds usually see a healthcare professional only if healing is difficult or expected to be difficult. However, evidence suggests that presenting leg and foot wounds early improves outcomes and prognosis (National Wound Care Strategy Programme [NWCSP] 2020; National Diabetes Foot Care Audit [NDFA], 2021).

Diabetic foot care accounts for a large proportion of healthcare expenditure in England, more than the combined cost of breast, prostate and lung cancers. Much of this expenditure arises through prolonged and severe ulceration. If the NHS were to reduce the prevalence of diabetic foot ulcers (DFU) in England by one-third, the gross annual saving would be more than £250 million. Diabetic foot ulceration is a large and growing problem globally, and it is likely that there is potential to improve outcomes and reduce expenditure in many countries (Kerr, 2019).

The NDFA has found that the proportion of referrals seen by a specialist foot care team within 13 days has increased from 43% in 2014-15 to 46% in 2020-21. There has also been a linked reduction in the proportion of ulcers that are severe at first expert assessment (FEA) from 48% to 43%, and the subsequent decrease in the proportion of DFUs that are still active (not healed) at 12 weeks (from 49% to 40%). This suggests that the NDFA focus on prompt referral to the specialist team has been effective. However, there is still a lot of work to do. Variations in 12-week outcomes persist, there are gaps in service provision, particularly

in multidisciplinary foot care service (MDFS), integration with renal services and it is notable that almost 1 in 5 people (18%) presenting with a severe ulcer will have died (15%) or have undergone major amputation (3%) within 1 year. (NDFA, 2021).

The NWCSP has produced a wealth of useful resources for healthcare professionals and carers, for care of the lower limb (NWCSP, 2020). The unwarranted variation in UK wound care services presents major opportunities to improve healing rates and thus reduce patient suffering, spending on inappropriate and ineffective treatments and the amount of clinical time spent on wound care.

These evidence-based recommendations support excellence in preventing, assessing and treating such people with leg and foot wounds to optimise healing and minimise the burden of wounds for patients, carers and health and care providers. These recommendations have been developed in collaboration with the NWCSP pressure ulcer and surgical wounds clinical workstreams and the NWCSP data and information, supply and distribution, research evidence and education and workforce enabler workstreams. The recommendations have been informed through consultation with the NWCSP Stakeholder Forums. The recommendations signpost to relevant clinical guidelines or outline evidence-informed care that will improve healing and optimise the use of healthcare resources. The recommendations outline a pathway of care that promotes rapid diagnosis, enabling fast access to appropriate therapeutic interventions with swift escalation of treatment or service provision for patients requiring more complex care. The recommendations thus offer a framework for the development of local delivery plans that considers:

- Relevant research evidence (where it exists) to inform care
- Configuration of services and deployment of workforce
- Appropriate education for that workforce
- Relevant metrics to measure quality improvement.



These recommendations are intended for use in all clinical care settings. They do not replace existing evidence-informed clinical guidelines or replace clinical judgement and decision making in relation to the needs of the individual patient, but seek to bring attention to such evidence and support planning for implementation into clinical practice (NWCSP, 2020).

So, despite all of the evidence, why are we still seeing such significant variations in care for lower-limb wounds? How do we influence change in practice, and engage clinicians and senior leaders? The Legs Matter coalition is looking at linking with ‘safety influencers’ and reinforcing the message that this is about patient safety. Many of these lower limb complications are preventable. So why are we seeing increasing numbers, costs and litigation? The recently published thematic analysis of lower limb amputations (NHS Resolutions, 2022) has highlighted several common themes and made (national and local) recommendations to reduce harm and improve safety. Perhaps, we need to change the language to “harm” and safety”? As

clinicians, should we be completing more Adverse Incident Reports?

Ultimately, Legs Matter hopes to use its leverage as a non-NHS body, to support the evidence and recommendations of these other reports. We will be presenting the “Case for Change” and your voices will be invaluable; as will the voices of people who have to live with this (potentially preventable?) harm. Perhaps we need to stop ‘blaming the clinicians’ and look to the ‘system’ to overcome the increasing burden and challenges of lower limb complications. **WUK**

#### REFERENCES

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**LEGS MATTER!**

**STAND UP FOR LEGS**

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